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UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

AND FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al., *Plaintiffs*, v. GAVIN NEWSOM, et al., *Defendants*.	Case No. C-01-1351-JST
RALPH COLEMAN, et al., *Plaintiffs*, v. GAVIN NEWSOM, et al., *Defendants*.	Case No.: CIV-S-90-0520-KJM-DB
JOHN ARMSTRONG, et al., *Plaintiffs*, v. GAVIN NEWSOM, et al., *Defendants*.	Case No.: C94-2307-CW

NOTICE OF FILING OF RECEIVER'S FIFTY-SEVENTH TRI-ANNUAL REPORT

PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-Seventh Tri-Annual Report in *Plata, et al. v. Newsom., et al.*, Case No.: C-01-1351-JST; *Coleman, et al. v. Newsom, et al.,* Case No.: CIV-S-90-0520-KJM-DB, and *Armstrong, et al. v. Newsom, et al.* Case No.: C94-2307-CW.

Respectfully submitted,

Dated: October 1, 2024

FUTTERMAN DUPREE DODD CROLEY MAIER LLP

By: /s/ Jamie L. Dupree
Jamie L. Dupree
Attorneys for Receiver
J. Clark Kelso

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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

Fifty-seventh Tri-Annual Report of the Federal Receiver For May 1 – August 31, 2024

October 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-seventh report filed by the Receivership, and the fifty-first 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; 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) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 7 medical inspections at 19 institutions. During this reporting period, the OIG completed medical inspections at Central California Women's Facility (CCWF), Correctional Training Facility (CTF), California State Prison, Centinela (CEN), Folsom State Prison (FSP), and High Desert State Prison (HDSP); draft reports are pending completion by the OIG. The OIG issued draft reports for California Rehabilitation Center (CRC), California State Prison, Corcoran (COR), and California Medical Facility (CMF), re-issued a draft report for California State Prison, Solano (SOL), and issued final reports for California State Prison, Los Angeles County (LAC), Valley State Prison (VSP), Wasco State Prison (WSP), SOL, COR, and CMF. LAC, WSP, COR, and CMF received an inadequate rating for both case review and compliance review, while VSP and SOL received an adequate rating for case review and an inadequate rating for compliance review.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 27 institutions to the CDCR Secretary's authority (two of these institutions, California Correctional Center and California City Correctional Facility, have since deactivated). The Receiver delegated SOL on June 27, 2024, CMF on July 25, 2024, and CRC on September 4, 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. It promotes safety, wellness, and resiliency through a commitment to providing staff with the tools and resources necessary to understand the signs and impacts of trauma. The four foundational pillars of the CA Model include: Dynamic Security; Normalization; Peer Support; and becoming a Trauma Informed Organization.

During this reporting period, Salinas Valley State Prison (SVSP) and California State Prison, Sacramento (SAC) hosted a team from Unlocked Graduates, a United Kingdom (UK) based organization that recruits and trains graduates and career changers from a range of disciplines to work as prison officers. Unlocked Graduates is an innovative organization working to tackle some of the most pressing challenges facing the criminal justice system in the UK. The purpose of the

visits is to exchange ideas on challenges and solutions in correctional settings, particularly around rehabilitation and security.

The Department updated terminology in regulations to align with CA Model principles; the regulations were effective in July 2024. The CA Model Terminology Initiative incorporates terms such as "incarcerated persons" (as opposed to inmate) and "supervised persons" (as opposed to parolee) into Title 15 regulations. This change is intended to reduce stigma, promote rehabilitation, and standardize terminology for the incarcerated and parole populations within CDCR and CCHCS. This effort to update departmental regulations is ongoing to remove additional terms like "offender" and replace with the new terms.

Training and support to the Resource Teams at the eight test sites continues to be a focus for the CA Model. An internal real-time Resource Team Report was released in the testing phase to limited staff. Town Halls were conducted at CCWF, SAC, and San Quentin Rehabilitation Center (SQ), and featured activities such as a horticulture planting kick off and mural painting, Incarcerated Individuals Book Club Book Signing, and an Olympics celebrations.

The Department published a two-part podcast of CA Model discussions with CDCR Secretary Jeff Macomber and Receiver Clark Kelso. The two leaders of organizational change shared encouraging impacts of CA Model implementation and their vision for a brighter, safer future. They discussed short and long-term goals of the CA Model, and how embracing its foundational pillars is already creating positive change across the state. They emphasized how the CA Model creates a safer environment for staff, and how while it is not going to eliminate all challenges or violence within our system, it will hopefully result in improvements for both staff and the population.

Institutions continue to implement projects using funding that was allocated for initial employee wellness to enhance normalization efforts, as well as dayroom furniture installation at all sites, and expansion of supply closets in housing units.

In addition, the Positive Message Box/Employee Recognition Program was implemented which is designed to encourage positive relationships between employees and incarcerated persons by allowing the incarcerated population to recognize and appreciate the hard work and dedication of all employees to create a more supportive and respectful environment for all.

(iv) Specialty Services Backlog Progress

As previously reported, insufficient advanced notice to patients of their specialty appointment contributed to unnecessary, untimely, and costly specialty appointment refusals. CCHCS is developing strategies to allow for patient notification and reminders in advance of specialty consultations, with the goal of decreasing last minute declinations. In addition to trial programs to evaluate utilizing tablet notifications, which are not yet viable as a statewide option, the Department is implementing a paper notification process to notify patients in advance of their upcoming appointments. The notices will provide the population with a declination option, allowing the Department to ensure each patient declining their appointment is informed of their

options and further allows the Department, when notified timely, to place another patient into the appointment, reducing cancellation fees and decreasing pending appointments. This promises to be a highly valuable addition to the scheduling tools and should decrease the number of last-minute refusals which contributes not only to the backlog but to external provider frustration.

CCHCS continues to utilize telemedicine to decrease the amount of unnecessary patient transportation and provide more convenient and timely care. Furthermore, the Department is evaluating ways to increase the number of services provided via onsite and telemedicine to reduce the number of offsite transports, which utilize various departmental resources that can cause local program delays due to short staffing. CCHCS continues to strive to increase the usage of onsite and telemedicine appointments, with approximately 81 percent of appointments occurring via these methods.

The Department is reviewing current provider availability surrounding our institutions, as well as long distance transports, which are over 120 miles each way. By reviewing the current demand for appointments versus the availability of specialists within 120 miles, the Department is hopeful to decrease the number of long-distance appointments that cause unnecessary wear on vehicles and can be uncomfortable for the patient population.

(v) Institution and Facility Closures

Chuckawalla Valley State Prison (CVSP) is anticipated to close in March 2025. 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, 10 *Armstrong* Monitoring Tours were scheduled. Of those 10 tours, Plaintiffs conducted six onsite tours (CMF, CTF, Mule Creek State Prison [MCSP], Substance Abuse Treatment Facility and State Prison, Corcoran [SATF], SOL, and SQ), three document review only tours (California Institution for Men [CIM], California Institution for Women [CIW], and Sierra Conservation Center [SCC]), and postponed one tour (Kern Valley State Prison [KVSP]) which is pending a rescheduled date from the Plaintiffs. CCHCS and CDCR work collaboratively in examining and addressing any concerns in the *Armstrong* Monitoring Tour Reports. CCHCS and CDCR have ongoing and continuous efforts to ensure the needs of the *Armstrong* class members are met.

In May, June, and July 2024, CCHCS conducted visits to CCWF, CMF, LAC, North Kern State Prison, Richard J. Donovan Correctional Facility, and SATF which house deaf patients requiring American Sign Language (ASL) interpretation services. During these visits, Corrections Services worked with direct care clinical staff to ensure they have the knowledge and ability to utilize the Video Remote Interpretation (VRI) equipment. Corrections Services provided scenarios to staff to evaluate their knowledge and ability to pivot from waiting for a sign language interpreter (SLI) to utilizing VRI. On July 30, 2024, based on information gathered during these visits, CCHCS developed a best

practices flyer to guide institutions with developing policies and procedures to ensure effective communication (EC) is reached for deaf patients who rely on ASL.

On June 25, 2024, CCHCS released the revised EC training module via the Learning Management System, aligning it with the Health Care Department Operations Manual (HCDOM) Section 2.1.2, Effective Communication Documentation. The training was revised to include the Department's definition of EC, remove any mention of the TABE score, update the language for SLI requirements to mirror HCDOM Section 2.1.2, eliminate the tiered approach when utilizing SLI, and remove vendors that are no longer utilized. This training is mandatory for administrative, medical, dental, and mental health staff who have contact with patients and must be completed annually.

On July 22, 2024, CCHCS released the revised HCDOM Section 3.6.1, Durable Medical Equipment and Medical Supply. The key revisions include clear guidelines for ordering nonformulary Durable Medical Equipment (DME), providing incontinence-related supplies, and specifying items that are not considered medical supplies, and therefore, will not be provided by health care. The revision also provides guidance on how patients can order prescription eyeglasses from third-party vendors, establishes best practices for DME storage, updated language for set time-frames for issuing DME and medical supplies. Furthermore, it clarifies responsibilities for the inspection, inventory, and repair of DME, outlines the process for rescinding and discontinuing the DME, and details the procedure and responsibilities for providing prescribed DME and medical supplies upon release or parole. Lastly, the revision includes updated language to ensure local operating procedures reflect these changes.

On July 25, 2024, CCHCS revised direction regarding the statewide rollout of Over-the-Counter Non-Medical Supplies for incarcerated persons. CCHCS is now exploring the option of providing insoles statewide. Subsequently, on August 5, 2024, Division of Adult Institutions (DAI) approved CCHCS' exemption request, permitting approved Quarterly Package Vendors to sell insoles and neoprene sleeves as personal property items to the incarcerated population.

CCHCS contracted with vision specialists to provide services onsite on weekends and began offering appointments at institutions in August 2024. This arrangement aims to minimize offsite transportation costs, refusals, and ensure timely access to services.

(vii) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit conducted eight Healthcare Facilities Maintenance (HFM) assessments (Ironwood State Prison [ISP], COR, VSP, CCWF, CIM, CIW, LAC, and MCSP). Both PRIDE Industries and Environmental Services are utilized at CHCF to provide janitorial services with separate assessments conducted for each entity. The HCFS unit published nine reports (CRC, HDSP, California Men's Colony [CMC], ISP, COR, VSP, CCWF, CIM, and CIW). All published reports received a passing score, with seven scoring over 90 percent (CMC, CRC, COR, VSP, CCWF, CIM, and CIW) and two scoring over 80 percent (HDSP and ISP). The HCFS unit continues to conduct follow-up visits at SAC, with the most recent review in August 2024, to monitor the progress made toward resolving critical issues identified in the

October 2023 assessment. While improvements have been noted, there is a continued need for HFM to address the overall daily cleanliness of health care areas to ensure they are free from dirt, dust, and debris. A few significant deficiencies noted include the need for floor care throughout the health care areas of the institution, ensuring items are moved when cleaning to remove hair, dirt, and debris, and cleaning all medical equipment thoroughly to remove grime and dust particles.

(viii) Health Care Infrastructure at Facilities

Health Care Facility Improvement Program (HCFIP) construction activities continue to progress towards completion, with a total of 10 sub-projects remaining across six institutions: CCWF, CMC, COR, Pleasant Valley State Prison (PVSP), SATF, and VSP. SOL completed construction of their last HCFIP sub-project in mid-July 2024 and is finalizing the Activation phase, with first patient expected in September 2024.

Fire, Life, and Safety concerns continue to cause delays at CCWF, PVSP, and SATF, though multidisciplinary collaboration is ongoing. HCFIP is expected to be completed statewide in 2026. The HCFS unit, whose primary focus is compliance and standardization of health care settings, is now co-located with Facility Planning, Construction and Management headquarters to represent CCHCS in the continued improvements of health care spaces as HCFIP winds down, and other programmatic priorities are established requiring assessment of improvements needed.

(ix) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 34,824 patients were screened or assessed for substance use disorder (SUD) and approximately 8,320 patients were risk stratified. Of those screened and risk-stratified, 7,252 patients were referred for a Medication Assisted Treatment (MAT) evaluation and 7,098 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

SUD Assessments and Cognitive Behavioral Treatment

During this reporting period, the Integrated Substance Use Disorder Treatment (ISUDT) Program Clinical Social Workers (CSW) and contracted Licensed Marriage and Family Therapists completed 8,320 National Institute and Drug Abuse Modified Assist assessments, 7,261 American Society of Addiction Medicine (ASAM) Co-Triage assessments, 679 ASAM Continuum assessments, and 2,249 ASAM Re-Entry Interview Script Enhancement assessments. In addition to SUD assessments, the CSW team expanded the delivery of Cognitive Behavioral Therapy (CBT) to patients at highest risk for SUD related morbidity and mortality with 559 participants receiving CBT during this reporting period.

Medication Assisted Treatment

As of the end of this reporting period, the number of patients on MAT is 18,452. During this reporting period, 23,911 patients had an addiction medicine appointment with either an addiction medicine provider or their primary care provider (PCP); 4,403 new patients were

started on MAT; 1,268 patients still incarcerated as of August 31, 2024, discontinued MAT and 2,233 patients receiving MAT left CDCR. Although 17,569 patients prescribed MAT are on Suboxone®, CCHCS offers alternatives. Currently, 803 patients are receiving Sublocade®, 28 are receiving Vivitrol®, and 52 are receiving methadone.

Due to an increasing number of drug overdoses primarily caused by illicit fentanyl, CDCR and CCHCS is making naloxone directly available to all incarcerated individuals. Although naloxone is not treatment for the underlying opioid use disorder (OUD), it can be lifesaving if someone overdoses from an opioid. Because most individuals who experienced an opioid-related overdose were not receiving MAT at the time of their overdose, CCHCS increased efforts to evaluate individuals for MAT and to start treatment as quickly as possible leveraging the Addiction Medicine Central Team physicians and PCPs. Given the high numbers of individuals with an OUD who require ongoing care, CCHCS continues to successfully integrate the clinical management of patients with OUD into primary care.

Cognitive Behavioral Interventions

CBI-Outpatient was expanded to 16 weeks to allow for 12 entry points. This will allow for continuation of CBI when individuals are transferred to another institution to result in more people being served. As of the end of this reporting period, 60 program participants are participating in packet programming, and 10,159 are participating in in-person programming.

Short-term programming has been initiated at all institutions and is for those who come to CDCR with between 7 to 14 months to serve and need SUD treatment prior to release. The curriculum is evidence-based and provides a short-term SUD-focused program prior to release for this population that otherwise would not receive services. These individuals will have a regular check-in with an Alcohol and Other Drug Counselor. During this reporting period, 1,614 people participated in short-term programming.

Supportive Housing

As of August 31, 2024, there are 23,038 Supportive Housing beds identified, with 14,668 beds occupied. Of those occupied, 6,718 are participating or have participated in ISUDT.

Transition Services

During this reporting period, ISUDT resource teams successfully linked 2,072 (90 percent) of 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. During this reporting period, 8,051 of 8,558 patients (94 percent) were offered naloxone with education for its use in the prevention of opioid overdose and the acceptance rate of naloxone is 94 percent. Additionally, 2,075 of 2,227 patients (93 percent) were provided MAT upon release.

ISUDT Publications

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter 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 featured Mental Health, Celebrating Milestones, Healthy Lifestyles, and International Overdose Awareness Day/The 50th issue.

Posters were created to provide education for staff and patients about substance use and overdose mitigation. Narcan education posters were also created and distributed to staff and the patient population.

Peer Support Specialist Program

During this reporting period, the Department continued to expand the Peer Support Specialist Program (PSSP). Peer Support Specialists (PSS) provides services in housing units or in program areas such as ISUDT, dental, specialty, and public health. These services include, but are not limited to, support with rehabilitation and recovery, navigation of health care, custodial and social systems and resources, conflict resolution support, crisis management, emotional support, and selfcare management and advocacy.

Phase I institutions (Avenal State Prison, CMF, Calipatria State Prison, CCWF, and VSP) have successfully implemented the PSSP. As of July 2024, PSS from Phase I institutions conducted over 3,000 individual sessions and facilitated over 100 groups with peers, addressing mental health and wellness, recovery and addiction, life skills and navigation needs.

Phase II of program implementation commenced on May 6, 2024, with the following institutions: CMC, MCSP, SAC, and SATF.

Including Phase I and Phase II institutions, the Department has 355 fully trained PSS who are eligible to test for the Medi-Cal Peer Support Specialist certification. Nursing Services continues to collaborate with the California Mental Health Services Authority to establish access to the certification exam at respective institutions.

Phase III of program implementation began August 12, 2024, with the following institutions: FSP, SQ, KVSP, WSP, and LAC. Institutions are actively engaging with staff and the incarcerated population to recruit program participants.

The PSSP has received nominations by correctional and health care entities for its innovative approach to enhancing the lives of individuals who live and work within CDCR. The nominations are:

- The Commission on Correctional Peace Officer Standards Training – 2024 Impact Award.
- Western American Correctional Health Services Association (WACSHA) – 2024 Innovative Program Award. The PSSP received the award for the WACSHA 2024 Innovative Program.

(x) Narcan Dispensers

CDCR and CCHCS has implemented a multipronged strategy to reduce the risk of death related to overdose. One component of this strategy is making naloxone, the opioid overdose reversal

agent, available to staff and the incarcerated population. In addition to widespread distribution, CDCR and CCHCS are developing a process where self-service naloxone dispensers will be installed within housing units for use by the incarcerated population and adjacent to institutional entry gates for use by staff. Review and planning of this process is still ongoing and has not yet been implemented.

(xi) CDCR Incarcerated Tablet Initiative

Tablet solicitation process continues with vendors. Last day for vendors to submit proposals is October 23, 2024, with the contract award estimated to occur on or before December 31, 2024.

FSP appointment reminder messaging on incarcerated tablets continues to go well. Currently, FSP is piloting a program for patient notifications as a new appointment notice system. The initial testing phase began with incarcerated persons housed within the FSP MSF and has expanded to the entire population on Facility A. Notifications are delivered directly to the incarcerated person's tablet via institutional email. This new method of notification delivery aims to streamline communication and ensure the population receives timely updates about upcoming medical appointments. Incarcerated persons still receive a paper priority ducat in addition to tablet notification as a stop gap during the pilot.

CCHCS continues working on the "kiosk effort" to provide the Cerner HealtheLife patient portal application on a CDCR workstation that will operate on the current Incarcerated Education network. As previously reported, the CCHCS, CDCR and Oracle/Cerner teams were working on the registration technology to allow the incarcerated population to access the HealtheLife portal. As of the end of this reporting period, the registration technology architecture is complete. Further efforts to design the digital CDCR 7362, Health Care Services Request Form, continues with CCHCS program areas working with CCHCS Information Technology Services Division staff to ensure workflows are designed according to Program requirements.

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

(i) Healthcare Facilities Maintenance and Environmental Services

The multi-year California Prison Industries Authority (CalPIA) Healthcare Facilities Maintenance services contract was amended a second time to expand services to include Psychiatric Inpatient Program (PIP) areas at CMF as of August 4, 2024. CalPIA filled the 46 civil service CMF PIP positions and the 62 incarcerated custodian positions when they were first established. As of the end of this reporting period, 40 out of 46 civil service positions and 57 out of 62 incarcerated custodians are filled. Health Care Facility Support is now working with CalPIA to extend services to the CIM 50-bed Mental Health Crisis Facility currently under construction. The building is currently scheduled for activation in February 2026.

(ii) Scheduling and Ducating

Since April 30, 2024, Operations Monitoring Audits (OMA) Round IX was completed at an additional 11 facilities including PVSP, SCC, CIM, Pelican Bay State Prison (PBSP), SVSP, California

Correctional Institution, HDSP, CMC, CCWF, KVSP, and SQ. Continued Round IX audits have identified the following challenges within Health Care Access Unit (HCAU) clinics: calling for patients out of order, earlier or later appointments due to refusals or no-shows, HCAU staff not utilizing Strategic Offender Management System (SOMS) Health Care Access (HCA) function for real time tracking and utilizing inappropriate outcome codes. Additional issues involve managing multiple programs on one-yard, modified programs, staffing levels, and providers calling for patients out of scheduled order.

Identified issues that auditors have uncovered within the facilities statewide during OMA Round IX include the following: custody staff does not ensure patients appear for priority ducats within 60 minutes of scheduled appointment times; and incomplete priority ducats due to custody reasons.

In May 2024, CCHCS released a new interactive PowerBI Report based on the SOMS HCA application. The report was developed to allow institutions to self-monitor ducats and support CDCR's Monthly Health Care Access Quality Report process. CCHCS headquarters conducted a one-day, statewide, in-person training for HCAU Associate Warden and Captains. The training was an interactive session in which attendees were required to bring their laptops to participate in this new report. Sessions took place on May 6, 8, and 14, 2024 for all regions.

(iii) Transportation Vehicles

To ensure access to care continues to be a priority, the CDCR Office of Business Services (OBS), along with DAI, have taken the initiative to redirect fleet vehicles to areas with the highest demand. With the implementation of the Fleet Redirection Analysis Tool, multiple locations have been identified with a greater demand for vehicles and others have been identified with a lesser demand. This tool utilizes offsite medical appointment data gathered from Monthly Health Care Access Quality Reports, and institutional patient transportation fleet totals to determine realignment needs.

In June 2024, 13 Ford Transits were redirected from the CVSP closure and from institutions with less need for offsite appointments to assist other institutions with a higher need for access to care for offsite appointments. The next redirection analysis is to be concluded in August 2024, for redirection of assets, as determined, by September 30, 2024

From	To	Number of Vehicles
CVSP	CHCF	4
PVSP	SQ	4
PVSP	COR	1
ISP	CEN	1
ISP	LAC	1
WSP	MCSP	1
PBSP	MCSP	1
Total Vehicles Redirected		**13**

The HCA vans were scheduled for production in June 2024 and are estimated for delivery in Fall 2024. The vehicles will go to CalPIA to be retrofitted with security modifications and ADA wheelchair lifts, as applicable, before delivery to institutions. Vehicle production by the manufacturer is currently in progress; however, due to an ordering error by the vehicle vendor, cotton fabric upholstery was installed in the vehicles in lieu of vinyl resulting in additional delays. CDCR is currently working with the vendor to determine a resolution. OBS, DAI, and CCHCS will meet to discuss how the Department moves forward after discussions with the manufacturer and the California Department of General Services. Also, the Medical Emergency Response Vehicles (MERV) at CVSP will be redirected to institutions in need. ISP has received one MERV during this reporting period, and SVSP will receive the other MERV upon closure of CVSP.

In addition, based on the purchasing priorities and decisions made between DAI, OBS, and CCHCS last year, a total of 55 HCA vans were purchased for fiscal year (FY) 2023-2024 and 64 HCA vans are proposed to be purchased for FY 2024-2025. That will leave 53 HCS vans remaining in service with an excess of 200,000 miles each. In addition, CDCR is beginning the process of developing a 5-year Fleet Acquisition Plan (FY 2025-26 through FY 2029-30) for the replacement of assets with the allotted $7,000,000 in fleet funding.

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 72 percent of patient capacity (2,135 current population; 2,953 capacity) and 34 of the 36.5 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33.5 positions, 31 filled, 2.5 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the August 2024 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 96 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; 31 percent (10 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 41 percent (13 institutions) have filled less than 75 percent of their civil service provider positions. However, when onsite civil service, telemedicine, and contract registry providers are utilized to deliver care statewide, coverage at 17 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 of PCPs. Current marketing efforts were expanded to include additional geo-targeted campaigns as well as providing CCHCS career advertisements to health care providers via mobile devices and on websites. Recruitment marketing messages are being version tested so that, through metrics, CCHCS can identify the specific messaging that resonates more with our candidates.
- Since May 1, 2024, CCHCS has hired 18.5 new physicians, with 6 hired in the Telemedicine program, 3 hired at headquarters, and 9.5 hired in the institutions.
- The Telemedicine program maintains its strong recruitment trend. There was a slight increase in fill rates from 77.6 to 79.9 percent since the previous reporting period. The program currently has 3 pending hires for 6 vacancies. Recruitment for vacancies is ongoing.
- With attendance at professional conferences still impacted by budget restrictions, CCHCS is actively pursuing other methods to connect with these professionals. Working with a third-party vendor, CCHCS launched digital advertisements that geo-target clinicians while in attendance at professional conferences and sends targeted emails to event attendees upon the conclusion of conferences. CCHCS is also taking advantage of virtual events to connect with these professionals with the American College of Physicians' Virtual Career Fair featured in the 2024 third quarter calendar.
- CCHCS' use of a third-party physician recruitment platform for focused marketing and direct sourcing continues. In addition to the pipeline generated through responses to job postings, CCHCS is developing a strategic plan for the use of the direct email tool on this platform that will target specific audiences within the platform's users. These include resident/fellow outreach as well as messaging to professionals within a specific geographic range of institutions.
- To ensure its future candidate pipeline, CCHCS developed a Community Outreach plan focusing on professional schools, junior colleges, and universities. CCHCS recently reached out to these schools to seek proactive partnerships with campus providers of career events, thus, ensuring CCHCS consistent presence across the state within this niche population. As competition increases for the limited health care workforce, CCHCS is ensuring its messaging and career opportunities with growth are in the forefront of students minds prior to entering the workforce.
- With retention at the forefront of workforce efficiencies, CCHCS is launching its Succession Management Program using the Nursing program as its first effort. Designed

to ensure knowledge transfer and a pipeline of internal candidates ready to compete for Executive-level positions, the Succession Management Program effort is designed to increase retention of the current workforce by providing methods for growth and career advancement within the organization.

C. Coordination with Other Lawsuits

Meetings between the three federal courts, *Plata, Coleman,* and *Armstrong* (Coordination Group) class actions have occurred periodically. During this reporting period, the Coordination Group met on May 8 and June 6, 2024.

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 did not use the substitute contracting process.

E. Consultant Staff Engaged by the Receiver

During this reporting period, the Receiver entered into a consultant services contract with Jeffrey E. Keller, MD, to review the Emergency Medical Response Program.

F. Accounting of Expenditures

(i) Expenses

The total net operating and capital expenses of the Office of the Receiver for the FY ending June 30, 2024 was $3,238,737. A balance sheet and statement of activity and brief discussion and analysis is attached as Appendix 2.

For the two months ending August 31, 2024, the net operating expenses were $568,859.

(ii) Revenues

For the months of May and June 2024, the Receiver requested transfers of $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. An additional amount of $310,000 was accrued as of June 30, 2024, to cover all operating expenses incurred to date. Total year to date funding for FY 2023-2024 (received and accrued) to the CPR from the State of California is $3,295,000.

For the two months July and August 2024, the Receiver requested transfers of $250,000 from the State to the CPR to replenish the operating fund of the office of the Receiver.

All requested funds were received in a timely manner.