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UNITED STATES DISTRICT COURT

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FOR THE EASTERN DISTRICT OF CALIFORNIA

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AND FOR THE NORTHERN DISTRICT OF CALIFORNIA

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MARCIANO PLATA, et al.,

Case No. C01-1351-JST

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Plaintiffs,

v.

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GAVIN NEWSOM, et al.,

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Defendants.

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RALPH COLEMAN, et al.,

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

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Plaintiffs,

v.

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GAVIN NEWSOM, et al.,

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Defendants.

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JOHN ARMSTRONG, et al.,

Case No. C94-2307-CW

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Plaintiffs,

v.

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GAVIN NEWSOM, et al.,

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Defendants.

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**NOTICE OF FILING OF RECEIVER'S
FIFIETH TRI-ANNUAL REPORT**

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**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

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

**Fiftieth Tri-Annual Report of the Federal Receiver
For January 1 – April 30, 2022**

June 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 fiftieth report filed by the Receivership, and the forty-fourth 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 May 26, 2022, there have been 74,613 confirmed COVID-19 patient cases throughout CDCR institutions, of which 72,497 have resolved, 1,221 were released while active, and 254 resulted in death. There are 641 active cases within the patient population of CDCR institutions. There have been 41,819 confirmed COVID-19 staff cases, with 41,128 resolved, and 691 current active cases. There have been 50 staff deaths due to COVID-19. The Omicron variant remains the dominant strain of COVID-19 among staff and patients.

Vaccines

During this reporting period, CDCR and CCHCS continued the 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 remain low.

As of the end of this reporting period, 99 percent of the 98,066 incarcerated persons have been offered the COVID-19 vaccine with an overall acceptance rate of 83 percent. Acceptance rates continue to be highest among patients who are at the highest risk for hospitalization and death:

- Patients 50 years of age and older: 97.5 percent
- Patients 65 years of age and older: 99.6 percent

The high vaccination rate has contributed to the sustained decline of COVID-19 related hospitalizations and deaths among this population.

Pre-exposure Prophylaxis

As previously reported, by working with its state and federal partners, CDCR and CCHCS were 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 patients whose

condition or treatment interferes with response to vaccination. As of the end of this reporting period, 421 patients have accepted a dose of Evusheld.

(ii) Patient Safety Budget Change Proposal

As reported in the 48th Tri-Annual Report, a University of California, San Francisco, review commissioned by the Receiver found gaps in the CCHCS Patient Safety Program. CCHCS sought funding to establish positions to address those gaps and bring the Patient Safety Program into alignment with community standards. Specifically, CCHCS increased institution bandwidth to support local patient safety functions by allocating each institution a Health Program Manager (HPM) III and a Health Program Specialist (HPS) I and establishing a unit of physician patient safety experts at headquarters to provide additional patient safety clinical oversight and support to institutions and assist in implementing statewide patient safety initiatives.

Due to budget impacts during the pandemic, the positions are being filled in three phases. To date, CCHCS has filled all 23 positions in the first phase of position allocation, except for the Chief Physician and Surgeon (CP&S) position at headquarters. Detailed status of position allocation is provided below:

Phase	Allocation Date	Positions	Location	Status
Phase I	July 2021	Per institution: 1 HPM III and 1 HPS I	10 institutions: CMF, MCSP, SAC, SQ, CHCF, SVSP, COR, LAC, CIW, RJD	Filled
Phase II	July 2022	Per institution: 1 HPM III and 1 HPS I	9 institutions: HDSP, SOL, CCWF, CMC, VSP, KVSP, SATF, WSP, CIM	Hiring in Process
Phase III	July 2023	Per institution: 1 HPM III and 1 HPS I	14 institutions: FSP, PBSP, SCC, ASP, CAC, CCI, NKSP, PVSP, CAL, CEN, CRC, CVSP, ISP, CTF	Not Yet Allocated
Phase	Allocation Date	Positions	Location	Status
Phase I	July 2021	1 CP&S, 2 Physicians	Headquarters	CP&S Vacant, Physician Positions Filled
Phase II	July 2022	2 Physicians	Headquarters	Hiring in Process

(iii) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at Valley State Prison (VSP); California State Prison, Los Angeles (LAC); Wasco State Prison (WSP); California Correctional Center (CCC); California State Prison, Solano (SOL); 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); Centinela State Prison (CEN); Pelican Bay State Prison (PBSP); California Institution for Women (CIW); High Desert State Prison (HDSP); California Men's Colony (CMC); Correctional Training Facility (CTF); Calipatria State Prison (CAL); California State Prison, Sacramento (SAC); Pleasant Valley State Prison (PVSP); and Mule Creek State Prison (MCSP). During this reporting period, the OIG issued draft reports for CEN, PBSP, and CIW and final reports for KVSP, CCWF, CEN, PBSP, and CIW. CCWF, CEN, PBSP, and CIW received adequate ratings, while KVSP received an inadequate rating. As of the end of this reporting period, draft reports for HDSP, CMC, CTF, CAL, SAC, PVSP, and MCSP 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, 15 *Armstrong* Monitoring Tours were scheduled. Plaintiffs conducted 13 *Armstrong* Monitoring Tours and two were cancelled at the request of Plaintiffs. 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, various workgroups continue to meet frequently to address common concerns related to *Armstrong* class members.

Currently, SATF is under a special review by the *Armstrong* court expert related to allegations of mistreatment of *Armstrong* class members. A report of findings is expected in the near future.

(vi) Integrated Substance Use Disorder Treatment

Screening & Assessments

CCHCS Nursing Services staff continue to conduct substance use screening, utilizing the National Institute on Drug Abuse (NIDA) Quick Screens, and CCHCS Medical Services' Licensed Clinical Social Workers (LCSW) continue to conduct substance use risk stratification utilizing the NIDA Modified Assist. During this reporting period, approximately 22,495 patients were screened or assessed for Substance Use Disorder (SUD) and approximately 4,594 patients were risk-stratified. Of those screened and risk-stratified, 3,074 patients were referred for a Medication Assisted Treatment (MAT) evaluation and 4,050 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medication Assisted Treatment

During this reporting period, 3,631 patients were evaluated for MAT, and 70 percent of those patients were started on MAT. As of the end of the reporting period, 14,073 patients within CDCR are prescribed MAT. Additionally, 1,721 patients were released to the community with a 30-day supply of their MAT medication, and 1,809 were offered a supply of Naloxone.

To improve timeliness and efficiencies associated with medication administration processes at institutions with medication lines impacted by high volumes of patients receiving MAT, CCHCS launched a process improvement project based on the Lean Six Sigma model. To manage the high volumes of patients at medications lines, especially during the morning medication lines, redistribution of medication administration across the noon and evening medication lines continues, with 6,405 patients receiving their sublingual buprenorphine at the morning medication lines, and 7,344 patients receiving medication at the noon and evening medication lines. During this reporting period, focus shifted from redistributing medication administration times for existing patient prescriptions to selecting medication administration times when a patient newly starts MAT. With this new approach, between January 2022 and April 2022, approximately 950 (37.3 percent) new MAT starts were initiated with morning administration and 1,600 (62.7 percent) were initiated at a different administration time. In addition to redistribution of medication administration times, institutions are maximizing the use of keep-on-person (self-administered) medication when clinically appropriate, reducing the need for patients to receive their medications through nursing distribution at medication lines.

CCHCS implemented a system for reviewing and administering alternative MAT agents, including injectable naltrexone, injectable buprenorphine (Sublocade), and methadone. These alternative agents provide an additional treatment option for patients. Under newly acquired procurement licensing, seven patients have received Sublocade.

During this reporting period, CCHCS further refined urine drug screens for monitoring patients on MAT. Previously, CCHCS utilized a single toxicology screen for all monitoring purposes. To support active monitoring of patients with SUD, two additional toxicology screens were developed, both with more rapid turnaround times, supporting providers' ability to have clinical information available for their patient visits.

Medical Provider and Licensed Clinical Social Worker Workforce

Nearly all CCHCS providers (99 percent) now possess an X-waiver with a patient limit of at least 100 or 275. Providers new to CCHCS are required to have an X-waiver at the time of hire and are trained with a custom series of MAT trainings. Currently 87 percent of patients on MAT are managed by their Primary Care Provider (PCP).

Medical Services' LCSWs have integrated the American Society of Addiction Medicine (ASAM) Co-Triage into program operations and have accordingly incorporated ASAM Co-Triage training for all incoming LCSWs. Assessments will occur for all patients with current active Hepatitis C Virus (HCV) or history of HCV infection to ensure patients are appropriately linked to SUD care.

Such linkages to SUD treatment can reduce HCV transmission and recurrent viremia. LCSWs also implemented the ASAM Re-Entry Interview Script Enhancement (RISE) and assessed 990 patients during this reporting period. ASAM RISE assessments are completed for patients releasing within six months to identify care needs and linkages necessary for community transition.

Transition Services

The Enhanced Pre-Release processes continue at all institutions and include discharge planning for all patients releasing from CDCR. As of April 30, 2022, the resource teams have successfully linked 1,652 MAT-prescribed patients to community providers for continuation of care.

Cognitive Behavioral Interventions

Institutions continue to work on returning to in-person CBI programming. As of April 30, 2022, 903 patients are participating in packet programming, and 7,821 are participating in in-person programming.

ISUDT Program Impact

In April 2022, CCHCS and CDCR released [*Transforming Substance Use Disorder Treatment in California's Prison System: Impacts of the Integrated Substance Use Disorder Treatment Program*](#), which includes findings from the first two years of the Integrated Substance Use Disorder Treatment (ISUDT) Program. The report outlines the new approach for SUD treatment, documents the status of program implementation, and provides data to support the significant progress California's incarcerated population has made as a result of ISUDT. The initial results of the ISUDT Program show the Department has made substantial progress toward screening and assessing the incarcerated population with SUDs, reducing overdose deaths and overdose-related hospitalizations, and connecting CDCR residents with community SUD providers upon release. As highlighted in the report, the rate of overdose deaths among California's prison population declined 58 percent from 2019 to 2020, while hospitalization rates for overdoses and skin/soft tissue infections declined by 18 percent and 21 percent, respectively, after ISUDT implementation.

ISUDT Publications

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter-style publication that includes program information, wellness tips, brain-teasing activities, inspiring patient feedback, notes of encouragement from staff, and fillable journal entries. To date, over 64,200 copies of this publication have been distributed to ISUDT patients.

Additionally, the second edition of "The ISUDT Leader" was distributed via email to all CDCR and CCHCS staff. This publication includes program information and updates, messages from CDCR and CCHCS leadership, and first-hand inspirational stories from both staff and participants.

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) began utilizing the revised *CCHCS Healthcare Facilities Maintenance Environmental Services Assessment Guide* (rev. January 2022). Due to the outbreak of the COVID-19 Omicron variant, onsite assessments were postponed in January and resumed in February. CMU has since conducted Healthcare Facilities Maintenance (HFM) assessments at WSP, CCWF, VSP, CHCF (Environmental Services Program and PRIDE Industries), California City Correctional Facility (CAC), CCI, and CRC. CHCF uses two separate entities to provide janitorial services with separate assessments conducted for each entity. Of the eight assessments conducted, six passed with a score of at least 80 percent. The Environmental Services Program at CHCF and the HFM Program at CCI did not achieve a passing score of 80 percent or higher. The CMU will conduct follow-up visits at both CHCF and CCI within the next few months to assess the programs' progression. The CMU continues to provide assistance to CHCF due to its large medical mission and multiple contracts.

(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. While these delays continue to present operational challenges, CCHCS is working with institutions and CDCR Facility Planning, Construction, and Management (FPCM) to address concerns regarding phasing and swing space to minimize impacts.

Several projects have been impacted due to reported staffing shortages at the Board of Pharmacy (BOP) related to Omnicell inspections, which are conducted by the BOP. In some cases, the application processing time to inspect and relocate Omnicells has been impacted, while in other cases, there have been delays in scheduling the inspection itself. This statewide issue may create delays in the deactivation and construction start of subsequent sub-projects and require re-phasing evaluations.

The Office of the State Fire Marshal (OSFM) issued CCWF a notice to vacate the new Reception Center Screening addition, pending the verification of Construction Inspection documentation. CDCR's FPCM team is currently working with the OSFM to address all health and safety inspection record concerns.

During this reporting period, there were multiple successful completions and activations. These include the Facility A Primary Care Clinic at VSP; Facility C Primary Care Clinic Addition and Renovation at Ironwood State Prison; Central Health Services Laboratory, Physical Therapy, and Staff Restroom Renovation at CAL; Central Health Services Renovation at CEN (closing out all HCFIP work at CEN); Central Health Services Radiology/Inmate Restroom Renovation at SOL; and Inmate Restroom, Pharmacy Data Entry, Primary Care Clinic, and Radiology Renovations at CMF.

Lastly, the work at the CRC mobile medical clinic is nearing completion. The seismic bracing concerns have been resolved and targeted activation for this project is July 2022.

(iii) Scheduling and Ducating

Due to COVID-19 and in an effort to reduce the spread of the virus to staff and patients, Health Care Access Unit (HCAU) Operations Monitoring Audits (OMA) and Scheduling and Ducating Program Special Reviews continue to be on hold during this reporting period. Although Corrections Services resumed OMA Round VIIIb audits effective November 1, 2021, due to the subsequent increase in Omicron cases throughout CDCR, audits were postponed from January 3 to March 13, 2022. OMA Round VIIIb audits resumed for a second time on March 14, 2022. As of the end of this reporting period, a total of 11 OMA Round VIIIb audits were completed and seven reports were finalized and distributed (ASP, CTF, MCSP, CAC, San Quentin State Prison [SQ], CHCF, and PVSP).

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, in early December 2021, members of the workgroup conducted a site visit of the CMC EOP program to review the current process and engage local stakeholders in discussions regarding the proposed pilot.

After several months of research, the workgroup identified a process with minimal changes to the scheduling, tracking, and reporting processes currently in place. Corrections Services created a proposal for the transition of EOP group daily ducats to a weekly Current Inmate Schedule. Similar to a ducat, the Current Inmate Schedule will allow movement on specific days and times of the week to a specified location. The following processes and reports will be utilized during the pilot: the Strategic Offender Management System Reports and Data Quality Unit team is creating the weekly Current Inmate Schedule to replace the EOP group's daily ducats; the Application Innovation Services Healthcare team is programming the EHRS to bypass placing EOP group appointments on the Master Pass List; and the Quality Management and Informatics team is creating a report to replace the data bypassed on the Master Pass List. A site visit to CMC is planned to discuss the selected process, view the current process, and determine any additional obstacles prior to implementation, which is tentatively scheduled for July 1, 2022.

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 just under 74 percent patient capacity (2,182 current population; 2,951 capacity) and 35 of the 36 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33 positions, 32 filled, 1 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the May 2, 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 continues to make progress resolving the challenges outlined in the March 10, 2015, *Special Report: Improvements in the Quality of California's Prison Medical Care System*. 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 April 30, 2022, 53 percent of institutions (18 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 18 percent (6 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 29 percent (10 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 27 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, 2022, CCHCS has hired 12 new physicians, with 2 hired in the Telemedicine program, 1 hired at headquarters, 1 hired at a regional office, 1 hired within ISUDT, and 7 hired at institutions. These numbers represent 48 percent of total PCP hires in 2021, just within the first four months of 2022.
- The Telemedicine Program remains strong in its ability to recruit and retain. As of the end of this reporting period, the current telemedicine provider workforce is 98 percent filled, with only one vacant position.
- With CCHCS re-establishing its in-person presence at professional conferences, CCHCS exhibited at the National Commission on Correctional Health Care's 2022 Spring Conference and the California Academy of Nutrition and Dietetics. Additionally, CCHCS secured booth space at the National Commission on Correctional Health Care's 2022 National Conference in October. While there has been a reduction in virtual health care recruiting events overall, CCHCS takes advantage of both *Corporate Gray's* and *RecruitMilitary's* virtual events to engage with individuals separating from military service throughout the nation.
- CCHCS' procurement of a virtual recruiting platform establishes the ability to expand recruitment presence without ties to geographic boundaries. With plans for hosting virtual events tailored for specific educational cohorts or professional careers at the statewide, regional, and institutional levels, the platform will serve to expand candidate

attraction to remote locations and increase candidate pipelines nationwide. Implementation will be a phased approach leading to eventual statewide release. Pilot testing of the first virtual events is scheduled for September 2022.

- In January 2022, CCHCS began hosting hiring events at venues local to CHCF, CMF, and SVSP to promote and fill vacancies within these institutions' Psychiatric Inpatient Programs. These opportunities, offering candidates a complete hiring experience from recruitment to contingent job offer in a single event, are proving uniquely successful. By bringing multiple aspects of the hiring process into one location, these events combine hiring steps that typically can take months into just one day. To date, CCHCS has completed seven hiring events supporting the workforce needs of CHCF, CIW, CMF, CTF, FSP, MCSP, SAC, SCC, SOL, SVSP, SQ, and headquarters. As of April 30, 2022, close to 1,000 individuals have attended these events, with 649 interviewed, 467 job offers made, and 191 confirmed start dates. As a result, similar hiring events are now scheduled throughout the state with the next round of events focusing on ASP, HDSP, CCC, CCWF, CMC, COR, SATF, PBSP, PVSP, and VSP. Given the effectiveness of the methodology, CCHCS is exploring solutions for long-term support of these efforts, including additional funding for marketing and staffing support. With the focus on meeting the candidate population at the local level, CCHCS has shifted a portion of its statewide recruitment efforts in print and digital media to the marketing of the hiring events including radio advertising, digital billboards, supplemental digital and local print campaigns, and strong social media engagement.
- CCHCS is expanding its social media platforms to leverage the successful social media engagement experienced with the promotion of recent hiring events. In addition to Facebook and LinkedIn, CCHCS is establishing Twitter, TikTok, and Instagram accounts. All five platforms will be used in coordination to share information about careers in correctional health care, promote CCHCS clinicians through recognition days, and encourage attendance at hiring events.

C. CCHCS Data Quality

As discussed in the thirty-ninth and forty-second Tri-Annual Reports, in June 2018, the Receiver engaged the firm of Manatt, Phelps & Phillips, LLP (MPP) to analyze data collection and validation processes at CCHCS used to compile health care delivery performance statistics published on the CCHCS Health Care Services Dashboard. MPP worked with information technology and software experts from Intueor Consulting, Inc. (Intueor) to evaluate the accuracy of 16 Dashboard measures with suspected data integrity issues, which include seven clinician access metrics, five DME access metrics, two workload metrics, one disease management metric, and one health information management metric.

On August 27, 2019, MPP produced a final report with findings and recommendations, concluding that Dashboard reporting for the 16 measures was highly accurate. Independent coding of the same metrics by Intueor yielded the same results or results within one percent of what the Dashboard published for all 16 measures. MPP identified minor flaws in Dashboard reporting in

two areas and opined that all the identified issues could be handled with modest corrective action, bringing these 16 measures, which are 99 percent accurate, to higher levels of reliability.

By the end of 2019, CCHCS had addressed all but one of the recommendations from the Intueor report. The last remaining item, which was deferred during the pandemic to allow CCHCS data analysts to focus on COVID-19 related reporting, was addressed in 2021. With the Intueor recommendations now implemented (or no longer relevant, as in the case of the decommissioned metrics on the list), CCHCS continues to refine systems and processes that detect and address data quality issues to ensure CCHCS data is as useful as possible in the evaluation and improvement of health care system performance.

D. 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 February 1, March 24, and April 27, 2022.

E. 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.

F. Consultant Staff Engaged by the Receiver

The Receiver has engaged no consultant staff during this reporting period.

G. Accounting of Expenditures

(i) Expenses

For the four-month period from January through April 2022, the total net operating and capital expenses of the Office of the Receiver were \$1,484,533 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 January through April 2022, the Receiver requested transfers of \$1,550,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. As of April 30, 2022, an additional amount of \$500,000 was accrued to cover all operating expenses incurred to date. The additional funds will be requested in May 2022. Total year to date revenue (received and accrued) for Fiscal Year 2021/2022 to the CPR from the State of California is \$4,250,000.

All requested funds were received in a timely manner.