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9 **UNITED STATES DISTRICT COURT**
 10 **FOR THE EASTERN DISTRICT OF CALIFORNIA**
 11 **AND FOR THE NORTHERN DISTRICT OF CALIFORNIA**

12 MARCIANO PLATA, et al.,
 13 *Plaintiffs,*
 v.

Case No. C01-1351-JST

14 GAVIN NEWSOM, et al.,
 15 *Defendants.*

16 RALPH COLEMAN, et al.,
 17 *Plaintiffs,*
 18 v.

Case No. CIV-S-90-0520-KJM-DB

19 GAVIN NEWSOM, et al.,
 20 *Defendants.*

21 JOHN ARMSTRONG, et al.,
 22 *Plaintiffs,*
 23 v.

Case No. C94-2307-CW

24 GAVIN NEWSOM, et al.,
 25 *Defendants.*

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

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**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

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

**Forty-ninth Tri-Annual Report of the Federal Receiver
For September 1 – December 31, 2021**

February 1, 2022

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-ninth report filed by the Receivership, and the forty-third 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 December 31, 2021, there have been 52,213 confirmed COVID-19 patient cases throughout CDCR institutions, of which 50,938 have resolved, 623 were released while active, and 245 resulted in death. 407 cases are currently active within the patient population of CDCR institutions. There have been 23,585 confirmed staff COVID-19 cases, with 22,353 resolved, and 1,232 current active cases. There have been 49 staff deaths due to COVID-19.

In November 2021, we learned of the new COVID-19 Omicron variant, which had its first confirmed United States case on December 1, 2021. Subsequently, on December 15, 2021, we saw our first Omicron case in CDCR staff. Since that time, the Omicron variant has become the dominant strain of COVID-19 among both staff and patients, with 1,101 active staff cases and 396 active patient cases as of December 31, 2021. As of January 31, 2022, there are 3,757 active staff cases and 5,348 active patient cases. The Omicron variant remains the dominant strain of COVID-19 among staff and patients.

Vaccines

During this reporting period, CDCR and CCHCS continued their ambitious campaign to offer the Food and Drug Administration (FDA) approved COVID-19 vaccines to all staff and incarcerated persons. As a result, new COVID-19 infections and COVID-19 related hospitalizations and deaths continued to remain low.

In October 2021, CDCR and CCHCS began offering booster vaccines to all patients who were fully vaccinated. By December 15, 2021, 93.5 percent of over 65,000 eligible patients were offered the booster with an acceptance rate of over 80 percent.

As of the end of this reporting period, 99 percent of the 99,698 incarcerated persons have been offered the COVID-19 vaccine with an overall acceptance rate of 82 percent. Acceptance rates have been highest among patients who are at the highest risk for hospitalization and death:

- Patients 65 years old or older: 93 percent
- Patients with a COVID risk score ≥ 6 : 94 percent
- Patients with a COVID risk score ≥ 3 : 91 percent

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

Pre-exposure Prophylaxis

By working with our state and federal partners, CDCR was provided a significant allotment of Evusheld, an investigational medication granted Emergency Use Authorization by the FDA for pre-exposure prophylaxis of COVID-19 in patients who are unvaccinated due to medical contraindication or in immunocompromised patient, whose condition or treatment interferes with response to vaccination. Currently, 1,400 to 1,500 such patients are being evaluated for this injectable medication.

(ii) 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 (LAC); Wasco State Prison (WSP); California Correctional Center (CCC); California State Prison, Solano; California Rehabilitation Center (CRC); California State Prison, Corcoran; California Medical Facility (CMF); North Kern State Prison (NKSP); Salinas Valley State Prison (SVSP); Richard J. Donovan Correctional Facility; 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); Pelican Bay State Prison (PBSP); California Institution for Women (CIW); High Desert State Prison (HDSP); California Men's Colony (CMC); and Correctional Training Facility (CTF). During this reporting period, the OIG issued draft reports for FSP; ASP; KVSP; and CCWF, as well as final reports for SATF; FSP; CCI; and ASP. SATF and CCI received inadequate ratings, while FSP and ASP received adequate ratings. As of the end of this reporting period, draft reports for CEN; PBSP; CIW; HDSP; CMC; and CTF are pending completion by the OIG.

(iii) 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.

(iv) Armstrong

During this reporting period, 29 *Armstrong* Monitoring Tours were scheduled. Plaintiffs conducted 19 *Armstrong* Monitoring Tours and 10 were cancelled at the request of Plaintiffs, including one due to the planned closure of Duel Vocational Institution. CCHCS continues to

coordinate with CDCR in examining the *Armstrong* Monitoring Tour Reports in collaboration with Plaintiffs and the CCHCS Office of Legal Affairs, CDCR Office of Legal Affairs, and Office of the Attorney General. In addition, CCHCS and CDCR have initiated various workgroups, which meet frequently to address common concerns related to *Armstrong* class members.

(v) Integrated Substance Use Disorder Treatment

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 (LCSW) continue to conduct substance use risk stratification utilizing the NIDA Modified Assist. During this reporting period, approximately 20,782 patients were screened or assessed for Substance Use Disorder (SUD) and approximately 5,425 patients were risk-stratified. Of those screened and risk-stratified, 3,838 patients were referred for a Medication Assisted Treatment (MAT) evaluation and 3,283 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medication Assisted Treatment

During this reporting period, 4,799 patients were evaluated for clinical indication to be prescribed MAT, and 3,565 of those patients were deemed appropriate to begin receiving medication. As of December 31, 2021, 3,725 patients are pending an initial evaluation, and 1,129 patients were released while on MAT. The total population of patients receiving MAT is 13,922 as of the end of this reporting period.

Due to the growing population of patients on MAT and the increased burden at medication lines, continued focus to redistribute the administration of MAT across various medication line times has remained. At the end of the previous reporting period, approximately 7,500 patients received their sublingual buprenorphine from the morning medication line, with approximately 4,300 received during an alternate time. During this reporting period, after an increase of approximately 1,800 patients receiving MAT, approximately 8,100 patients are now receiving the medication through the morning medication line and approximately 5,800 receiving at alternate times. This represents a shift in prescribing that is attentive to medication line burden and is accompanied by efforts to switch other types of medications from nurse administration to keep-on-person when feasible.

The ongoing implementation of internal processes for offering and monitoring of alternative MAT agents continues including injectable forms of buprenorphine. CCHCS submitted applications for the appropriate licenses to procure injectable buprenorphine for each of the 34 institutions, and has received licensing for 10 thus far. Additionally, Nursing Services conducted in-person training and created online training materials regarding the administration of injectable buprenorphine.

Medical Provider and Licensed Clinical Social Worker Workforce

Prescription of buprenorphine is limited to providers in possession of a United States Drug Enforcement Agency X-Waiver. Nearly all of CCHCS' providers (98 percent) possess an X-waiver with a patient limit of at least 100. Along with ongoing training of the provider workforce with a customized series of MAT trainings, CCHCS developed provider practice support materials to guide physician management in oversight of the quality of care provided to patients on MAT.

Health Management Associates delivered three additional trainings to the Medical Services LCSWs which focused on trauma-informed principles in patient care. Medical Services LCSWs also received training on the interface and delivery of the American Society of Addiction Medicine Co-triage, and this assessment has now been implemented as part of the program intake workflow.

Transition Services

The Enhanced Pre-Release processes continue at all institutions and include discharge planning 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 December 31, 2021, the resource teams have successfully linked approximately 1,174 MAT-prescribed patients to community providers for continuation of care. The total number linked includes those identified by Quality Management through automated methods and further refined by Nursing Services through a manual chart review process. 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, 391 patients are participating in packet programming, and 6,013 are participating in in-person programming.

ISUDT Insider

Integrated Substance Use Disorder Treatment (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 48,300 copies of this publication have been distributed to patients since September 2021.

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

(i) Healthcare Facilities Maintenance and Environmental Services

During this reporting period, the CCHCS' Compliance Monitoring Unit (CMU) conducted Healthcare Facilities Maintenance (HFM) assessments at CHCF (Environmental Services and PRIDE industries); Chuckawalla Valley State Prison (CVSP); Ironwood State Prison; Mule Creek State Prison; LAC; HDSP; CCC; and CMF (HFM and PRIDE industries). Of the ten assessments conducted, eight passed the assessment with a score of at least 80 percent while two failed to achieve a passing score. Additional assistance by CMU staff has been provided to both CHCF and CMF, given their large medical missions. 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.

(ii) 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 Facility Planning, Construction, and Management (FPCM) to address concerns regarding phasing and swing space to minimize operational impacts to institutions.

During this reporting period, focused sessions were conducted at CCWF and SATF to address ongoing challenges related to construction and swing space. These focused sessions included representatives from CCHCS, FPCM, Inmate Ward Labor (IWL), Sixth Dimension, and custody and health care in the institution. The intent of these sessions was to address barriers to completion of construction and ideas to address swing space challenges that exist at both locations. Ongoing follow up is being conducted to ensure commitments from these meetings are being met by all parties.

During this reporting period, there were successful completions and activations. The remaining subprojects at CMF were completed, which included Pharmacy Data Entry Renovation and a Primary Care Clinic. This will conclude all HCFIP construction at CMF. Additionally, the Facility C Primary Care Clinic at PBSP, the Facility B Primary Care Clinic at California Institution for Men, and the Facility A Primary Care Clinic at California State Prison, Sacramento were completed and activated; these completions are the final HCFIP projects at these institutions. The Central Health Services renovation at CEN was completed and is pending delivery of equipment, which will complete all HCFIP work at CEN.

Additional completions and activations during this reporting period also include a new Administrative Segregation Unit at Calipatria State Prison, the Facility D Clinic at CVSP, the specialty exam room at HDSP, Administrative offices at NKSP, and two new standalone Medication Distribution Rooms at WSP.

As previously reported, 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. IWL and Plant Operations had a number of tasks remaining to complete before the clinic could open. IWL completed their tasks as anticipated during the reporting period. However, it was discovered that AGI did not complete some anticipated tasks required before the clinics can open, including seismic bracing that was included in the plans. A solution to the seismic bracing issue is being pursued and should be completed in January 2022. In addition, the data and phone cabling was found to be inadequate and is being replaced. The additional work has pushed back the anticipated opening until at least February 2022.

(iii) 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. Corrections Services resumed OMA Round VIIIb audits, effective November 1, 2021. As of the end of this reporting period, five audits were completed and two reports were finalized and distributed.

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 developing a pilot program at CMC to identify whether ducats related to EOP groups did impact the delivery of health care services. In March 2020, efforts to implement the pilot program were suspended due to COVID-19. In August 2021, Corrections Services 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. In early December 2021, members of the workgroup conducted a site visit of the CMC EOP program to review the current process and engage the local stakeholders in discussions regarding the proposed pilot. Information gathered during this on-site visit is being shared and discussed with the larger workgroup.

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 75 percent patient capacity (2,215 current population; 2,951 capacity) and 35 of the 36 budgeted provider positions at CHCF are filled as follows:

- Physician and Surgeon: 33 positions, 32 filled, 1 vacant
- Nurse Practitioners: 0 position, 0 filled, 0 vacant
- Physician Assistants: 3 positions, 3 filled, 0 vacant

As reflected in the January 3, 2022, 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 over 100 percent of budgeted positions for providers as of the end of this reporting period.

B. Statewide Medical Staff Recruitment and Retention

CCHCS is making progress in resolving the challenges 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 December 31, 2021, 50 percent of institutions (17 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 32 percent (11 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 18 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 28 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 strong flow of new candidates. Since January 1, 2021, CCHCS hired 25 new physicians, with 9 hired in the Telemedicine program, 1 hired at headquarters, 1 hired at a regional office, 1 hired within ISUDT, and 13 hired at institutions. Additionally, 3 new Advanced Practice Providers were hired at institutions. During this reporting period, there have been 7 new hires which represents a 39 percent increase in hires from the prior reporting period.
- The Telemedicine Program remains consistent in its hiring rate. As of the end of this reporting period, the current telemedicine provider workforce is 95 percent filled, with 54.3 provider positions filled. While no hires are currently in process, the program's

robust recruitment and hiring efforts continue to support the Department's specialized needs of on-site providers.

- Efforts to ensure proper support staff for providers continue with CCHCS recruitment focusing on outreach and engagement in the community with local educational entities. During this reporting period, more events returned to in-person and this, coupled with virtual events, have proven a successful method for outreach to students and others regarding a potential career within correctional health care and a future pipeline of candidates ready to provide critical administrative and clinical support to providers in the institutions. In 2021, CCHCS recruitment staff attended 33 outreach events and engaged with over 350 potential candidates, resulting in 105 actionable leads.
- With the limited return of select in-person recruiting events, CCHCS has secured presence at the 2022 Internal Medicine Meeting and the National Commission on Correctional Health Care's 2022 Spring Conference. Virtual recruiting events continue with colleges and universities, which allows CCHCS to continue its outreach to the next generation of health care workers.
- Efforts supporting CCHCS and CDCR's Psychiatric Inpatient Program (PIP) staffing needs continue to expand. CCHCS launched a broad-scale recruitment campaign that included print, digital, and social media outreach and focused HR efforts on rapid hiring. Additionally, the PIP staffing campaign is highlighted on CCHCS' Career Spotlight page. In January 2022, CCHCS will be administering hiring events at venues local to CHCF, CMF, and SVSP. These opportunities will offer prospective candidates a complete hiring experience taking candidates from recruitment to contingent job offers in a single event.
- CCHCS launched its Career Spotlight page. Hosted on the Department's Career website, the Career Spotlight page provides the Department with a focal-point web page to promote essential hiring needs, direct candidates for large-scale hiring initiatives, and market new workforce programs.
- CCHCS HR is coordinating with Medical Services in the promotion of the Correctional Nurse Practitioner and Physician Assistant Residency Program. Entering into its second year, this program is featured on the CCHCS Careers page with a link to its own landing page containing detailed information, an application, and the program's contact information. Additional promotion of this innovative program is underway via social media and at professional conferences.
- As a result of the multi-year CCHCS and CDCR Diversity, Equity, and Inclusion (DEI) project, CCHCS is partnering strategically with the California Community College Consortia to promote health care careers for their students. Working closely with the Inland Empire Healthcare Education Consortium, CCHCS is providing targeted educational outreach by providing information on CCHCS and the role of correctional health care and careers available in the institutions located within the Inland Empire, and introducing subject matter experts from CCHCS' Nursing Services to take part in additional outreach efforts with both students and staff. Additional DEI efforts continue in its next phase including social media outreach marketing the Department's diverse workforce population to current and future generation of health care providers.

- CCHCS is moving forward in its purchase of online virtual recruiting platforms. Information Technology is currently conducting internal reviews on selected vendors. When implemented, these platforms will secure CCHCS its own presence in the world of virtual recruitment rather than being dependent upon other professional organizations or educational recruiting events. These virtual events and information sessions will 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 pursuing third party vendors to supplement its ongoing recruitment efforts for nursing staff and other classifications. This includes proposals for third party advertising via Facebook, Google, and Instagram in addition to the creation of marketing videos, geo-targeted advertising, drip email campaigns, and digital recruitment brochures.
- As reported in the forty-seventh Tri-Annual Report, targeted recruitment advertising was initiated for multiple nursing classifications at specific hard-to-fill locations resulting in an increase of nursing candidates in these areas. After the success of these recruitment efforts, CCHCS is confident that similar recruitment activities employed for other hard-to-fill locations will assist in easing their recruitment challenges. A saturation of print and digital advertisements in rural locations increases awareness of the organization; promotes correctional health care as a viable career; and provides local nursing talent the opportunity to earn a competitive wage close to home.

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 September 23, 2021 and December 15, 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 has engaged no consultant staff during this reporting period.

F. Accounting of Expenditures

(i) Expenses

The total net operating and capital expenses of the Office of the Receiver for the four-month period from September through December 2021 were \$1,927,007 and \$0.00, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

(ii) Revenues

For the months of September through December 2021, the Receiver requested transfers of \$1,875,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. An additional amount of \$200,000 was accrued as of December 31, 2021, to cover all operating expenses incurred to date. These additional amounts will be requested in early January 2022. Total year to date revenue (received and accrued) for Fiscal Year 2021/2022 to the CPR from the State of California is \$2,750,000.

All requested funds were received in a timely manner.