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J. Clark Kelso

**UNITED STATES DISTRICT COURT**

**FOR THE EASTERN DISTRICT OF CALIFORNIA**

**AND FOR THE NORTHERN DISTRICT OF CALIFORNIA**

| | |
|---|---|
| MARCIANO PLATA, et al.,<br>*Plaintiffs*,<br>v.<br>GAVIN NEWSOM, et al.,<br>*Defendants*. | Case No. C01-1351-JST |
| RALPH COLEMAN, et al.,<br>*Plaintiffs*,<br>v.<br>GAVIN NEWSOM, et al.,<br>*Defendants*. | Case No. CIV-S-90-0520-KJM-DB |
| JOHN ARMSTRONG, et al.,<br>*Plaintiffs*,<br>v.<br>GAVIN NEWSOM, et al.,<br>*Defendants*. | Case No. C94-2307-CW |

**NOTICE OF FILING OF RECEIVER'S FORTY-EIGHTH TRI-ANNUAL REPORT**

PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Forty-Eighth Tri-Annual Report in *Plata, et al. v. Newsom., et al.*, Case No. C01-1351-JST; *Coleman, et al. v. Newsom, et al.* Case No. CIV-S-90-0520-KJM-DB; and *Armstrong, et al. v. Newsom, et al.* Case No. C94-2307-CW.

Dated: October 1, 2021

FUTTERMAN DUPREE DODD CROLEY MAIER LLP

By: /s/ Jamie L. Dupree
Jamie L. Dupree
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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

# Achieving a Constitutional Level of Medical Care in California's Prisons

## Forty-eighth Tri-Annual Report of the Federal Receiver For May 1 – August 31, 2021

**October 1, 2021**

**California Correctional Health Care Receivership**

**Vision:**

We enhance public safety and promote successful community reintegration through education, treatment and active participation in rehabilitative and restorative justice programs.

**Mission:**

To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative and restorative justice programs, all in a safe and humane environment.

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## Section 1: Status and Progress Concerning Remaining Statewide Gaps

### A. Reporting Requirements and Reporting Format

This is the forty-eighth report filed by the Receivership, and the forty-second submitted by Receiver J. Clark Kelso.

The Order Appointing Receiver (Appointing Order) filed February 14, 2006, calls for the Receiver to file status reports with the *Plata* Court concerning the following issues:

1. All tasks and metrics contained in the Turnaround Plan of Action (Plan) and subsequent reports, with degree of completion and date of anticipated completion of each task and metric.
2. Particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals.
3. Particular success achieved by the Receiver.
4. An accounting of expenditures for the reporting period.
5. Other matters deemed appropriate for judicial review.

(Reference pages 2–3 of the Appointing Order at https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/2006-02-14_Order_Appointing_Receiver.pdf)

The Court's March 27, 2014, Order Re: Receiver's Tri-Annual Report directs the Receiver to summarize in each Tri-Annual Report the level of care being delivered at California Health Care Facility (CHCF); difficulties with recruiting and retaining medical staff statewide; sustainability of the reforms the Receiver has achieved and plans to achieve; updates on the development of an independent system for evaluating the quality of care; and the degree, if any, to which custodial interference with the delivery of care remains a problem.

The Receiver filed a report on March 10, 2015, entitled Receiver's Special Report: Improvements in the Quality of California's Prison Medical Care System wherein he outlined the significant progress in improving the delivery of medical care in California's prisons and also the remaining significant gaps and failures that must still be addressed. The identified gaps are availability and usability of health information; scheduling and access to care; care management; and health care infrastructure at facilities.

To assist the reader, this Report provides two forms of supporting data:

- *Appendices*: This Report references documents in the Appendices of this Report.
- *Website References*: Website references are provided whenever possible.

In support of the coordination efforts by the three federal courts responsible for the major health care class actions pending against California Department of Corrections and Rehabilitation (CDCR), the Receiver files the Tri-Annual Report in three different federal court class action cases: *Armstrong, Coleman,* and *Plata*. An overview of the Receiver's enhanced reporting responsibilities related to these cases and to other *Plata* orders filed after the Appointing Order

can be found in the Receiver's Eleventh Tri-Annual Report on pages 15 and 16. (https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/T11_20090601_11thTriAnnualReport.pdf)

Court coordination activities include: health care contracting; facilities, construction, and activation; telemedicine, information technology, and the Electronic Health Records System (EHRS); nursing; pharmacy; recruitment and hiring; statewide health care grievances; institutional Chief Executive Officers; credentialing and privileging; and space coordination.

**B. Progress during this Reporting Period**

(i) COVID-19 Status

Responding to the COVID-19 pandemic continues to remain a high priority for both CDCR and California Correctional Health Care Services (CCHCS). Response activities, tracking information, and COVID-19 related communications can be found on the CDCR and CCHCS websites at https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/ and https://cchcs.ca.gov/covid-19-interim-guidance/.

As of September 24, 2021, there have been 50,723 confirmed COVID-19 patient cases throughout CDCR institutions, of which 49,606 have resolved, 615 were released while active, and 240 died. 262 cases are currently active within the patient population of CDCR institutions. There have been 20,610 confirmed staff COVID-19 cases, with 20,253 resolved, and 357 current active cases. There have been 39 staff deaths due to COVID-19.

During this reporting period, CDCR and CCHCS continued their ambitious campaign to offer the Food and Drug Administration approved COVID-19 vaccines to all staff and incarcerated persons. Subsequently, new COVID-19 infections declined to the lowest levels in over a year and COVID-19 related hospitalizations and deaths declined markedly.

Due to these lower rates of infections and increased vaccination rates, inmate activity group programs and religious services were resumed in early May 2021. Additionally, CDCR reopened institutions to in-person and family visiting with strict testing protocols, physical distancing, and masking requirements in place to protect staff, patients, and visitors.

In mid-July 2021, an increase in COVID-19 cases emerged among staff followed by the incarcerated population. Genotyping determined that most of these cases have been due to the Delta variant of COVID-19. The Employee Health Program initiated one-on-one counseling sessions with all unvaccinated and partially vaccinated staff to answer their questions regarding the COVID-19 vaccine. More than 5,000 one-on-one sessions have been held with staff thus far; however, the program has been suspended to redirect resources to comply with the August 19, 2021, California Department of Public Health order titled, "State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Order." As of the end of this reporting period, 56 percent of 66,000 CDCR and CCHCS staff have received at least one dose of the vaccine.

As of the end of this reporting period, 99 percent of the 99,672 incarcerated persons have been offered the COVID-19 vaccine with an overall acceptance rate of 79 percent. Acceptance rates have been highest among patients who are at the highest risk for hospitalization and death:

- Patients 65 years old or greater: 93 percent
- Patients with a COVID risk score ≥ 6: 94 percent
- Patients with a COVID risk score ≥ 3: 89 percent

98 percent of those eligible for a third dose based upon an immunocompromising condition have been offered a third dose with an overall acceptance rate of 91 percent.

The high vaccination rate among incarcerated persons has contributed to the sustained decline of hospitalizations among this population.

The rise in positive cases during this reporting period, while disheartening, parallels the increase in cases throughout California and the rest of the country during this same time period. With the emergence of new strains of the COVID-19 virus, such as the more infectious and highly transmissible Delta variant, preventive measures to slow the spread of the virus remain critical. CDCR and CCHCS continue to encourage vaccination of both patients and staff, particularly those staff working in institutions, and require regular, ongoing COVID-19 testing for all unvaccinated staff at institutions, headquarters, regional and field offices. Additionally, utilization of personal protective equipment and physical distancing measures continue to be monitored and enforced at all institutions.

(ii) Patient Safety Budget Change Proposal

Over the past two years, CCHCS leadership has prioritized providing institutions with sufficient staffing to meet industry patient safety standards. In July 2021, CCHCS received the first of several new patient safety positions as part of a three-year allocation that will impact all institutions statewide.

In December 2017, the Receiver contracted with staff from the Criminal Justice and Health Program at the University of California, San Francisco (UCSF), to evaluate the services provided by CCHCS in a number of areas, including the morbidity and mortality review process and professional practice oversight. In May 2019, UCSF issued a report with findings and recommendations specific to the Patient Safety Program.

In its review, UCSF compared CCHCS with community standards in the areas of program organization; data acquisition; data analysis and health system strengthening; creating and sustaining a culture of patient safety; and relationship to government and non-governmental organizations that perform regulatory and oversight functions regarding patient safety. Though the UCSF report identified a number of strengths in the CCHCS Patient Safety Program, such as its use of electronic health record data and health care incident reporting for patient safety surveillance and the use of evidence-based standards to strengthen health systems, UCSF found a number of missing or deficient processes. In particular, UCSF noted that CCHCS lacked key

functions, such as trigger systems for chart reviews and patient survey mechanisms, and that the organization would require additional staff to implement a comprehensive program.

Prior to issuance of the UCSF patient safety report, CCHCS leaders had recognized that local Quality Management Support Units (QMSUs) were struggling to manage the workload of expanding Quality Management (QM) and Patient Safety Programs. When CCHCS first established institution QMSUs in 2014, the organization pulled together resources with performance improvement duties from three program areas and assigned a Health Program Manager (HPM) III dual responsibilities overseeing both the QMSU and the Dental Program. As the Dental Program began implementation of its new Electronic Dental Record System and the QM and Patient Safety systems expanded to include the types of industry-standard activities described in the UCSF report, the workload of managing both programs became overwhelming. Similarly, one Health Program Specialist (HPS) I in the QMSU often covers Dental Program operational tasks and is unable to participate fully in the QM aspects of their work.

CCHCS first sought to remedy the QMSU staffing deficit in Fiscal Year (FY) 2020-2021, during the budget cycle immediately following dissemination of the UCSF patient safety report. That budget request, among many others, was temporarily sidelined during the COVID-19 pandemic while the State of California focused on responding to the public health emergency. CCHCS persisted and successfully obtained additional QMSU staffing in FY 2021-2022.

The new QMSU positions will be distributed to institutions over a three-year period, beginning with institutions with the most complex health care missions. In July 2021, the first ten institutions received a fully dedicated HPM III for QM, and a new HPS I fully dedicated to patient safety. In addition, a new unit of physician patient safety experts will be established at headquarters QM to provide clinical support to institution Patient Safety Programs statewide, including support and, in some cases, direct facilitation of root cause analyses.

(iii) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at Valley State Prison; California State Prison, Los Angeles; Wasco State Prison; California Correctional Center (CCC); California State Prison, Solano; California Rehabilitation Center (CRC); California State Prison, Corcoran (COR); California Medical Facility (CMF); North Kern State Prison (NKSP); Salinas Valley State Prison (SVSP); Richard J. Donovan Correctional Facility (RJD); Substance Abuse Treatment Facility (SATF); Folsom State Prison (FSP); California Correctional Institution (CCI); Avenal State Prison (ASP); Kern Valley State Prison (KVSP); Central California Women's Facility (CCWF); California State Prison, Centinela (CEN); and Pelican Bay State Prison (PBSP). During this reporting period, the OIG issued draft reports for SVSP; RJD; SATF; and CCI, as well as final reports for CMF; NKSP; SVSP; and RJD. CMF and SVSP received inadequate ratings, while NKSP and RJD received adequate ratings. Draft reports for FSP; ASP; KVSP; CCWF; CEN; and PBSP are pending completion by the OIG.

(iv) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 19 institutions to the CDCR Secretary's authority. No additional delegations were made during this reporting period.

(v) *Armstrong*

During this reporting period, 13 *Armstrong* Monitoring Tours were scheduled. Plaintiffs conducted 12 *Armstrong* Monitoring Tours; one was postponed at the request of Plaintiffs and is pending a new date. CCHCS continues to coordinate with CDCR in examining the *Armstrong* Monitoring Tour Reports and also provides updates to Plaintiffs on COVID-19 matters, including data on *Armstrong* class members who are on quarantine or isolation status related to COVID-19. In collaboration with Plaintiffs and the CCHCS Office of Legal Affairs, CDCR Office of Legal Affairs, and Office of the Attorney General, CCHCS and CDCR have initiated various workgroups, which meet frequently to address common concerns related to *Armstrong* class members.

(vi) Integrated Substance Use Disorder Treatment

Integrated Substance Use Disorder Treatment Public Facing Dashboard

The Integrated Substance Use Disorder Treatment (ISUDT) public facing dashboard was released during this reporting period and provides program performance and outcome measurements. The dashboard, draws from a group of large databases multiple times per day to provide near real-time information. Members of the public interested in tracking the progress of the ISUDT program now have access to program information in a series of report views each with its own tab. As ISUDT implementation continues, more report views and program metrics will be added to the ISUDT Dashboard.

Screening & Assessments

Nursing Services continues to conduct substance use screening, utilizing the National Institute on Drug Abuse (NIDA) Quick Screens, and Medical Services' Licensed Clinical Social Workers (LCSWs) continue to conduct substance use risk stratification utilizing the NIDA Modified Assist. During this reporting period, approximately 27,417 patients were screened or assessed for Substance Use Disorder (SUD) and approximately 7,183 patients were risk-stratified. Of those screened and risk-stratified, 4,973 patients were referred for a Medication Assisted Treatment (MAT) evaluation and 6,527 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medication Assisted Treatment

During this reporting period, 4,635 patients were evaluated for clinical indication to receive MAT. As of August 31, 2021, 5,074 patients are pending an initial consultation. Of those patients assessed for MAT, 3,416 began receiving medication, with the current total population receiving MAT at 12,121.

Efforts continue to redistribute the administration of MAT from primarily morning medication line to other medication line times to reduce congestion and wait times. As of August 2021, approximately 7,500 patients received daily administrations of sublingual buprenorphine in the morning medication line and approximately 4,300 patients received their buprenorphine at a different administration time. Nursing, Medical, and Pharmacy Services will continue to monitor and redistribute buprenorphine administration times away from the morning when it is clinically feasible and does not disrupt resident programming.

Additionally, a *MAT Alternative Agent Authorization* form has been developed within CCHCS' EHRS. This form allows providers to submit a request for patients to be reviewed for clinical indication for transition from their current MAT medication to methadone or injectable formulations of buprenorphine-naloxone or naltrexone.

Medical Provider and Licensed Clinical Social Worker Workforce

Possession of a United States Drug Enforcement Agency (DEA) X-waiver is required for providers to prescribe buprenorphine and continues to be a high priority. CCHCS now has 479 X-waivered providers, which is 98 percent of the civil service workforce. Of these X-waivered providers, 463 have increased their buprenorphine prescription limit from 30 patients to a patient limit of 100 or 275 patients, allowing them to care for a larger panel of patients on MAT. As of August 31, 2021, 485 providers, which is 99 percent of the workforce, have received CCHCS' customized MAT training. Following this initial customized training, a supplemental session has been developed to provide additional guidance on proper preparation for and documentation of a MAT visit.

To incentivize providers managing patients on MAT, CCHCS provided guidance on applying for loan repayment through the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) offered through the Health Resources & Services Administration. The STAR LRP offers up to $250,000 of loan repayment for providers in qualifying practice environments who make a six-year commitment to serve. This opportunity will assist in the development of a workforce experienced in SUD treatment by improving provider retention.

CCHCS is partnering with a contractor to develop trauma-informed care teams competent in managing individuals with a history of trauma and SUD. The contractor conducted a survey among LCSWs within Medical Services to determine potential knowledge gaps and training needs. On August 26, 2021, the first training in response to these survey results was delivered, titled, "Addressing Grief and Loss." This training, along with additional trainings to follow, are designed to support the ability of LCSWs to effectively conduct processing groups to support patient recovery and resilience.

Transition Services

As reported in the forty-seventh Tri-Annual Report, Nursing Services, in collaboration with other internal stakeholders, implemented Enhanced Pre-Release processes at all institutions. As part of this process, discharge planning occurs for all patients releasing from CDCR. The resource

teams conduct Pre-Release Weekly Huddles with Parole Service Associates, Transitional Case Management Program Benefit Workers, Mental Health Pre-Release Coordinators, and other partners as needed. As of August 31, 2021, the resource teams have successfully linked approximately 616 MAT-prescribed patients to community providers for continuation of care. Nursing Services has incorporated transition LCSWs to coordinate continuity of care for special high-risk populations in the Enhanced Pre-Release process for safe reintegration back into communities.

Cognitive Behavioral Interventions

Although CBI programming continues to be limited at institutions due to COVID-19 movement restrictions, institutions are working to get as many participants as is safely possible back to in-person programming. As of the end of this reporting period, 1,312 patients are participating in packet programming, and 4,632 are participating in in-person programming.

ISUDT Insider

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter-style publication that includes brain-teasing activities, inspiring patient feedback, notes of encouragement from addiction expert Corey Waller, M.D., and CCHCS providers, and fillable journal entries. Over 54,000 copies of this publication have been distributed to patients since May 2021.

On August 23, 2021, "The ISUDT Leader," the inaugural edition of the ISUDT electronic magazine specifically for staff, was distributed via email to CDCR and CCHCS staff. The first issue of this quarterly publication included program information and updates, messages from CDCR and CCHCS leadership, inspirational stories from both staff and participants, and a look at the unintended side effects of substance use.

**C. Particular Problems Faced by the Receiver, Including Any Specific Obstacles Presented by Institutions or Individuals**

(i) In-State Contracting for Community Correctional Facilities

During this reporting period, the contract with Taft Modified Community Correctional Facility (MCCF) ended and the remaining patients were transferred the week of May 17, 2021. There were no diagnosed or active COVID-19 cases at Taft MCCF during this reporting period. Due to the closure of Taft MCCF, no remote or onsite audits were completed.

(ii) Healthcare Facilities Maintenance and Environmental Services

During this reporting period, the CCHCS' Compliance Monitoring Unit (CMU) conducted Healthcare Facilities Maintenance (HFM) assessments at KVSP; NKSP; California State Prison, Sacramento; CMF; PBSP; RJD; Sierra Conservation Center; San Quentin State Prison; FSP; and COR. Six of the ten institutions passed their assessment with a score of at least 80 percent while four failed to achieve a passing score. In addition, follow-up site visits were conducted at several institutions that scored less than 80 percent on the initial assessment during the previous

reporting period. Upon completion of each institution assessment, a report is provided to both California Prison Industry Authority HFM and institution leadership.

(iii) Health Care Infrastructure at Facilities

The Health Care Facility Improvement Program (HCFIP) continues to encounter delays in completing projects throughout the State. The availability of labor to complete the projects continues to be problematic and is consistent with the general market for construction labor. HCFIP has also experienced delays related to existing facility conditions that were not adequately addressed during the design phase of the program. These delays present operational challenges for several institutions to provide health care in swing space and alternative settings. CCHCS continues to work with institutions and CDCR Facilities Planning, Construction, and Management to address concerns regarding phasing and swing space to minimize operational impacts to institutions.

During this reporting period, there were successful completions and activations. These include the A yard clinic, Administrative Segregation Unit clinic, and various subprojects in Central Health Services at Calipatria State Prison; the C yard clinic and the Triage and Treatment Area at CCC; the C yard clinic at CEN; all yard clinic additions at High Desert State Prison; and the B yard clinic and a portion of Central Health Services at Ironwood State Prison.

As reported in the forty-seventh Tri-Annual Report, the new spaces at CCC were to be utilized until the planned closure of the institution on June 30, 2022; however, closure activities are on hold pending resolution of a temporary restraining order. The new spaces at CCC will continue to be utilized until further notice.

As reported in the forty-seventh Tri-Annual Report, the Aleph Group Incorporated (AGI) delivered the mobile medical clinic to CRC in April 2021. On-site work was projected to take a few days; however, work was necessary until the end of July 2021 when the contract with AGI ended. Inmate Ward Labor and Plant Operations have a number of tasks remaining that need to be completed before the clinic can open. These tasks are anticipated to be completed in October 2021 with the clinic opening in November 2021.

(iv) Scheduling and Ducating

Due to COVID-19 and in an effort to reduce the spread of the virus to staff and patients, all Health Care Access Unit (HCAU) Operations Monitoring Audits (OMA) and Scheduling and Ducating Program Special Reviews were placed on hold during this reporting period. Barring any COVID-19 related health and safety restrictions, Corrections Services plans on reinitiating the HCAU OMA process during fall 2021.

As a result of the Scheduling and Ducating Program Special Reviews, reliance on numerous ducats for mental health Enhanced Outpatient Program (EOP) groups may potentially have a negative impact on the delivery of health care services via the ducat process. As previously reported, Corrections Services was in the process of testing a program at California Men's Colony (CMC) to

identify whether ducats related to EOP groups did impact the delivery of health care services. The test program was suspended, however, due to COVID-19.

With CDCR and CCHCS implementing a revised "Roadmap to Reopening," wherein institutions will program in three different phases, Corrections Services has reconvened the workgroup with representation from the Statewide Mental Health Program, Strategic Offender Management System, CDCR Division of Adult Institutions, Office of the Special Master, and CMC leadership. Meetings with various stakeholders are ongoing to solidify the scope of work and gather required data.

## Section 2: Other Matters Deemed Appropriate for Judicial Review

### A. California Health Care Facility – Level of Care Delivered

CHCF's health care leadership remains focused on ensuring the delivery of quality health care services to its patient population. As of the end of this reporting period, CHCF is at just over 81 percent patient capacity (2,417 current population; 2,951 capacity) and 34 of the 36 budgeted provider positions at CHCF are filled as follows:

- Physician and Surgeon (P&S): 32 positions, 30 filled, 2 vacant
- Nurse Practitioners: 1 position, 1 filled, 0 vacant
- Physician Assistants: 3 positions, 3 filled, 0 vacant

As reflected in the August 30, 2021, Primary Care Provider Vacancy/Coverage Report (Refer to Appendix 1), civil service telemedicine providers and contract registry providers are utilized to deliver care at CHCF, which increases the available coverage to just under 98 percent of budgeted positions for providers.

### B. Statewide Medical Staff Recruitment and Retention

CCHCS is making progress in resolving the challenges present at the beginning of the Receivership, which were outlined in the March 10, 2015, *Special Report: Improvements in the Quality of California's Prison Medical Care System*. Since that time, CCHCS has developed strategies to adapt and respond to new challenges. Through frequent assessment of staffing ratios, health care delivery models, and retention strategies, CCHCS has implemented a series of flexible and continuously evolving solutions to ensure the delivery of timely, quality health care services to patients through a stable provider workforce. As of August 30, 2021, 57 percent of institutions (20 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 26 percent (9 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 17 percent (6 institutions) have filled less than 75 percent of their civil service provider positions. However, when on-site civil service, telemedicine, and contract registry providers are utilized to deliver care statewide, coverage at 31 institutions is at or above 90 percent (refer to Appendix 1). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' focused recruiting and streamlined hiring efforts continue to produce a steady pipeline of candidates. From January 1 to August 31, 2021, CCHCS hired 18 new physicians, with 6 hired in the Telemedicine program, 1 hired at headquarters, 1 hired at a regional office, and 9 hired at institutions. Additionally, 3 new Advanced Practice Providers were hired at institutions. This represents a 61.54 percent increase in hires since the previous reporting period.
- The Telemedicine Program continues to exhibit consistent hiring even while experiencing natural turnover. As of the end of this reporting period, the current telemedicine provider workforce is 86.49 percent filled, with 49.3 provider positions filled and 2 hires pending. With these hires, the program will be 90 percent filled.
- With statewide provider fill rates remaining high, recruitment efforts are expanding to generate a new pipeline of candidates ready to provide critical administrative and clinical support to providers in the institutions. These efforts focus on outreach and engagement with local community colleges and universities to coordinate virtual information sessions with students and provide additional support of correctional health care as a career option of choice.
- CCHCS and CDCR's Psychiatric Inpatient Program Standardization and Integration Budget Change Proposal was approved on July 12, 2021. CCHCS has since completed its first-phase initiatives and is actively transitioning to the approved staffing model. Additional efforts include integrating operations, placing resources into each respective area, and continuing with robust recruitment.
- In an effort to increase the efficient recruitment of hard-to-fill positions, recruitment staff are continuing to partner closely with regional and institution Human Resources staff to coordinate recruitment and hiring efforts, utilize best practices for candidate engagement, and ensure the organization's seamless recruitment and hiring efforts are maintained.
- CCHCS' diversity strategic marketing outreach with CDCR continues. Current efforts focus on the first phase of the recruitment initiative which features nationwide branding campaigns launched across various digital platforms for immediate impact. Next phases will involve community outreach and social media engagement.
- CCHCS' Complete Candidate Engagement process for providers was assessed by executive leadership and an updated implementation plan is in development. Stages will include communication to all stakeholders, a phased roll-out plan with in-person and virtual presentations, and development of supporting policy and additional training materials. Modified roll-out to additional health care classifications is being considered.
- As virtual recruiting events have become more prevalent over the past year, CCHCS is leveraging this change in the recruitment landscape by initiating the purchase of a platform that will allow the organization to host its own online recruitment and hiring events. These virtual events and information sessions can be held on a statewide, regional, or institutional level and will be tailored for specific educational cohorts or professionals. Additionally, the platform will serve to expand candidate attraction to remote geographical locations, where prior efforts required in-person, on-site events.

- CCHCS is experiencing a critical need for registered nurses across the organization and particularly in hard-to-recruit rural locations. This recruitment challenge mirrors the ongoing struggle experienced by rural hospitals and clinics across the country. Additionally, this demand is being further exacerbated by the recent nationwide health care impact that is affecting the national health care workforce as a whole. As reported in the forty-seventh Tri-Annual Report, new targeted recruitment advertising was initiated for multiple nursing classifications at hard-to-fill locations. Print and digital advertising was implemented at the local level and included outreach to colleges in the immediate areas. Results have shown an increase in nursing candidates in these specific areas. Additional assessments will be conducted to determine if similar recruitment solutions can be implemented in other remote locations experiencing similar challenges.

**C. Coordination with Other Lawsuits**

Meetings between the three federal courts, *Plata, Coleman,* and *Armstrong* (Coordination Group) class actions have occurred periodically. During this reporting period, the Coordination Group met on May 7, 2021; June 9, 2021; and July 13, 2021.

**D. Master Contract Waiver Reporting**

On June 4, 2007, the Court approved the Receiver's Application for a more streamlined, substitute contracting process in lieu of state laws that normally govern state contracts. The substitute contracting process applies to specified project areas identified in the June 4, 2007, Order and in addition to those project areas identified in supplemental orders issued since that date. The approved project areas, the substitute bidding procedures, and the Receiver's corresponding reporting obligations are summarized in the Receiver's Seventh Quarterly Report and are fully articulated in the Court's Orders, and therefore, the Receiver will not reiterate those details here.

The Receiver did not use the substitute contracting process during this reporting period.

**E. Consultant Staff Engaged by the Receiver**

The Receiver engaged the firm of Munger, Tolles & Olson LLP, to provide legal services, during this reporting period.

**F. Accounting of Expenditures**

(i) Expenses

The total net operating expenses of the Office of the Receiver for the FY ending June 30, 2021, were $4,115,306. A balance sheet and statement of activity and brief discussion and analysis is attached as Appendix 2. For the two months ending August 31, 2021, the net operating expenses were $847,330.

(ii) Revenues

For the months of May and June 2021, the Receiver requested transfers of $950,000 from the state to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. Total year to date funding for FY 2020-2021 to the CPR from the State of California is $4,100,000.

For the months of July and August 2021, the Receiver requested transfers of $675,000 from the state to the CPR to replenish the operating fund of the Office of the Receiver.

All requested funds were received in a timely manner.