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UNITED STATES DISTRICT COURT

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FOR THE EASTERN DISTRICT OF CALIFORNIA

11

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,

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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,

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v.

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GAVIN NEWSOM, et al.,

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Defendants.

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**NOTICE OF FILING OF RECEIVER'S
FIFTY-FIFTH TRI-ANNUAL REPORT**

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

5 Respectfully submitted,

6 Dated: February 1, 2024

FUTTERMAN DUPREE DODD CROLEY
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8 By: /s/ Jamie L. Dupree
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 Attorneys for Receiver
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**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

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

**Fifty-fifth Tri-Annual Report of the Federal Receiver
For September 1 – December 31, 2023**

February 1, 2024

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 fifty-fifth report filed by the Receivership, and the forty-ninth 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 successes 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/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 (CEO); credentialing and privileging; and space coordination.

B. Progress during this Reporting Period

(i) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at 34 institutions. During this reporting period, the OIG issued a final report for CHCF, which concluded the Cycle 6 inspection period; CHCF received an inadequate rating. Also during this reporting period, the OIG completed Cycle 7 medical inspections at North Kern State Prison (NKSP), Richard J. Donovan Correctional Facility (RJD), Salinas Valley State Prison (SVSP), and Substance Abuse Treatment Facility (SATF); draft reports are pending completion by the OIG. The OIG issued a draft report for Valley State Prison (VSP) and a final report for California State Prison, Los Angeles County (LAC); LAC received an inadequate rating.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 24 institutions to the CDCR Secretary's authority (one of these institutions, California Correctional Center, has since deactivated). The Receiver delegated Central California Women's Facility (CCWF) on October 18, 2023, Mule Creek State Prison (MCSP) on December 8, 2023, and NKSP on January 12, 2024.

(iii) The California Model

The California Model (CA Model) is a system-wide change within CDCR and California Correctional Health Care Services (CCHCS) leveraging national and international best practices to improve the well-being of those who work at and live in state prisons.

The four foundational pillars of the CA Model include: Dynamic Security; Normalization; Peer Support; and becoming a Trauma Informed Organization. During this reporting period, the focus for the CA Model was to finalize Resource Team training at the eight test sites. The two-day on-site trainings focused on (1) Resource Team concepts to meet the needs of the highest-risk and highest-need incarcerated persons (IP) at the highest levels of security with the goals of reducing the use of force and violent incidents against staff, and (2) Contact Officer concepts, a high intensity engagement by staff for a group of IPs who need more support and attention in order to transition to the community successfully.

During this reporting period, training-for-trainers sessions commenced for the Active Bystandership and Trauma Informed Organization training initiatives. In addition, all institutions were allocated initial employee wellness funding of \$15,000 to continue to enhance

normalization efforts, and the results of the first survey to identify baseline input from staff were released.

Also during this reporting period, the San Quentin Transformation Advisory Council finalized their report, [Reimagining San Quentin: Recommendations to Transform San Quentin State Prison into a Rehabilitation Center](#), and submitted it to the Governor.

(iv) Specialty Services Backlog Progress

CCHCS continues to prioritize reducing the backlog in selected specialty service referrals that accumulated due to the COVID-19 pandemic. In comparing annual backlog rates for 2022 and 2023, specialty services backlog decreased from 76 per 1,000 in 2022 to 42 per 1,000 in 2023. Additionally, there has been continued statewide success in reducing and, for most institutions, eliminating the backlog of primary care provider (PCP), laboratory, and optometry appointments.

CCHCS continues to utilize telemedicine to decrease the amount of unnecessary patient transportation and provide more convenient and timely care. In fiscal year (FY) 2022-2023, 31 percent of all specialty care appointments were delivered via telemedicine.

In an effort to decrease unnecessary, untimely, and costly specialty appointment refusals, CCHCS Quality Management surveyed a portion of the patient population regarding potential contributing reasons for refusals. One of the factors identified was that patients did not have sufficient advance notice of the appointment, resulting in potentially avoidable conflicts with work, education, canteen, visiting, and other important events. CCHCS is now developing strategies to allow for patient notification and reminders in advance of specialty consultations, with the goal of decreasing last minute declinations.

(v) Institution and Facility Closures

During this reporting period, the following facilities were deactivated: California Men's Colony (CMC) West and Facility C at Pelican Bay State Prison. Most closure activities at California City Correctional Facility (CAC) will be completed in January 2024 with a complete closure scheduled for March 2024. Additional information related to institution closures and deactivations can be found on the CDCR website at <https://www.cdcr.ca.gov/prison-closures/>.

(vi) Armstrong

During this reporting period, 17 *Armstrong* Monitoring Tours were scheduled. Of those 17, Plaintiffs conducted 15 onsite tours, and at the request of Plaintiffs, two were cancelled. CCHCS continues to coordinate with CDCR in examining the *Armstrong* Monitoring Tour Reports, in collaboration with the Plaintiffs, CCHCS Office of Legal Affairs, CDCR Office of Legal Affairs, and Office of the Attorney General. In addition, various workgroups continue to meet to address concerns related to *Armstrong* class members.

On September 11, 2023, CCHCS released new interactive PowerBI reports allowing the field to self-monitor mismatches between Disability Placement Program (DPP) codes and prescribed Durable Medical Equipment (DME) for patients by institution. Since release of these reports, the

number of statewide mismatches for patients with specific DPP codes, but not the required DME, reduced by 19 percent, and the number of patients with specific permanent DME orders but an incorrect DPP code reduced by 33 percent. Updates to EHRS are in progress to prevent certain mismatches from occurring in the future. The tool was demonstrated to the *Armstrong* Plaintiffs' attorneys and Court Expert on September 28, 2023, and at that demonstration the *Armstrong* Plaintiffs' attorneys and Court Expert agreed to resolve the long-standing agenda item for DPP code reconciliation.

CCHCS and the CDCR Division of Adult Institutions (DAI) issued an updated memorandum on October 11, 2023, regarding authorization for patients to purchase and receive prescription eyeglasses from third party vendors. This memorandum allows patients to receive eyeglasses mailed directly from their family and friends or a third-party vendor. This was implemented to remove some of the stipulated restrictions in the initial memorandum and give patients a broader option to obtain prescription eyeglasses.

On October 17, 2023, CCHCS, DAI, and Plaintiffs came to an agreement on the contract language to define new specifications of hearing aids offered to patients. On November 2, 2023, the Invitation for Bid was submitted with a deadline of December 1, 2023. Three bids were received and contracts with these vendors are currently in process and under review by the Department of General Services (DGS), Office of Legal Services (OLS). It is anticipated OLS will complete its review by January 31, 2024. Following review, contracts will be executed, and services will begin in early February 2024.

CCHCS issued a memorandum on November 2, 2023, regarding establishing a minimum periodic automatic replenishment (PAR) level for temporarily issued white tapping canes. This memorandum directed Disability Placement-Vision (DPV) designated institutions to update their existing local operating procedures and incorporate a PAR value for temporarily issued white tapping canes. The memorandum directed Wardens and CEOs to share this information with their respective Inmate Advisory Councils and provide proof of practice within 60 days of issuance of the memorandum.

Additionally, on December 4, 2023, CCHCS issued a memorandum clarifying the definition of vision-impaired non-impacting placement (DNV). The memorandum clarified the DNV code shall be applied to individuals whose vision can be corrected to central visual acuity of better than 20/200 and no better than 20/70 with the use of corrective lenses. Previously, there had been uncertainty in the institutions as to what constitutes a DNV designation which resulted in numerous patients having an improper code. A Learning Management System training pertaining to this direction was developed with a 90-day completion expectation for staff required to complete the training.

On December 7, 2023, the United States District Court issued an Order approving the parties' stipulation regarding the Court Expert's addendum to the second report regarding treatment of people with disabilities at SATF. The Order identified issues of concern and provided the defendants 90 days from the date of the Order to become compliant in each area. Leadership at

SATF, CDCR, and CCHCS are actively working together to address the mandates of the Order. Also on December 7, 2023, the initial four patients from SATF were transported to Western University to be evaluated by a blind and low vision specialist. The specialist was able to identify accommodations which will assist each individual based on their needs. SATF and the State Transportation Unit (STU) will continue to transport DPV patients to Western University.

On December 21, 2023, CCHCS submitted a Negotiation Preparation Tool (NPT) to Labor Relations regarding limiting licensed health care staff access to Rules Violation Reports (RVR). This direction will limit health care staff writing RVRs to be only as a last resort when no other means of alternate behavior interventions are available. The NPT included the draft memo which outlines the direction to health care staff. Upon successful negotiation of the NPT, the memorandum will be issued to all institutional staff. The parties shall meet and confer with the Court Expert within 30 days of receiving the final policy and the Court Expert will report to the court the results of the meet and confer.

(vii) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit conducted 11 Healthcare Facilities Maintenance (HFM) assessments (California Institution for Men [CIM], CHCF, Calipatria State Prison [CAL], Centinela State Prison [CEN], Folsom State Prison, California State Prison, Sacramento [SAC], SVSP, Correctional Training Facility [CTF], San Quentin Rehabilitation Center [SQ], RJD, and California Medical Facility [CMF]) and two onsite PRIDE Industries assessments (CHCF and CMF). CHCF utilizes both PRIDE Industries and Environmental Services, and CMF utilizes HFM and PRIDE Industries to provide janitorial services with separate assessments conducted for each entity. The HCFS unit also published 10 reports from assessments completed during the previous and current reporting period. All received a passing score, with eight scoring over 90 percent and two scoring over 80 percent. Of note, the recent HFM assessment conducted at SATF during the week of August 28, 2023, resulted in a score of 87.8%, 25.7 percentage points higher than the score achieved during the August 2022 assessment.

(viii) Health Care Infrastructure at Facilities

Health Care Facility Improvement Program (HCFIP) construction delays continue to decline with the exception of CCWF, Pleasant Valley State Prison (PVSP), and SATF, where Fire, Life, and Safety issues continue to arise. Overall, there are 10 institutions remaining with HCFIP construction sub-projects. Past labor concerns have not been an issue this reporting period and there are no anticipated barriers moving forward. The partnership between the institutions, CDCR Facility Planning, Construction, and Management Division, and HCFS continues to be productive and positive.

The previously reported construction delays at CCWF now have a path forward; however, additional delays associated with Fire, Life, and Safety issues have recently been identified. The construction of two sub-projects was completed this reporting period, and two additional sub-projects are anticipated to be completed by February 2024.

Currently, there are 35 sub-projects remaining, four of which are in the activation phase. During this reporting period, nine sub-projects were successfully activated: the Facility A Primary Care Clinic renovation at California Correctional Institution (CCI); the Facility B Primary Care Clinic addition and new staff restroom and physical therapy renovation at CCWF; the new Administrative Segregation Unit Primary Care Clinic and Facility B Primary Care Clinic renovation and addition at California State Prison, Corcoran (COR); the Central Health Services Pharmacy and Specialty Exam Room renovation (South) at NKSP; the Radiology and entry corridors renovations at Sierra Conservation Center (SCC); and the Central Health Services Entry and Pharmacy renovation at California State Prison, Solano (SOL).

(ix) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 33,861 patients were screened or assessed for substance use disorder (SUD) and approximately 5,327 patients were risk stratified with 5,321 patients referred for a Medication-Assisted Treatment (MAT) evaluation and 4,668 patients referred for substance use related Cognitive Behavioral Interventions.

Medical and Behavioral Health Provider Workforce

Medical Services' Clinical Social Workers (CSW) use evidence-based tools including the National Institute on Drug Abuse (NIDA) Modified Assist (MA), the American Society of Addiction Medicine (ASAM) Co-Triage, and the ASAM Re-Entry Interview Script Enhancement (RISE) to assess patients for SUD. CSWs completed 5,327 NIDA MA assessments, 4,738 ASAM Co-Triage assessments, 571 ASAM Continuum assessments, and 2,014 ASAM RISE assessments during this reporting period. In addition to the assessments completed, CSWs continue to offer services to patients who previously refused assessment to engage this high-risk population to seek treatment.

The Behavioral Health team continued to expand Cognitive Behavioral Therapy (CBT). Referrals for CBT groups are available at all institutions, with CBT groups active at eleven institutions (CHCF, California Institution for Women, CMC, California Rehabilitation Center, CTF, Kern Valley State Prison [KVSP], LAC, SOL, Ironwood State Prison, CEN, and CCWF). CBT services are scheduled to start at three additional institutions (CAL, High Desert State Prison [HDSP], and RJD) in January 2024. The Behavioral Health team established a standardized, organized protocol for communication with the institution care teams, and an internal CBT dashboard for tracking patients who are participating in or have been referred for CBT.

The Integrated Substance Use Disorder Treatment (ISUDT) program continues to prioritize hiring to support timely assessment of patients, expansion of CBT, and timely addiction medicine evaluation. During this reporting period, Behavioral Health recruitment efforts led to the hiring of 16 CSWs and 2 Supervising Psychiatric Social Worker Is. In addition to those hired, the program has opened onsite positions to Associate of Social Work (ASW) candidates and have filled 7 CSW positions with ASWs. The program has also opened registry positions for Licensed Marriage and Family Therapists (LMFT) and Licensed Professional Clinical Counselors (LPCC) and developed an interim policy memorandum detailing the credentialing of LMFT and LPCC registry. As of the end

of this reporting period, there are 7 LMFT registry staff in the credentialing and hiring process; 5 at the Ontario regional office, 1 at NKSP, and 1 at RJD. The Addiction Medicine Central Team (AMCT) recruited an additional Physician & Surgeon and filled the second Chief Physician & Surgeon position. The AMCT is now fully staffed.

Medication-Assisted Treatment

As of the end of this reporting period, the number of patients receiving MAT is 16,649. During this reporting period, 3,344 patients had an addiction medicine evaluation and 2,098 (63 percent) started medication. 5,424 patients previously receiving MAT while incarcerated chose to discontinue treatment.

Consistent with community standards of care, CCHCS offers MAT agents including Suboxone®, naltrexone, acamprosate, methadone, Vivitrol® and Sublocade®. Methadone, Vivitrol® and Sublocade® are requested via the Alternative Agent Authorization (AAA) process in EHRs. Since implementation of the AAA process, use of these alternative agents has steadily increased. As of the end of this reporting period, 633 total patients are receiving these agents, with 577 receiving Sublocade®, 15 receiving Vivitrol®, and 41 receiving methadone in coordination with contracted Narcotics Treatment Programs.

In addition to providing naloxone to patients upon release, or administering naloxone to reverse suspected opioid overdose, CDCR and CCHCS are expanding access to this life-saving resource, making it available directly to patients as a keep-on-person medication.

Cognitive Behavioral Interventions

As of the end of this reporting period, 166 patients are participating in packet programming, and 10,068 are participating in in-person programming.

Supportive Housing

As of the end of this reporting period, there are 23,038 Supportive Housing beds identified, with 14,636 beds occupied. Of those occupied, 6,241 are participating or have participated in ISUDT. As institutions continue to advance this program component, further reporting elements will be developed.

Transition Services

During this reporting period, nursing resource teams successfully linked 1,891 (90 percent) MAT-prescribed patients to community providers for continuation of care. A minimum 30-day supply of MAT medications (excluding methadone and Sublocade®) was provided to patients releasing to the community as a bridge for continuity of care. Additionally, 8,860 of 8,905 (97 percent) releasing patients accepted naloxone upon release with education for its use in the prevention of opioid overdose.

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. Themes for this reporting period included “Preventive Care,” “Red Ribbon Week,” “Health for the Holidays,” tips for staying connected and staying healthy, and “A Year in Review” with excerpts from the most important messages of 2023.

Peer Support Specialist Program

During this reporting period, Core Competency training approved by California Mental Health Services Authority was provided to 13 Phase I institution staff from Avenal State Prison (ASP), CAL, CCWF, CMF, and VSP, and 10 headquarters staff. The 23 health care and custody subject matter expert (SME) trainees also received evidence-based group facilitation curriculum training. Peer Support Specialist Program training commenced at all five Phase I institutions in December 2023 and is being provided by the headquarters and institution SMEs to selected participants. The participation interest for this program exceeded expectations; 660 patients applied and 240 were selected to participate. Phase I training for patients is scheduled to conclude by March 2024.

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

(i) Healthcare Facilities Maintenance and Environmental Services

Recruitment efforts continue to fill civil service custodian positions at CMF as well as positions at California Prison Industries Authority (CalPIA) ahead of the PRIDE Industries contract termination date of August 3, 2024. CalPIA is taking the lead on hiring for these positions with interviews scheduled for late January 2024. In addition, CCHCS has begun the process to add service areas to the CalPIA HFM contract to supplement the civil service custodian workforce.

The multi-year amended contract with CalPIA is continuing through the review process. This amendment will incorporate added supervisory positions, the General Salary Increase awarded in recent ratified labor agreements, and the California Department of Human Resources wage adjustments made to the custodian classification series.

(ii) Scheduling and Ducating

The Health Care Access Unit (HCAU) Operations Monitoring Audits (OMA) guide is currently being revised to identify and monitor issues reported throughout OMA Round VIIIb, OMA Round VIIIb Focused Reviews, and Special Reviews. The OMA guide was reviewed by internal and external stakeholders and based on feedback, the expected start date for OMA Round IX will be during the first quarter of 2024. Institutions continue to struggle with adherence to ducat times, which is due in part to interruptions to normal operations, such as modified programs lasting less than 24 hours. However, other common scenarios are security level adjustments when multiple programs are on one yard, calling patients to their appointments prior to the scheduled appointment time, and patients having multiple appointments scheduled.

Offsite and onsite scheduling continues to be a concern for institutions. CCHCS headquarters organized a two-day, statewide, in-person training for HCAU Associate Wardens (AW) and

Captains to provide direction and assistance. Topics included Health Care Access (HCA) quality reports/HCA application, HCAU staffing utilization, Compliance Reporting Unit reports and tools, and HCA vehicle fleet management. The AWs and Captains were encouraged to seek workarounds rather than cancelling appointments to increase access to care. The training also provided an opportunity for attendees to network and engage with each other and CCHCS headquarters staff.

Corrections Services has continued with the review of HCAU Officer positions to ensure appropriate utilization of staff. Reviews at MCSP, SATF, COR, KVSP, SCC, and CAL have been completed during this reporting period. The remaining reviews to be completed in the upcoming months are at CCI, CIM, CMC, CMF, CTF, HDSP, PVSP, SOL, SQ, and Wasco State Prison (WSP). Numerous positions which could be utilized in a more efficient manner and improve patient access to care were identified during the reviews. Recommendations have been made to align the positions with the proper workloads.

(iii) Transportation Vehicles

Many institutions have an insufficient number of transportation vehicles to keep pace with the volume of offsite specialty appointments. Corrections Services and the Office of Business Services (OBS), along with DAI, have multiple efforts underway to ensure continued access to care.

Ten vehicles and two golf carts have been redirected from the CAC closure: SQ received 5 sedans and 2 vans; CHCF received 3 vans and 1 golf cart; and ASP received 1 golf cart. Additionally, the first phase of vehicle realignment has been completed with the following vehicles being redirected from facility closures at institutions:

From	To	Number of Vehicles
CCI	CHCF	3
CCI	SATF	2
CCI	SAC	1
CIM	HDSP	2
CIM	KVSP	2

Corrections Services assisted CHCF with acquiring a new medical emergency response vehicle golf cart to be used for its stand-by emergency medical services. Corrections Services also coordinated with the STU to assist various institutions, including CHCF, SOL, WSP, CCI, and SATF, with transportation for offsite appointments. In addition, the Regional Health Care Executives, along with Corrections Services, coordinated with CHCF and STU to conduct a Lean Six Sigma Project to include a review of offsite specialty appointments seen as scheduled including 14-day, 45-day, and 90-day. The kickoff meeting was on December 13, 2023.

Corrections Services is working with the OBS for an accelerated purchase of 18 vehicles this FY utilizing funding from FY 2024-2025. The FY 2024-2025 proposal completed by OBS for vehicle purchases identified a total of 25 HCA and non-HCA vehicles. The OBS determines the replacement cycle based on the DGS guidelines and consists of the following: vans (70,000 miles or 6 years), sedans (100,000 miles or 5 years), and sport utility vehicles (100,000 miles or 5 years).

In fact, utilizing the guidelines OBS has identified, over 600 HCA vehicles now meet the DGS threshold for replacement (although, in light of the low DGS mileage required for replacement, most of the vehicles are still fully operational). The backlog of vehicles to be replaced resulted from a very large purchase of vehicles in 2018 to refresh the entire HCA fleet, and then several years with only small or no purchases of replacements. The COVID-19 pandemic also changed industry practices. First, there were substantial supply chain issues that resulted in cancellations of orders that had already been placed. Second, vehicle manufacturers began accepting new orders only within identified "order bank" windows to produce vehicles (which can be as short as a few days). Third, manufacturers now produce the type of vehicles used for health care transport only after a purchase order has already been received. This means that there is not a ready supply of the type of vehicles sitting on dealers' lots waiting to be sold. Instead, such vehicles have been pre-sold.

CDCR has worked with DGS to respond to the new way in which manufacturers sell fleet vehicles. Among other changes, CDCR is now able to secure an approval of its fleet acquisition plan a full FY in advance of planned acquisitions which enables CDCR to begin purchasing when vehicle order banks open. As a result, in November 2023, after CDCR was notified that the order banks for HCA vans were open, CDCR submitted purchase orders for 55 Ford Transit vans, orders which were accepted by the Ford manufacturer. The vans were scheduled for production in January 2024 and are estimated for delivery in Spring 2024. After delivery, the vans will have to undergo after-market modifications which are completed by CalPIA (including removal of passenger seats, installation of Americans with Disability Act wheelchair lifts, and the addition of security caging and radios). As a result, these vehicles will not be placed in service until late 2024. Following the current process, Corrections Services is currently recommending replacement of 131 HCA vehicles whose condition has been identified as poor or junk.

The Receiver is planning to schedule additional meetings with state officials to discuss the possibility of establishing a more reliable, stable financing and approvals process of CDCR's health care transport vehicles.

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 77 percent of patient capacity (2,261 current population; 2,953 capacity) and 35 of the 36.5 budgeted provider

positions are filled as follows:

- Physician and Surgeon: 33.5 positions, 32 filled, 1.5 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the December 2023 Primary Care Provider Clinical Vacancy Coverage Monthly Staffing 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 102 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 the end of this reporting period, 28 percent of institutions (9 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 28 percent (9 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 44 percent (14 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 19 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' focused recruitment efforts continue to generate a steady candidate pipeline to offset the loss of staff due to factors such as retirement or separation from state service. Since January 1, 2023, CCHCS has hired 25 new physicians, with 2 hired in the Telemedicine program, 2 hired at headquarters, and 21 hired in the institutions.
- The Telemedicine Program maintains its strong recruitment trend. There was a slight increase in fill rates from 87 to 87.7 percent since the previous reporting period. The program currently has 3 pending hires and 6 candidates interviewing for 5 vacancies.
- Event coordination of the spring conference season is underway and with the repeal of Assembly Bill 1887, CCHCS is again able to travel to professional conferences in any state. The 2024 first quarter calendar includes the Osteopathic Physicians and Surgeons of California's Spring Conference in Coronado, CA and the California Nurse Practitioners Association's Annual Education Conference in Anaheim, CA; however, attendance at all events is being considered in light of current budgetary restrictions.
- CCHCS' use of a third-party physician recruitment platform for focused marketing and direct sourcing efforts has resulted in an expanded presence. Generated leads are addressed by recruiters and then, when ready to apply, are sent directly to the assigned hiring analyst. Information provided through the use of this platform will allow CCHCS to develop key metrics to better tailor marketing and outreach efforts on the platform, and

as leads convert to employees, generate a Return on Investment (ROI) index. CCHCS will assess data points from the platform to develop biannual ROI metrics with first ROI reporting scheduled for January 2025.

- To expand the PCP candidate pipeline for tomorrow's clinicians, CCHCS is creating a web page focused solely on the efforts of Medical Services' Educational Partnership Program efforts. Students at any stage in their education will be able to view engaging opportunities, including rotations, internships, and other learning experiences with CCHCS. Additionally, CCHCS is developing a spotlight page on its careers site to highlight innovative programs, clinicians, and health care initiatives. These promotional efforts are designed to share with future and current medical professionals the breadth of work experiences available and will be driven by social media campaigns.
- Throughout 2023, CCHCS held multiple hiring events across the state. This successful model has resulted in over 800 job offers, of which 522 candidates have already begun employment with CCHCS and an additional 107 candidates have accepted an offer and are pending completion of the pre-employment process. The success of these outreach efforts continues to support this expedient hiring methodology, which is now being adapted successfully across many other state departments. Efforts at these events provide support for allied health, health care administration, and nursing vacancies, and promote the correctional health care career path to those entering the health care field.

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 27, November 16, and December 14, 2023.

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.

During this reporting period, the Receiver approved use of the substitute contracting process for a sole source contract with Western University of Health Sciences, Agreement number 22-00101. This contract is for low vision specialty services and devices. The agreement term is November 30, 2023, through May 31, 2026, and the agreement amount is \$1,300,000.

E. Consultant Staff Engaged by the Receiver

The Receiver did not engage any consultant staff during the 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 2023 were \$957,105 and \$0, 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 2023, the Receiver requested transfers of \$650,000 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 \$250,000 was accrued as of the end of this reporting period, to cover all operating expenses incurred to date. This additional amount will be requested in January 2024. Total year to date revenue (received and accrued) for FY 2023-2024 to the CPR from the State of California is \$1,285,000.

All requested funds were received in a timely manner.