

1 FUTTERMAN DUPREE DODD CROLEY MAIER LLP
MARTIN H. DODD (104363)
2 180 Sansome Street, 17th Floor
San Francisco, California 94104
3 Telephone: (415) 399-3840
Facsimile: (415) 399-3838
4 mdodd@fddcm.com

5 *Attorneys for Receiver*
J. Clark Kelso
6
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8 **UNITED STATES DISTRICT COURT**
9 **FOR THE NORTHERN DISTRICT OF CALIFORNIA**
10 **AND FOR THE EASTERN DISTRICT OF CALIFORNIA**

11 MARCIANO PLATA, et al.,
12 *Plaintiffs,*
v.
13 EDMUND G. BROWN, JR., et al.,
14 *Defendants.*
15

Case No. C01-1351 TEH

16 RALPH COLEMAN, et al.,
17 *Plaintiffs,*
v.
18 EDMUND G. BROWN, JR., et al.,
19 *Defendants.*
20

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

21 JOHN ARMSTRONG, et al.,
22 *Plaintiffs,*
v.
23 EDMUND G. BROWN, JR., et al.,
24 *Defendants.*
25

Case No. C94-2307 CW

26 **NOTICE OF FILING OF RECEIVER'S**
27 **THIRTY-FIRST TRI-ANNUAL REPORT**
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PLEASE TAKE NOTICE that the Receiver in *Plata v. Schwarzenegger*, Case No. C01-1351 TEH, has filed herewith his Thirty-First Tri-Annual Report.

Dated: February 1, 2016

FUTTERMAN DUPREE
DODD CROLEY MAIER LLP

By: /s/ Martin H. Dodd
Martin H. Dodd
Attorneys for Receiver J. Clark Kelso



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

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

**Thirty-first Tri-Annual Report of the Federal Receiver
For September 1–December 31, 2015**

February 1, 2016

California Correctional Health Care Receivership

Vision:

As soon as practicable, provide constitutionally adequate medical care to patients of the California Department of Corrections and Rehabilitation within a delivery system the State can successfully manage and sustain.

Mission:

Reduce avoidable morbidity and mortality and protect public health by providing patients timely access to safe, effective and efficient medical care, and integrate the delivery of medical care with mental health, dental and disability programs.

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Section 1: Executive Summary and Reporting Requirement

A. Reporting Requirements and Reporting Format

This is the thirty-first report filed by the Receivership, and the twenty-fifth 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

<http://www.cphcs.ca.gov/docs/court/PlataOrderAppointingReceiver0206.pdf>)

Judge Thelton Henderson issued an order on March 27, 2014, entitled [Order Re: Receiver's Tri-Annual Report](#) wherein he directs the Receiver to discuss 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.

In an effort to streamline the Tri-Annual Report format, the Receiver will report on all items ordered by Judge Thelton Henderson, with the exception of updates to completed tasks and metrics contained in the Plan. Previous reports contained status updates for completed Plan items; these updates have been removed, unless the Court or the Receiver determines a particular item requires discussion in the Tri-Annual Report.

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. (http://www.cphcs.ca.gov/receiver_othr_per_reps.aspx)

Court coordination activities include: facilities and construction; telemedicine and information technology; pharmacy; recruitment and hiring; credentialing and privileging; and space coordination.

B. Progress during this Reporting Period

Progress towards improving the quality of health care in California's prisons continues for the reporting period of September 1 through December 31, 2015, and includes the following:

Electronic Health Records System

After two years of preparatory work, CCHCS launched the new Electronic Health Records System (EHRS) at the following pilot institutions on October 27, 2015: Folsom State Prison (FSP)/Folsom Women's Facility, California Institution for Women (CIW) and Central California Women's Facility (CCWF). In addition, the pilot rollout included headquarters, four regional offices, Central Fill Pharmacy and Health Records Center. Although the rollout was successful in deploying a real-time, electronic tool that functions as designed, the pilot has identified challenges to efficient and effective use of the EHRS, especially in the area of Pharmacy. As a result, deployment to the remaining institutions will be delayed to give the Project Team and programs a chance to resolve those identified areas needing improvement.

Office of the Inspector General – Cycle 4

The Office of the Inspector General's (OIG's) Cycle 4 Medical Inspections commenced during the week of January 26, 2015. Since that time, 19 Medical Inspections have been conducted at the following CDCR institutions: FSP; Correctional Training Facility (CTF); California Rehabilitation Center (CRC); California Correctional Center (CCC); North Kern State Prison (NKSP); Chuckawalla Valley State Prison (CVSP); California State Prison, Solano (SOL); Kern Valley State Prison (KVSP); California Correctional Institution (CCI); Pelican Bay State Prison (PBSP); Valley State Prison; Centinela State Prison (CEN); Sierra Conservation Center; Wasco State Prison (WSP); California Institution for Men (CIM); Mule Creek State Prison (MCSP); Ironwood State Prison (ISP), Avenal State Prison (ASP); and California State Prison, San Quentin (SQ). Final OIG reports have been issued for FSP, CTF, CRC, CCC, NKSP, CVSP, SOL, KVSP and

CCI. The overall rating by the OIG for FSP, CTF, CRC, CVSP, KVSP and CCI was Adequate; while, CCC, NKSP and SOL's overall rating by the OIG was Inadequate.

The Receiver delegated authority for the medical operations at FSP to CDCR on July 13, 2015. The institution performance continues to be monitored to ensure sustainability. Meet and Confer sessions to discuss delegation of additional institutions were scheduled for October 2015, but those sessions were cancelled to ensure all stakeholders had an adequate opportunity to review the institutional material. The sessions will be rescheduled for early 2016.

Armstrong

During the last quarter of 2015, Field Operations staff provided training to all current Chief Executive Officers and their management staff regarding the Disability Placement Program Staff Accountability requirements. These staff included the Chief Medical Executives, Chief Support Executives, Chief Physician and Surgeons, Chief Nurse Executives, Chiefs of Mental Health, Supervising Dentists, Health Program Manager IIIs, and many others. The training included review of completed supervisory inquiries of alleged violations and their role in referring cases for employee discipline as outlined in the Department Operations Manual. A total of 284 managers received the training.

California Correctional Health Care Services (CCHCS) staff continue their progress in implementing a reliable solution for providing sign language interpreters at all clinical encounters. A CCHCS stakeholder workgroup was convened to address adoption of an on-demand technology solution to provide sign language interpreters remotely through a system very similar to the technology used by CCHCS Telemedicine Services. CCHCS Information Technology (IT) staff were instrumental in developing a technology link that enables clinicians to access a sign language interpreter remotely any time, day or night. CCHCS stakeholders then amended applicable policies and procedures to include provisions for the use of Video Remote Interpreter (VRI) services.

On June, 22, 2015, testing of the VRI portable workstations began at California Medical Facility (CMF). During the reporting period, weekly check-in calls between CMF and CCHCS headquarters staff have revealed the VRI service is performing as designed. Staff from CMF commented on the reliability and ease of use of the VRI equipment. A demonstration of the system was provided to the plaintiffs' counsel, the *Armstrong* court expert, and other stakeholders on August 4 and 5, 2015.

Internal stakeholder review of the revised policy and procedures was completed during May and June 2015 and labor notices were made to all impacted bargaining units during the month of August 2015. A VRI training presentation was developed by Nursing Services, IT, and Field Operations staff. Training was provided on-site to institution staff as part of the deployment and implementation as shown in Table 1 below:

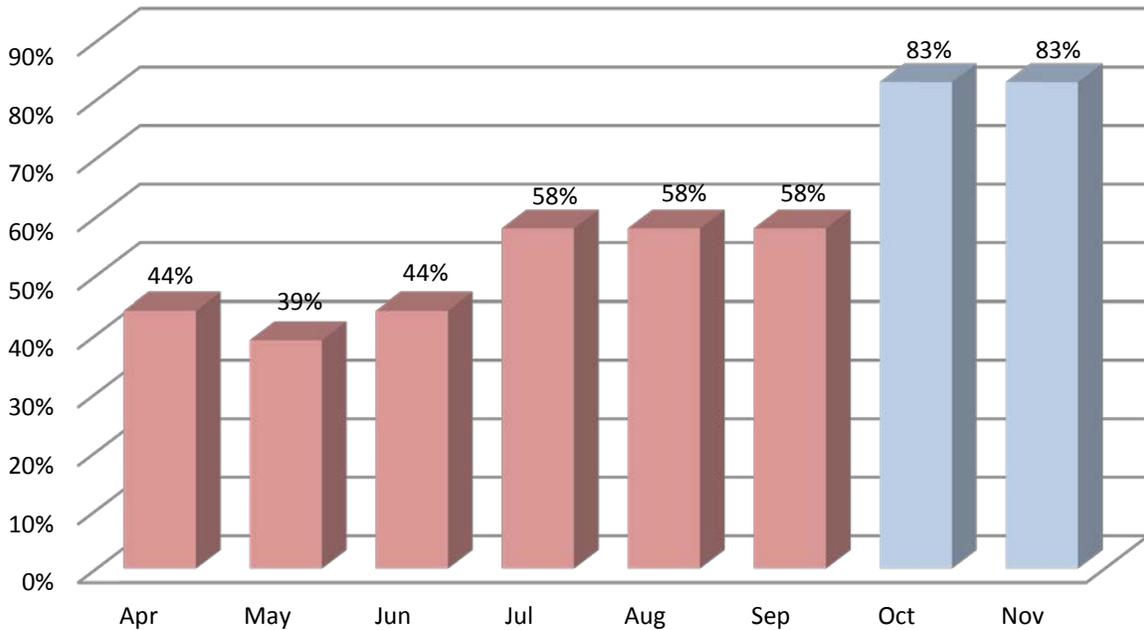
Table 1: Institution Deployment and Implementation Schedule

Date(s)	Institution
July 22, 2015	High Desert State Prison
September 21, 2015	California Substance Abuse and Treatment Facility
September 22, 2015	North Kern State Prison
September 28-29, 2015	Richard J. Donovan Correctional Facility
September 30, 2015	California Institution for Men
October 9, 2015	California Health Care Facility
October 13, 2015	Deuel Vocational Institution
October 19, 2015	Central California Women's Facility

As a result of VRI implementation, chart audits completed of every clinical encounter for the approximately 70 patients statewide who require sign language interpreter services revealed an immediate increase in compliance. In the six months prior to deployment, the use of a sign language interpreter during clinical encounters averaged about 50 percent. As the training and deployment was completed, compliance increased to 83 percent. Field Operations staff continue to provide feedback with institution leadership to ensure all patients who rely on sign language interpreter services are able to effectively communicate with their health care provider during all medical, nursing, dental and mental health appointments and the use has been appropriately documented. Refer to Figure 1 for the percentage of encounters using sign language interpreters.

Figure 1 - Percentage of Encounters Using SLI

VRI Equipment and Onsite Training provided in September and October 2015



Environmental Improvements

For decades, the CDCR has encountered significant challenges in its ability to successfully clean and sanitize its medical facilities due to a lack of resources, training, policies and procedures, and application of recognized standards for both cleaning and auditing of health care clinical areas. Over the years, this impacted our ability to provide reasonable and acceptable standards of care and the delivery of medical services, due to the poor condition of direct and indirect patient care areas.

In partnership with California Prison Industry Authority (CALPIA), the Receiver initiated a plan to identify and employ viable means and resources to successfully standardize, implement, and sustain a level of cleanliness and sanitization that meets a community standard of care on a statewide level. This plan is in its final stages of successful implementation in direct and indirect patient care areas throughout CDCR institutions. CALPIA has thus far successfully implemented the Healthcare Facilities Maintenance (HFM) program at 34 of 35 institutions. The measured results underscore that after years of struggle, CDCR is now making significant progress in providing sound infection control and sanitization.

The remaining institution that did not implement the CALPIA plan is CHCF. After careful review and consideration of its unique mission and due to a lack of inmate workers available at CHCF,

the Receiver elected to pursue an alternative solution to meet community standards for cleanliness and sanitization. Upon careful review of several alternatives, Pride Industries, a nationally recognized and successfully run nonprofit corporation, was selected to meet the sanitation requirements at CHCF. Pride Industries has successfully provided viable environmental services in similar medical and prison environments. Pride Industries is scheduled to implement services at CHCF on February 2, 2016.

In the interim, performance audits continue to be conducted of the existing HFM program to ensure that the program is meeting its contract obligations for cleanliness in direct and indirect patient care areas at the remaining 34 institutions. The audits reflect a continued improvement in cleanliness and sanitization. The findings and noted improvements have been echoed in several recent OIG reports, as well as by the facilities' staff and management, who are routinely interviewed regarding the facilities' cleanliness.

Health Care Appeals Pilot

A Health Care Appeals Pilot (Pilot) was filed with the Secretary of State on September 1, 2015, and was approved for a six-month duration at three identified institutions: CCWF; California Substance Abuse and Treatment Facility at Corcoran; and SOL. The Pilot is expected to promote a more efficient program to simplify the health care appeals process; reduce cancellations/rejections; ensure timely clinical triage; increase quality of responses; and reduce redundancy or inconsistencies.

The Pilot focuses on two main changes, as follows:

- 1) The elimination of one institutional level of review; and
- 2) The implementation of the Health Care Appeals Registered Nurse to conduct clinical triage and facilitate early face-to-face clinical intervention, if necessary.

Upon the conclusion of the Pilot, there will be a thorough analysis of the data collected and institutional monitoring to determine if the Pilot should be replicated at all 35 CDCR institutions.

Sex Reassignment Surgery Request Process

CCHCS and CDCR have been engaged in discussions regarding how best to address the needs of transgender patients who have Gender Dysphoria (GD), a condition recognized in the most recent version of The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. GD has been previously known as "Gender Identity Disorder." In May 2015, to provide guidelines for health care providers' use in caring for GD patients, CCHCS and CDCR's Division of Health Care Services (DHCS) issued an update to the GD Care Guide, at <http://www.cphcs.ca.gov/docs/careguides/Gender%20Dysphoria%20Care%20Guide.pdf>.

Some GD patients request Sex Reassignment Surgery (SRS) as part of their treatment plan. SRS is a generally accepted treatment in appropriate cases, and SRS is now a covered service under both Medicare and Medi-Cal, when medically necessary.

Section 3350 of Title 15 of the California Code of Regulations also applies a medical necessity standard for the determination of appropriate health care. Section 3350.1 excludes certain types of SRS procedures but also provides a mechanism for providing those procedures, when specified criteria are met. In October 2015, CCHCS and DHCS issued a Supplement to the GD Care Guide, to provide guidelines for the review of SRS requests, available at [http://www.cphcs.ca.gov/docs/careguides/Guidelines%20for%20Review%20of%20Requests%20for%20Sex%20Reassignment%20Surgery%20\(SRS\).pdf](http://www.cphcs.ca.gov/docs/careguides/Guidelines%20for%20Review%20of%20Requests%20for%20Sex%20Reassignment%20Surgery%20(SRS).pdf). These guidelines established the Sex Reassignment Surgery Review Committee (SRSRC) as a subcommittee of the Headquarters Utilization Management Committee to review transgender inmate requests for SRS. The SRSRC is thoughtfully and carefully reviewing submitted materials and cases to ensure that all appropriate factors are considered for each case.

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

Although progress continues for this reporting period, the Receiver continues to face the following challenges:

In-State Contracting for Community Correctional Facilities

The total Modified Community Correctional Facility (MCCF) patient population as of December 31, 2015, is 3,796 with a budgeted capacity of 4,218.

The Contract Beds Unit (CBU) within the Division of Adult Institutions (DAI) has accepted and began implementing the proposed changes to the revised In-State Vendor contract that were recommended by CCHCS. The predominant revision submitted by CCHCS stipulated each contract facility will employ a full-time physician with additional nursing support and ensure consistent and adequate care to each patient housed at a contract facility. CDCR has been working with each MCCF since June 2015 to finalize the proposed contract, which includes the previously mentioned staffing stipulations. Six of the seven MCCFs have successfully implemented the staffing requirement, leaving only the Delano MCCF to hire a full-time physician. CCHCS has expressed its dissatisfaction to the CBU regarding this shortcoming, and CDCR placed the patient intake at this facility on hold pending resolution of this requirement.

During this reporting period, CCHCS successfully launched the newly developed Compliance Audit Tool that will be utilized to monitor the medical operations and administrative functions for both the In-State and Out-of-State Contract Facilities. The new compliance tool was developed with a primary focus on the delivery of medical care and a secondary focus on the administrative functions. CCHCS hosted a training session for all In-State and Out-of-State stakeholders to ensure all parties could be familiar with the new compliance audit tool. It is anticipated the first In-State MCCF audit utilizing the new Compliance Audit Tool will occur in the month of January 2016.

Out-of-State Contract Facilities

CDCR continues to move toward reducing the California Out-of-State Correctional Facilities population and returning a portion of the patient population to a CDCR institution or MCCF within California. The first out-of-state facility to officially close was North Fork Correctional Facility in Oklahoma in November 2015. The remaining three out-of-state facilities include Tallahatchie County Correctional Facility in Mississippi, La Palma Correctional Center in Arizona, and Florence Correctional Center in Arizona. From August 28 to December 31, 2015, the California Out-of-State Correctional Facilities population was reduced by 1,534, for a total population of 5,256, with a budgeted patient capacity of 6,428.

The new Compliance Monitoring Tool was successfully utilized to conduct two on-site reviews in the month of December 2015 at Tallahatchie County Correctional Facility in Mississippi and Florence Correctional Center in Arizona. The reports have not yet been finalized at this time.

Transportation Vehicles

As mentioned in previous Tri-Annual Reports, CDCR continues to struggle with ensuring that facilities have adequate health care transport vehicles, as agreed to when this responsibility was delegated to them in late 2012.

During this reporting period, the Receiver's Office has been working collaboratively with the Assistant Deputy Director of Operations, DAI, to develop a system for the identification of replacement health care vehicles, to include the systematic assembly of the required security modifications and installation of the telecommunication radios. This new arrangement expedited the timeframes from when the vehicle orders are placed with the vendor, to the time the vehicles are delivered to the institutions, completely outfitted and ready for service. During this reporting period, CDCR successfully completed the retrofitting of the final two transportation vehicles purchased with fiscal year (FY) 2013–14 funding.

Subsequent to the October 2012 delegation of oversight and procurement of all health care vehicles to CDCR, the initial identification of required health care vehicles included 13 Emergency Response Vehicles (ERVs). Over the past several years, CDCR has experienced several roadblocks in the procurement process, primarily due to availability of quality "used" vehicles that meet the outlined specifications. During this reporting period, CDCR successfully purchased two outstanding ERVs and placed them in service. The procurement of five para-transit mini-buses is complete. CDCR and CCHCS expect to take delivery and place those vehicles in service during the second quarter of 2016. With the successful procurement of the 22-passenger para-transit bus, CDCR and CCHCS have a delivery date for the third quarter of 2016.

Prior to the redirection of oversight of the procurement process to the Assistant Deputy Director, the Office of Business Services processed a FY 2014–15 procurement order for 185 new vehicles, 22 of which were designated for health care services. However, the Assistant Deputy Director was able to redirect an additional eight, increasing the number to 30 vehicles. DAI has received 19 of the 30 vehicles of which 11 were retrofitted with security modifications

and telecommunication radios and placed in service. Eight vehicles are currently receiving the installation of the security modifications and telecommunication radios with a projected in-service date by the end of January 2016. DAI anticipates taking delivery of the remaining 11 vehicles during the month of January 2016.

During the last reporting period, it was reported that DAI, in an effort to refocus their procurement processes and identify the true vehicle requirements at each institution, sent out a survey to each Warden and Chief Executive Officer (CEO). The results of that survey combined with the identification of \$10 million dollars for vehicle procurement, prompted CDCR/DAI to submit procurement orders for 251 vehicles for FY 2015–16. Of the proposed purchase orders, 217 (86 percent) are identified as health care vehicles. Although this falls a little short of the previous commitment to dedicate 95 percent to healthcare, it represents a major improvement from before. All proposed FY 2015–16 vehicle orders are pending Department of General Services' approval.

CCHCS and CDCR continue to work collaboratively in the identification of the right vehicle for the right mission, which includes the redirection of resources to accommodate the shift and relocation of the high risk patient population to intermediate classified institutions.

Legionnaires' Disease

An outbreak of Legionnaires' Disease (LD) occurred at SQ from August 10 through September 15, 2015; most cases occurred on August 27, 2015. An outbreak investigation, conducted from August 28 through September 8, 2015, revealed that infections were due to *Legionella pneumophila* serogroup 1. Among inmates, there were 64 cases of probable LD and 14 cases of confirmed legionellosis. There were one probable and two laboratory-confirmed cases among staff. Risk factors for disease among inmates included age greater than or equal to 65 years; chronic obstructive pulmonary disease; diabetes mellitus; hepatitis C virus infection; and end-stage liver disease. There were 13 hospitalizations among inmates, three hospitalizations among staff, and no deaths. The cost of 58 days of community hospitalization among inmates with LD was \$202,000. The epidemiologic and environmental investigations revealed that the cooling towers on the roof of the Central Health Services Building were the cause of the outbreak. During their incubation period, all inmates with cases either resided in the Central Health Services Building or were adjacent to the Central Health Services Building where they could be exposed to contaminated mist from the cooling towers.

A high concentration of *Legionella pneumophila* serogroup 1 was in the water of the cooling towers on the Central Health Services Building. Poor maintenance led to a thick build-up of biofilm in the cooling towers conducive to the proliferation of *Legionella*. Of note is that the California Department of Public Health (CDPH) environmental inspection of SQ in January 2015 was very detailed and extensive but did not include a visual inspection or assessment of the maintenance of the cooling towers at SQ.

Major successes of this event included the following:

- 1) The early detection of the etiologic agent by clinicians;
- 2) Low morbidity likely due to prompt treatment; and
- 3) The effective working relationships among the multidisciplinary teams that facilitated the rapid investigation, remediation, and recovery from the outbreak of LD.

To prevent future outbreaks, CDCR has stated that cooling towers will be properly maintained system-wide. SQ developed a local operation procedure for cooling tower maintenance based on the Occupational Safety and Health Administration standards. The main components of a maintenance program for cooling towers includes: visual inspection, biocide treatment, microbiologic testing, and cleaning. State agencies that conduct environmental inspections should include the assessment of cooling tower maintenance in the inspections.

Section 2: Status and Progress Concerning Remaining Statewide Gaps

As reported in the [Receiver's Special Report: Improvements in the Quality of California's Prison Medical Care System](#), and as cited in [Judge Thelton Henderson's Order Modifying Receivership Transition Plan](#), the following statewide gaps remain: availability and usability of health information, scheduling and access to care, care management, and health care infrastructure at facilities. The following are updates on each of the remaining gaps:

A. Availability and Usability of Health Information

As reported in the Thirtieth Tri-Annual Report, Cerner Corporation was selected to provide a commercial "off-the-shelf" EHR for CCHCS. This system will provide CCHCS and CDCR demonstrable and sustained benefits to patient safety, quality and efficiency of care, and staff efficiencies and satisfaction. The EHR project is part of a larger organizational transformation project entitled ECHOS – Electronic Correctional Healthcare Operational System. The project is presently in the Testing Phase.

During this reporting period, the EHR project team launched the Cerner Millennium solution at three pilot institutions, headquarters, four regional offices, Central Fill Pharmacy and Health Records Center. Train-the-trainer training for the pilot participants was conducted. EHR team members have continued engaging Change Ambassadors from the field and headquarters to provide solution demonstrations (e.g., effective communication, medication administration and scheduling) to the respective next wave sites and staff. Challenges to efficient and effective use of the solution most notably related to Pharmacy operations were identified. As a result, CCHCS has deferred any further rollout while these issues are addressed.

The EHR project team continues to support the integration of an electronic dental record solution into the EHR and is presently monitoring the completion of the requirements document.

Overall, the ECHOS project is 65 percent complete, and implementation of the EHR at the next wave of institutions will occur during this year.

B. Scheduling and Access to Care

EHR Scheduling Process Improvement

In October 2015, CCHCS implemented the new EHR at three pilot institutions: CCWF, CIW, and FSP. In the long-term, EHR implementation is expected to improve access to care through functions such as task reminders and expanded tracking options. In the short-term, however, the major changes required to put the EHR in place are projected to have negative impacts on access to care, including:

- Reduced productivity (fewer available appointment slots) as care teams learn to apply the new system during patient encounters and begin to set up short-cuts within Cerner Millennium to facilitate faster documentation and ordering of services.

- Variation in scheduling workflows as the new scheduling processes are tested at pilot institutions and adapted to real-world clinic scenarios.
- Gaps in performance monitoring systems until CCHCS can assimilate EHR data into the same kinds of management reports that were available in previous scheduling systems, leaving scheduling supervisors without the daily reports used to catch missing and late appointments.

To mitigate potential risk to patients and ensure that the organization's current high performance in access continues under the new EHR, CCHCS has initiated a third phase to the Scheduling Process Improvement Initiative begun in 2014, which will:

- Work with EHR institutions to refine all scheduling workflows.
- Package and disseminate standardized workflows to institutions statewide.
- Redefine the scheduling infrastructure introduced in Scheduling Process Improvement (SPI) Phase 2 for an EHR environment.
- Provide institutions with the same reports previously available under MedSATS and Mental Health Tracking System.
- Introduce new monitoring tools, such as the EHR Diagnostic Report and Huddle Report, to assist institutions in identifying and addressing potential risks to patients, correcting inaccurate or incomplete encounter data, and monitoring scheduling process reliability and efficiency.

As a first step in developing and implementing this initiative, CCHCS has established an SPI Phase 3 Workgroup, which will report to a steering committee overseeing Complete Care Model implementation comprised of Executive Team members.

C. Care Management

In summer 2014, CCHCS established the Population Management Care Coordination (PMCC) Committee with two main objectives: Create a nursing focused care coordination model and improve health care transfers.

Care Coordination Subgroup

Care coordination is the deliberate organization of patient care activities, defined by the goals listed below:

- Organize and schedule activities within a complex organization.
- Facilitate the appropriate delivery of health care services within and across systems.
- Maintain continuity of care.
- Manage by the exchange of information.
- Create and implement a collaborative and team approach.

In summer 2014, the Care Coordination subgroup of the PMCC Committee established the Patient Acuity Tool (adopted from North Carolina Assessment) for use in licensed inpatient units (e.g., Correctional Treatment Centers [CTCs]) to ensure appropriate staffing based on

patient acuity level. This tool has been integrated with the Patient Risk Stratification Tool for Population Management to make it more comprehensive and was tested at CHCF in October and November 2015. Policy and training for the use of this tool is in development with an implementation targeted for mid-2016.

The Care Coordination subgroup has also updated the Medication Management policy and procedures to be reflective of the Complete Care Model of health care delivery. Training was provided in December 2015 and the policy and procedures were implemented statewide January 4, 2016.

Integral to Nursing Care Management, the Care Coordination subgroup is also:

- Establishing Patient Service Plans, a tool used for patient management. This tool is the basis for Population Risk Stratification, which will standardize terminology and guide resource utilization in the management of entire patient populations.
- Developing Nursing Care Management policy and procedure, Reference Manual and Operational Guide. Training on Care Management of Complex Care Patients is integrated into the learning sessions for the Complete Care Model in 2016.
- Developing, modifying and updating the Complete Care Model series of policies and procedures which will incorporate Access to Primary Care, Primary Care Model, Preventive Clinical Services, Outpatient Specialty Services, Physical Therapy, Reception Health Care Policy and Chronic Care Disease Management. The Complete Care Model policy, which is the anchor of the series, was implemented in July 2015. The following series of policies and procedures have been completed and are in the executive level of review:
 - Care Teams and Patient Services Procedure
 - Scheduling and Access to Care Procedure
 - Scope of Patient Services Procedure
 - Population and Care Management Procedure
 - Outpatient Housing Unit Policy and Procedure
 - Correctional Treatment Center Policy and Procedure
 - Patient Care During Pregnancy and Childbirth Policy and Procedure

The 2016 Performance Improvement Work Plans (PIWP) will focus on implementing the Complete Care Model using a Learning Collaborative approach. To orient institution leadership to Complete Care Model elements and building the infrastructure needed to sustain progress, a series of Learning Sessions will be offered by regional teams over the course of 2016. The first Learning Session is scheduled in January 2016 for each region and will cover Care Team Infrastructure, Population Health Management and Care Coordination. Implementation of the processes and tools presented in the learning session will begin at the institution immediately following the regional training with assistance from regional implementation teams. The next two learning sessions will cover Scheduling and Access to Care and Care Management. Complete Care Model implementation will be ongoing during 2016 and will roll out in coordination with EHRS. Developing Disease Management Protocols for Nursing Care Managers is the next phase, planned for late 2016 or early 2017.

Transfer Subgroup

In fall 2014, the Transfer subgroup of the PMCC Committee bolstered the Medical Hold process, in which clinicians have the ability to hold patients at their institution until they are medically safe to be transferred to another institution. This ability prevents inappropriate transfers that could cause health care concerns for the patients. The ability to place a medical hold on a patient is now available electronically on the Medical Classification Chrono application. This application automatically transfers medical hold information to the Strategic Offender Management System (SOMS) simultaneously, and places a movement warning on the patient. The subgroup has completed statewide education to both clinical and custody staff. CCHCS has provisioned Registered Nurse (RN) staff statewide on the ability to place a temporary medical hold on a patient to prevent inappropriate and unsafe transfers.

The Transfer subgroup has also updated the Health Care Transfer policy and procedure, which is currently undergoing final revisions as recommended during the executive level of review. Several new tools were developed and are included in the draft procedure, including an automated Patient Summary sheet, which will also be an essential tool for care management, and a transfer check-list. Train-the-trainer sessions for the new transfer tools and processes were conducted in April 2015. Training of all institutional nursing staff and statewide implementation was completed on July 31, 2015. In addition, the transfer training was modified and adapted for training of custody staff and includes a custody classification registry. This registry provides custody and health care staff with a quick reference to factors that impact patients' transfer and institutional placement eligibility, such as custody level and Americans with Disabilities Act code, clinical risk level and coccidioidomycosis restriction, and patients on a medical hold or those who should be considered for a medical hold. This registry allows custody staff to filter patients prior to finalizing and sending the transfer lists and decreases the chance of unsafe transfers from last minute add-ons of patients who are or should be on a medical hold.

D. Health Care Infrastructure at Facilities

Clinical facility upgrades through the Health Care Facility Improvement Program (HCFIP) projects are progressing. Preliminary plans for all projects have been approved by the State Public Works Board (SPWB) with the last five projects (Calipatria State Prison, CEN, CVSP, ISP, and PBSP) receiving approval at the SPWB meeting on August 17, 2015. Of the 32 HCFIP projects, working drawings for 23 were approved by the Office of the State Fire Marshal (SFM) and submitted to the Department of Finance (DOF) for approval to proceed to bid and/or construction. To date, DOF approved 15 projects to proceed to bid, and 16 projects to proceed to construction. The DOF has also approved the award of construction contracts for 12 projects (CCI, CIW/CIM, California Men's Colony, CTF/Salinas Valley State Prison [SVSP], FSP/California State Prison, Sacramento, MCSP, NKSP/WSP, and Richard J. Donovan Correctional Facility [RJD]), and Notices to Proceed have been or are in the process of being issued.

In addition, Inmate Ward Labor (IWL) initiated significant procurement and mobilization activities. IWL construction activities are underway for HCFIP projects at 13 institutions and for

Statewide Medication Distribution projects at 19 institutions. Schedule adjustments continue to occur to account for SFM limited design review resources; to reflect general contractor bid and award process dates; to reflect actual Notice to Proceed dates; and to accommodate CDCR/CCHCS efforts concerning integration of operational continuity plans and swing space. The revised schedules reflect completion of construction and occupancy by early 2018.

Section 3: Quality Assurance and Continuous Improvement Program

New Statewide Improvement Plan

On a biennial basis, Health Care Services updates its Performance Improvement Plan (PIP), which specifies enterprise-wide priorities for improvement and associated performance objectives, as well as major strategies that will be used to accomplish performance objectives.

Among other functions, the PIP serves as a “roadmap” for statewide and local improvement activities – it communicates current organizational priorities to all staff, supports investment of resources in areas where they will have the most impact, brings together all disciplines of the organization to work collaboratively on a core set of performance problems, and helps us sustain the progress we have worked hard to achieve.

During this reporting period, the Quality Management Committee (QMC) updated the PIP to cover 2016–18. Staff from all levels of the organization were given the opportunity to provide feedback on existing performance objectives and to propose new metrics for consideration on the 2016–18 PIP. Over 300 comments from institution, regional and headquarters staff were received, informing selection of priority improvement areas for 2016–18. In making the final determination about statewide priorities, the QMC applied standard quality management criteria. Priorities need to meet one or more of the following characteristics:

- Presents high risk to patients, staff, or the organization, etc.
- Impacts a high volume of patients.
- Affiliated with high costs/utilization.
- Otherwise complex, politically-sensitive, difficult to manager, or problem-prone.

Many aspects of the 2016–18 statewide plan remain the same as the previous 2013–15 version. CCHCS will continue to focus on strategic alignment of priorities in all levels of the organization, integrating health care services across disciplines, building performance improvement capacity, and minimizing risk or harm to patients. Since institutions were successful in achieving a number of the 2013–15 PIP objectives, priority areas and performance objectives have been updated to build upon improvements made and to continue targeting existing opportunities.

There are multiple notable changes introduced in the new plan highlighted below:

- The 2016–18 PIP includes new performance objectives that focus on implementing the Complete Care Model infrastructure, which also has been adopted by CCHCS as the foundation for health care delivery, including implementation of core model elements and orientation/training for staff.
- Women’s population health metrics have been expanded under an aggregate Women’s Care metric.
- Three new metrics have been added in Care Management relative to the timeliness and quality of mental health documentation for high risk patients.
- Measures under Availability of Timely and Accurate Health Information have been adapted to reflect implementation of the EHRS.

- There are five new or newly-benchmarked measures under Resource Management, including environment of care, medical equipment, supplies, and human resources measures.
- The PIP includes new measures on *Armstrong* adherence, with an emphasis on timely processing of non-compliance incidents.

Refer to [Appendix 1](#) for the 2016–18 PIP.

Dashboard 5.0 – Care Team-Level Data

Pursuant to CCHCS policy, all performance objectives featured in the PIP are incorporated into the Health Care Services Dashboard. Effective June 2016, the Health Care Services Dashboard will be revised to incorporate the changes to performance objectives and new measures in the 2016–18 PIP.

In addition, the Institution Scorecard will be modified to show care team level data, trending up to 12 months of performance data on all Dashboard metrics for each individual care team. EHR data will continue to be incorporated into the Dashboard, providing continuity in performance data as institutions migrate to the new system.

Institution Improvement Plans in 2016

Each year, institutions are required to create a PIWP that identifies priority areas for the upcoming year and related performance goals, taking into consideration the priorities in the statewide PIP. The PIWP serves as a guiding document for the institution, consolidating improvement priorities across all disciplines and program areas. During the course of the year, institutions update the PIWP to reflect any newly adopted improvement projects or the removal of existing projects that are closed out.

In previous years, institution leadership, with the help of regional teams, were tasked with identifying priority areas most pertinent to the individual institution. Institutions might also be required to take on mandatory statewide improvement initiatives set forth by the statewide QMC.

For 2016, PIWPs statewide will focus on the same set of improvement projects aimed toward implementing Complete Care Model infrastructure and core processes, as follows:

- At a regionally-based learning session, institution leadership will be formally trained on one or more major elements of the Complete Care Model, and provided with tools and resources to support local implementation.
- Following each training session, institutions will adopt a PIWP initiative and begin tracking progress towards performance objectives associated with the Complete Care Model. Templates for PIWP language and detailed action plans will be provided to all institutions and posted at the resources page shown in Figure 2.
- Institutions will continue to add content to their PIWP as learning sessions progress until the final learning session at the end of 2016.

Figure 2, Complete Care Model Resources Page



Beyond the Complete Care Model initiatives, institutions may select additional improvement projects to address areas deemed as extremely high risk and/or problem prone or projects affiliated with major organization improvement projects, such as implementation of the EHRS or HCFIP.

Institution PIWPs are due to the institution’s regional office by January 31, 2016.

Lean Six Sigma Initiative

CCHCS has a responsibility to train staff in quality improvement concepts and techniques, as articulated in current Quality Management policy: “CCHCS, through the QM Program, is responsible for educating health care staff about improvement models, helping staff to develop the skills to use these models, and developing toolkits that support health care staff step-by-step through the application of an improvement model or concept.”

Toward that end, CCHCS sought budget authorization, approved for FY 2015–16 to provide staff with expertise in Lean Six Sigma, a nationally-recognized improvement model used by health care and other industries as a structured means to identify, analyze, and resolve quality problems throughout the organization. The goal of this initiative, which is projected to span several years, is to permeate all major program areas at institution, regional, and headquarters levels with Lean Six Sigma knowledge and skills, and, through this process, change the culture of the organization.

CCHCS is aided in achieving this goal by the Government Operations Agency (Government Ops) and Governor’s Office of Business and Economic Development (GoBiz). Since 2014, these two entities have been allowing small groups of state agencies to submit project proposals for a six-month Lean Six Sigma training program. Participants apply Lean Six Sigma principles to a current problem area, receiving intensive training and coaching from experts along the way,

and project leads that successfully complete the process are certified as Green Belts. Refer to [Appendix 2](#) for a program summary from 2015. Three CCHCS projects were accepted and completed in the 2015 round of training; three have been accepted for this year.

The funding received this year allows CCHCS to take the model used by Government Ops and GoBiz and offer it exclusively to CCHCS staff. Pursuant to current plans, more than 75 CCHCS staff will be Green Belts by the end of three training sessions, and a subset of those will go on to attain Black Belt Certification, which will enable CCHCS to create its own Lean Six Sigma training center and offer training on an ongoing basis.

During this reporting period, CCHCS established a Lean Office in the Quality Management Section, issued a Request for Proposals to secure a vendor for the training program, and began addressing logistical details, such as the application process, for the first Green Belt training class. Institution CEOs, regional Health Care Executives, and headquarters executives will be asked to nominate projects and Green Belt candidates once a vendor has been secured.

During this reporting period, CCHCS also established a partnership with CDCR leadership and Government Ops to provide broader-based training to CCHCS staff through the Governor's Lean Academy Initiative, which introduces key lean concepts to state government staff and outlines how to create a value stream organization within day-to-day business operations.

Lean Academy courses last one day or one week, and participants receive White Belt or Yellow Belt designations, respectively, exposing staff to concepts and techniques without the four to six-month time commitment affiliated with Green Belt certification. CCHCS plans to offer one-day White Belt introduction to Lean principles to CCHCS executives, managers, and other interested staff in regional training sessions beginning February 2016, with the goal of making training available to all institution leadership teams and QMSU staff by the end of summer.

Table 2 below summarizes the types of courses currently envisioned in the Lean Six Sigma Initiative and intended participants.

Table 2: Courses Envisioned in Lean Six Sigma Initiatives and Intended Participants

Level of Training	Type of Training	Intended Audience	Training Offered By
White Belt	Orientation to the Lean process, 1 day	Executives, Managers, Supervisors	CA Gov Ops
Yellow Belt	Basic training in Lean Six Sigma methodology and tool sets, 1 week	Managers, Supervisors	CA Gov Ops
Green Belt	Basic training in Lean Six Sigma methodology and tool sets, followed by completion of an improvement initiative using Lean, 4–6 months	Select Staff	CA Gov Ops (3 inst.) CCHCS Lean Office (all)
Black Belt	Green Belt certified staff trained to lead larger and more complex improvement initiatives and mentor Green Belt candidates	Select Staff	CCHCS Lean Office
Master Black Belt	Black Belt certified staff trained to lead larger and more complex improvement initiatives and mentor Black Belt candidates	Select Green Belt Staff	CCHCS Lean Office

Performance Evaluation and Improvement Tools – Automated Huddle Report

Under the current delivery model structure, care teams at each institution are assigned a panel of patients. It is the responsibility of the care team to both directly provide the majority of primary care services to the patient panel and coordinate care when patients require services beyond what the care team offers.

To keep current on critical health care events impacting the patient panel and plan for each clinic day, care teams meet in a huddle every morning. The care team must cover a series of topics per policy, and to prepare for these discussions, care team members must collect information from multiple information sources.

During this reporting period, CCHCS worked to create a more efficient way to provide care teams with the critical clinical data they need for their daily huddles. Introduced in January 2016, the Automated Huddle Report saves hours of daily data collection by combining data from more than ten unique resources into a single on-demand report. The goal of the new report is to improve care team efficiency and decrease the potential for overlooked or misinterpreted information which can lead to adverse outcomes for patients.

The Huddle Report data is updated daily and includes:

- 1) Critical health care events that impact the entire patient panel, such as recent transfers to and from a higher level of care (Triage and Treatment Area, Outpatient Housing Unit [OHU], CTC, community hospital, Mental Health Crisis Bed, Department of State Hospitals [DSH]), additions to the panel, abnormal laboratory results, and soon-to-expire medications.

- 2) Clinical schedule for the day, and clinical information that may be helpful in preparing for appointments.
- 3) Operational concerns, such as scheduling backlog.

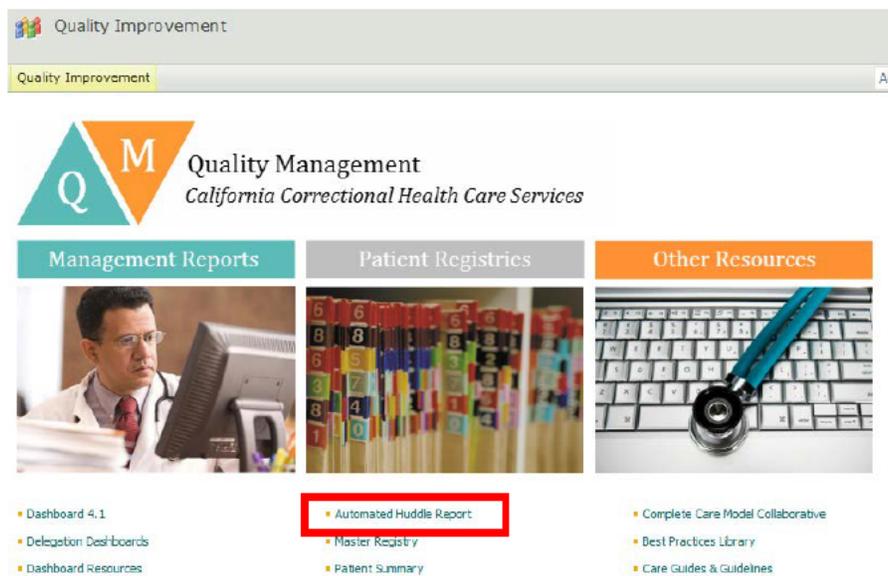
Viewers may choose from a list of care teams for each institution, and all information is customized to the selected care team’s assigned patient panel. If electronic information is not available for a mandatory huddle topic, such as upcoming vacation for care team staff that may impact clinic coverage, there is a placeholder in the Huddle Report to prompt the care team to cover the topic. With space for attendance tracking and other documentation, the Huddle Report is intended to serve as both a source of information and a means of documenting discussion and action on individual topics.

The Huddle Report links to other important patient care tools. Viewers click on a patient’s CDCR number to access the Patient Summary for that patient, click on any risk designation (e.g., LOW, MED, HIGH 1) to reach the patient’s Risk Profile, and can see the patient’s Medication Management Profile by clicking on the patient’s number of prescriptions or the name of a medication prescribed to the patient. As institutions migrate to the EHRS, they will receive expanded medication information in the Huddle Report (e.g., missing medications and patients who meet the criteria for non-adherence follow-up).

The Huddle Report is available now on the Quality Management Portal, in the same area where institution staff can find the patient registries and Patient Summary (refer to Figure 3). CCHCS is asking that all staff using the report submit any feedback about the report to the Quality Management Staff Inbox to support refinements to the report.

A full mock-up (with fictitious patient data) of the Huddle Report and an associated User’s Guide can be found in [Appendix 3](#).

Figure 3, Screenshot of Huddle Report Link on QM Portal



Performance Evaluation and Improvement Tools – Medication Management Registry

The Receiver’s March 10, 2015, Special Report explained the challenges of medication distribution in California’s State prisons, and the forthcoming implementation of CCHCS’ EHRS. The report offered the following forecast: “When fully implemented, we anticipate a substantial jump in the performance of our medication management system.”

In June 2015, the Statewide Patient Safety Committee established ongoing communication with the three pilot institutions to gather feedback on, among other things, the EHRS impact to medication management, with an emphasis on both potential patient safety concerns and how the new EHRS medication data might be used to reduce errors and discontinuity in care. Based on feedback from the pilot institutions, CCHCS issued a new Medication Registry, which focuses on some of the highest risk medication issues and provides new data points helpful for managing medication processes. The Medication Management Registry replaces the previous Polypharmacy Registry, and tracks information for any patient with *at least one* active prescription, rather than just those with ten or more medications.

Released to all institutions via a statewide memorandum on December 10, 2015, the new Medication Registry now uses both the previous Maxor system and the new EHRS as data sources and links to a new patient-specific Medication Management Profile report. This report shows medication alerts and allergies, details about current prescriptions, and key laboratory results. The new registry can be filtered for patients taking multiple drugs of the same class or flagged for drug-drug interactions, and those in high-risk medication categories. Additionally, the medication registry features three new sub-registries (refer to Figure 4). These sub-registries were identified as specific needs for institutions as they transition from the previous Maxor system to the EHRS, to ensure medication continuity and patient safety.

Figure 4, Sub-Registries within the new Medication Registry

Expiring Medications Sub-Registry	<ul style="list-style-type: none"> • Can be filtered to display medications that will expire in the next 7 or 14 days. • Can display only medications prescribed by a psychiatry provider that will expire in the next 30 days.
Expired Medications Sub-Registry	<ul style="list-style-type: none"> • Shows medications that have already expired within the last 14 days. • Can also be filtered to show only expired medications prescribed by a psychiatry provider.
Heat Medications Sub-Registry	<ul style="list-style-type: none"> • Displays patients with an active prescription for a heat medication. • Includes patients with medications that expired up to 30 days prior to the report run, who may still be affected by a long-acting medication.

The release of these new tools also included support documents such as a User’s Guide, and definitions documents. Since the release of the tools on December 10, 2015, the new Medication Registry has been accessed almost 2000 times by approximately 300 distinct users.

Patient Safety Priority – Medication Process Improvement Initiatives

As discussed in the prior report, the Statewide Patient Safety Committee established a Medication Process Improvement Initiative to identify, prioritize, and address systemic medication process vulnerabilities. It has chartered two workgroups to date, one on polypharmacy and one pertaining to insulin errors, to develop tools, resources, training, and best practices to improve patient safety in medication-related processes.

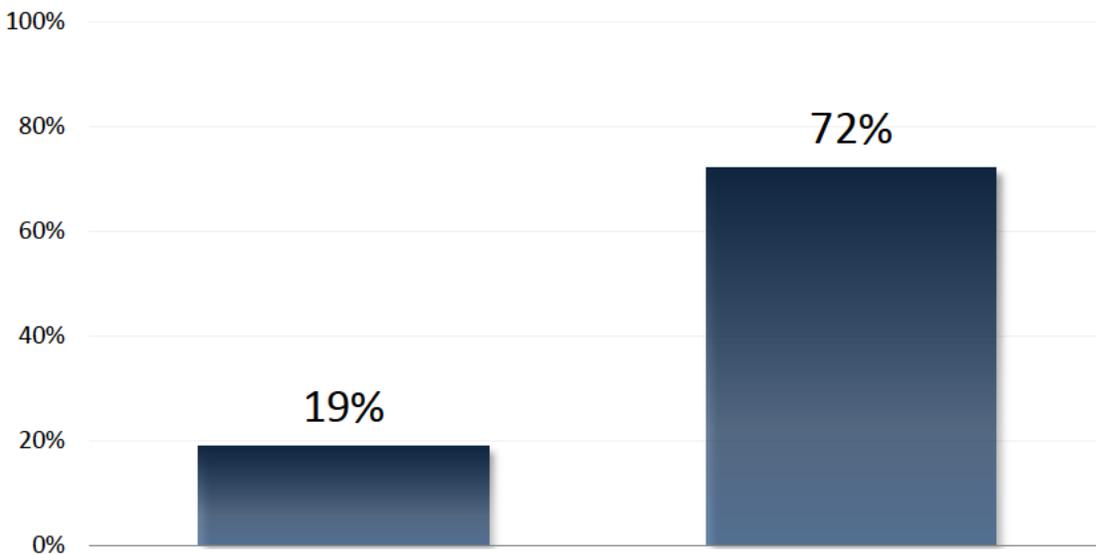
Patient Safety Initiative – Polypharmacy

The Polypharmacy Initiative seeks to mitigate risk to patients on ten or more medications by flagging polypharmacy patients and providing care teams with clinical tools to promote effective management of these patients. This initiative introduced a performance goal that care teams provide a Polypharmacy Review for all patients on ten or more medications at least annually. This goal has been integrated into the statewide PIP for 2016–18 and will be benchmarked in the Dashboard beginning in January 2016.

The Dashboard has been tracking progress toward the performance goal, not benchmarked, since initial implementation of the project in April 2015. In the six months from April to October 2015, performance has jumped 53 percent. Refer to Figure 5.

Figure 5. CCHCS Polypharmacy Reviews Statewide

Percentage of Patients on 10 or More Medications Who Received a Polypharmacy Review in the Past 12 Months
April 2015 vs. October 2015



Patient Safety Initiative – Insulin

In July 2015, the Statewide Patient Safety Committee established an improvement project focused on preventing insulin-related medication errors, promoting the following three interventions that could reduce risk of errors:

- Implement a new color-coded tray system to make it easier to differentiate between the different types of insulin during administration of the medication.
- Guard insulin lines against distractions by educating staff on the importance of administering insulin without interruption and posting “Do Not Disturb” signs.
- Educate patients about insulin administration errors and involve them in verifying that they are receiving the appropriate type and amount of insulin.

In early fall 2015, CCHCS tested the interventions listed above at MCSP in a single yard. Staff at MCSP found that insulin lines could be completed in half the time required previously when nurses were protected from interruptions; patients provided positive feedback about their new role in actively verifying insulin type and dosage during administration.

In October 2015, CCHCS introduced the above interventions statewide, and provided a process for institutions to order all materials designed for the initiative, which include colored trays and matching labels, laminated signs, and patient education forms. Information on the initiative and electronic versions of available materials can be found on the Intranet.

Twenty-nine of 35 institutions have submitted orders to participate in the Insulin Initiative to date, and ten institutions have received their packages. CCHCS will continue to complete orders into 2016, reach out to institutions that have not yet adopted the initiative, and monitor results.

Integrating EHR Data into Performance Measurement and Clinical Tools

In the past several months, CCHCS has made significant modifications to the data infrastructure used for performance measurement and clinical tools to integrate EHR data. The new data infrastructure feeds current performance reports and clinical tools through a bifurcated system. Institutions not yet using EHR will continue to see results from QuestTM, GuardianRx, and other databases, while institutions using EHR will now get much the same clinical data from Millennium, but will continue to have access to data points from legacy databases, such as SOMS, InterQual, DECS and CADDIS.

During this reporting period, CCHCS issued patient registries that draw from the new data infrastructure, including all available patient profiles (Patient Summary, Patient Risk Profile, Medication Management Profile). In the first half of 2016, CCHCS will revise the methodology for all Dashboard measures to include EHR data and will conduct several large-scale validation studies to ensure data accuracy.

EHR Diagnostic Report

As indicated previously, in October 2015, CCHCS began the statewide EHR rollout by implementing the new record system at three pilot institutions and Pharmacy's Central Fill, with plans to introduce the system to the remaining 32 institutions in 2016.

During this reporting period, CCHCS leaders and a Patient Safety Committee workgroup coordinated with the three pilot institutions to design an EHR Diagnostic Report, which consolidates performance, operational, and patient safety metrics into a single report. The EHR Diagnostic Report is intended to assist CCHCS leaders as follows:

- Identifying and addressing potential patient safety risks or inaccurate/incomplete patient data.
- Determining when institutions have transitioned from initial implementation, which may require significant technical support, to full integration of the record system into day-to-day operations.
- Identifying institutions that may be a source of best practices.
- Evaluating the status of the statewide rollout and potential impacts to the planned implementation strategy.

Draft versions of the Diagnostic Report have been produced for all pilot institutions. CCHCS is in the process of vetting the report content and design with CCHCS leaders and validating report data with the assistance of local subject matter experts.

Regional Health Care Executives Focused Institution Prison Performance, May through November 2015

As part of CCHCS' initiatives to improve the institutional processes associated with quality metrics, the Receiver convened a meeting of headquarters staff and regional Health Care Executives in April 2015. The goal was to explore the methods, utilizing a regionally focused program, that would most rapidly improve the lowest one-third of the institutions and instill sustainable processes within a six-month period.

The team developed a four-pronged approach focused at the institutional level, as follows:

1. Collaborative Training over four months in the areas of:
 - Care Team and huddles
 - Scheduling and Access to Care
 - Population Management
 - Care Coordination and Quality Management System Implementation of each of the Collaborative areas, a month at a time, over the four months
2. Active participation of each of the *Plata* Court Experts embedded in each of three regions in training development and content delivery.
3. Deployment of the regional QMSU in assisting the institutions in their region with the process, procedures, training and operational implementation.
4. Follow-up monitoring with regional teams and the *Plata* Court Experts to measure and monitor performance improvement.

The pilot identifies ten institutions in four regions. Refer to Table 3 below for each region and their focus institutions.

Table 3: Regions I-IV and their Focus Institutions

Region 1	Region 2	Region 3	Region 4
California Health Care Facility	Deuel Vocational Institution	California State Prison, Los Angeles County	Ironwood State Prison
Mule Creek State Prison	Salinas Valley State Prison	California State Prison, Corcoran	Chuckawalla Valley State Prison
-	Central California Women's Facility	-	-

During the last five months, the focused institutions showed measureable improvement in the following:

1. Leadership team unity and skills.
2. Shift in culture, responsibility and accountability.
3. Understanding of complete care which is the basis of improvement.
4. Utilization of Dashboard, registries and other system tools.
5. Objective improvement of quality metrics.

Refer to [Appendix 4](#), Focus Institutions Performance Report, for May and October 2015 performance data comparison.

Concomitantly, the process validated the value of the regional structure. CEOs found value in both the content and process while establishing a belief that this was one of the best functions of the regional QMSU. The *Plata* Court Experts also expressed that the program was highly effective.

Section 4: Receiver's Delegation of Authority

Receivership Transition Plan

As reported in previous Tri-Annual Reports, Judge Thelton Henderson issued an order on March 10, 2015, modifying the plan for how health care will be transitioned back to the State of California. Using the successful model that was used to resolve the dental lawsuit under *Perez*, the new plan focuses on transitioning prisons back one at a time after the Receiver, through several steps, determines that a prison is providing adequate medical care.

The Receiver delegated authority for the medical operations at FSP to CDCR on July 13, 2015. The institution's performance continues to be monitored on a monthly basis to ensure sustainability. No additional delegations have been completed during this reporting period.

Access Quality Report

Field Operations staff continue to receive the required monthly Access Quality Report (AQR) data from institutions and publish the monthly statewide AQR. Refer to [Appendix 5](#) for the Executive Summary and Health Care Access Quality Report for August through November 2015.

On November 6, 2015, Field Operations staff initiated an update of the AQR to version 3.0. The update included changes to two sections: Section VI, Transports, and Section VII, Health Care Access Unit.

These changes standardize the way data is collected and improve data reliability. They do not impact the established means of monitoring the Health Care Access Units utilizing the "Custody AQR Performance Indicators" or performance targets outlined in the Delegation. The AQR, version 3.0, was vetted and approved for use during the November 2015 reporting cycle.

Custody Access to Care Success Rate

Statewide AQRs were published for the months of August, September, October and November 2015 during this reporting period. The average custody *Access to Care Success Rate* for this period was 98.91 percent, below the Receiver's benchmark of 99 percent. This represents a decrease of 0.28 percentage points as compared to the Thirtieth Tri-Annual reporting period, which included data from April through July 2015.

Refer to Figure 6 for a summary, by month, of the number of institutions failing to attain the 99 percent benchmark established in the delegation. The primary reason each institution fell below the benchmark during the reporting period is attributed to an increase in the number of ducats not completed due to a modified program which resulted in the cancellation and rescheduling of health care appointments at the affected institutions.

Figure 6, Institutions Failing to Attain the 99.00% Standard for the Custody Access to Care Success Rate

Institutions Failing to Attain the 99.00% Standard for the Custody Access to Care Success Rate

Aug-15		Sep-15		Oct-15		Nov-15	
CMF 95.47%		LAC 97.59%		CCWF 98.64%		CHCF 96.79%	
SAC 93.36%		MCSP 98.28%		CIW 98.11%		CIW 98.29%	
SVSP 95.82%		SAC 97.32%		CMC 98.47%		COR 95.50%	
		SATF 94.28%		LAC 96.85%		LAC 93.17%	
		SVSP 93.28%		PBSP 97.57%		SATF 95.73%	
				RJD 98.15%		SOL 98.63%	
				SVSP 85.66%			

For institutions failing to attain the benchmark, 23 Corrective Action Plans (CAPs) were required from July through October 2015.

Operations Monitoring Audits

During this reporting period, Field Operations published revision 3.1.1 of the Health Care Access Unit Operations Monitoring Audit Instruction Guide. This guide details the specific methodology by which Field Operations auditors rate institutions' compliance with health care access mandates. Revisions included minor methodology adjustments designed to improve the relevance and applicability of audit findings to resolving deficiencies.

Also during this reporting period, CCHCS fundamentally discontinued reliance upon CAPs as a tool for achieving compliance. This decision came about as the result of observing numerous ongoing systemic deficiencies, all within reach for resolution by local management at each institution, and yet persistently unresolved through multiple audit cycles. Many of these deficiencies have been addressed in this and previous Tri-Annual Reports. The CCHCS practice for unresolved critical issues identified during Health Care Access Unit Operations Monitoring Audits is the referral of those deficiencies for division level review, directly to the Associate Director of the specific DAI mission responsible for oversight of the subject institution. It is incumbent upon DAI to effectively engage Wardens to achieve lasting resolution of critical issues.

Field Operations auditors published the results of four full annual audits, as part of the Round IV cycle of annual audits. Additionally, auditors published the results of seven six-month reviews at institutions scoring below 85 percent compliance overall, or in specific component(s), during the Round III cycle of annual audits. The findings of these audits are outlined below in Figures 7 and 8.

Figure 7, Round III Six-Month Limited Review or Re-Audit

Institution	Type of 6-Month Review	Result
Mule Creek State Prison	Full Re-Audit	Improvement from 82.0% to 87.8%.
R.J. Donovan Correctional Facility	Limited Review, 2 Components	2 of 2 components improved to above 85.0%.
Pleasant Valley State Prison	Limited Review, 2 Components	1 of 2 components improved to above 85.0%.
California Institution for Women	Full Re-Audit	Improvement from 73.9% to 78.4%, however overall score remains <i>below</i> 85.0%.
California Rehabilitation Center	Limited Review, 1 Component	Audited component remains <i>below</i> 85.0%.
Folsom State Prison	Limited Review, 1 Component	Audited component remains <i>below</i> 85.0%.
CSP Sacramento	Limited Review, 1 Component	Audited component remains <i>below</i> 85.0%.

Figure 8, Round IV Annual Audits

Institution	Audit Result	Division Review
Avenal State Prison	Overall score improved; RIII 97.4% to RIV 98.6%.	No referral necessary.
Sierra Conservation Center	Overall score declined; RIII 93.1% to 90.4%.	Referred to DAI.*
California Men's Colony	Overall score improved; RIII 87.2% to RIV 96.5%.	No referral necessary.
CSP Los Angeles County	Overall score improved from RIII 87.8% to RIV 89.8%.	Referred to DAI.**

*Indicated by (a) failure to ensure timely transfer of mental health crisis bed patients, (b) failure to reliably conduct and document welfare checks on patients recently discharged from mental health crisis beds, and (c) inability to ensure custody staff daily inventory and inspect suicide cut down kits.

**Indicated by (a) inability to ensure custody staff daily inventory and inspect suicide cut down kits, (b) failure to ensure custody staff respond appropriately when patients refuse treatment, (c) failure to ensure custody staff provide appropriate support to nurses conducting medication distribution in restricted housing, (d) failure to ensure custody staff provide appropriate support to nurses conducting medication distribution in restricted housing, (d) failure to reliably conduct and document welfare checks on patients recently discharged from mental health crisis beds, and (e) failure to ensure a mental health "check-in" meeting takes place daily between a mental health clinician and a custody supervisor in segregated housing.

Section 5: 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 consistent quality health care services to its patient population. Quality improvement undertakings have assisted CHCF in making significant gains in meeting this mission, as evidenced by overall improvement in its Institution Health Care Performance ranking. During the reporting period, CHCF remained open to intake for Enhanced Outpatient Program, Special Outpatient Program, and DSH admissions; as well as limited intake to its medical CTC and OHU. Additional updates related to level of care delivery at CHCF include the following:

Medical Services

- CHCF's PIWP measure which addresses patient-centered care has made significant progress in ensuring consistent huddles on all yards, implementation of population management working sessions, finalization of the primary care model policy draft, and establishment of standardized unit roles and responsibilities. Of particular note, due to physical plant layout, CHCF has 27 huddles daily. This large number of daily huddles equates to approximately 756 huddles each month. CHCF developed a huddle observation process which provides primary care teams with feedback and support, while ensuring compliance. As of September 1, 2015, huddles have been fully implemented and are now in the monitoring stage. Attendance logs are submitted monthly as proof of practice. Huddles have occurred in all units on all business days from September through December 2015.
- To ensure continuity of care for new arrivals, CHCF has implemented protocols to ensure the seamless transition and maintenance of medical care. CHCF's Utilization Management nurses assist in this process via a patient transfer checklist and collaborative transfer of care call, which assists in managing the exchange of information before the patient is admitted. CHCF's Compliance Support Unit additionally conducts a 100 percent audit of new arrivals to the Patient Management Unit. This consists of monitoring continuity of care for new arrivals once they are on their units and validating this care via MedSATs and the electronic Unit Health Record. Data is captured and sent to all stakeholders on a continuous basis.
- CHCF continues to make great strides in facilitating care, despite continuing challenges in provider recruitment and retention. To assist, CHCF's OHU policy exception was renewed in August 2015 for an additional six months. CHCF's CTC program flex, approved by the CDPH in February 2015, still remains in effect. Increased reliance and collaboration amongst disciplines, particularly nursing staff, is critical during this time.
- CHCF continues to maintain compliance with polypharmacy medication reviews; manual tracking shows an overall compliance rate greater than 95 percent across institutions.
- The AQR for September through November 2015 has been completed; numbers reflect significant improvement at 97 percent compliance for November 2015.

Quality Management

- In November 2015, CHCF's Compliance Support Unit was formed. The Compliance Support Unit's primary mission is to objectively monitor adherence and sustenance with regulatory and licensing requirements for health care delivery within the institution. Compliance oversight includes CHCF's institution-wide Medical Inspection Program, licensing, *Armstrong*, policy/procedures, and credentialing/privileging. Reporting directly to the CEO and working through the quality management process, the unit is foremost tasked with compliance auditing; working to identify deficiencies and/or potential risk; providing consult and recommendations to executive staff; and ensuring that quality of care is sustained.
- CHCF just finished its seventh round of Medical Inspection Program (MIP) audits, which began in June 2015. The MIP is a comprehensive quality assurance program, which includes both qualitative and quantitative measures, encompassing and assessing all aspects of health care delivery. Since implementation, overall institutional compliance has steadily improved. The program's ultimate goal is to establish a comprehensive self-monitoring quality assurance process, which will allow the health and overall functioning of CHCF to be measured. This process will allow staff and managers to have the information they need to successfully manage the delivery and quality of patient care. To ensure the integrity of the compliance scores, the compliance team validates completed audits. All audit measures fall within the validation process on a tri-annual basis. To date, over 616 chart audit measures have undergone validation. Validations included both chart and site review audits, analyzing anywhere from 20 to 100 percent of each measure. Currently, the overall substantiation and confidence level for completed audits continues to improve.
- CHCF continues its efforts of promoting the Patient Safety Program and Patient Safety Portal, particularly on the importance of reporting errors for improvement in patient safety. Monthly e-mail blasts to staff have shown overall improved reporting. No Root Cause Analyses (RCAs) have been assigned to CHCF by the Adverse Sentinel Event Committee; however, three RCAs assigned by the CEO were completed during the reporting period and are now in the monitoring phase.
- Appeals staff continue to work diligently on reducing the number of overdue appeals. As of December 31, 2015, CHCF is currently at four percent overdue, compared to 82 percent overdue 18 months ago.

Nursing Services

- CHCF'S Chronic Care/Population Management program, implemented in May 2015, incorporates focused intervention methodologies; promotes improved disciplinary collaboration; and increased patient education for care associated with Asthma, Colon Cancer Screenings, Diabetes, End Stage Liver Disease, sepsis, and therapeutic anticoagulation. During the reporting period, institutional goals were met for Asthma and Colon Cancer Screenings, while significant progress continues to be made in areas of Diabetic and Therapeutic Anticoagulation.
- CHCF's Patient Falls Workgroup continues to meet on a monthly basis, evaluating whether fall measures were in place at the time of a fall and reviewing care plans. Improvement continues to be noted in this area.

- Efforts toward implementing a palliative care program in CHCF's high-acuity housing are forthcoming. The program would be similar to CMF's Compassionate Companion Program.
- Increased focus on improving medication safety and non-formulary medications remains forefront. These priorities continue to be managed by workgroups. Beginning October 2015, measures were implemented to reduce missed doses and dosing errors in our system, particularly with patient transfers, and to assist with effective implementation of EHRS.
- CHCF Institutional Utilization Management institutional goals, revised in May 2015 to account for institutional trends and 57 percent high-risk patient population, continue to be met. During the reporting period, community hospital bed days continued to decrease (down 15 percent in November 2015) with zero administrative bed days. Additionally, a steady decline was noted in the number of 30-day readmissions (at 12 percent in November 2015).

Resource Management

- The Resource Management Committee continues to meet monthly. This Committee is responsible for the oversight and review of the CHCF Financial Services Subcommittee and Position Management Sub-Committee, which focuses on fiscal review including areas of overtime, contract medical costs, and position management control. Significant areas of improvement during the reporting period include:
 - As of December 2015, the overall vacancy rate for Medical is at 22 percent.
 - Medical, Nursing, and Mental Health overtime continues to decrease.
 - Stabilized par levels in housing units.
 - Onboarding process has been implemented for new hires.
- During the reporting period, CHCF was able to hire a Chief Physician and Surgeon, Correctional Health Care Administrator II, Associate Warden of Health Care, Employee Relations Officer and Training Officer II. Even with these significant hires, critical management positions such as a Health Program Manager I, Health Program Manager II, and Supervising RN II positions remain vacant.
- As of December 2015, the percentage of staff receiving New Employee Orientation and CTC Training is currently at 91 percent compliance.

Utilization Management

- Headquarters' Utilization Management actively supports daily discharge planning calls with CHCF care coordinators and housing unit staff to follow up on recently discharged patients. Headquarters' Utilization Management also supports the daily teleconference rounds with San Joaquin hospital to discuss CHCF's hospitalized patients and assist with their transition back to the facility. Headquarters' Utilization Management supports transfer of care calls between sending institutions and CHCF to facilitate smooth transition of patients from other institutions into CHCF.

Telemedicine

- CHCF continues to utilize telemedicine to increase access for both primary care and specialty care needs. Since July 2015, CHCF has performed 3,439 primary care telemedicine encounters with a panel recently growing to five full-time telemedicine providers assigned to the facility. In addition, since July 2015, 391 specialty telemedicine encounters have taken place. Finally, CHCF continues to work with Telemedicine Services to address the availability of contracted telemedicine specialists, coordinate appointments, and find potential specialty appointment alternatives (e.g., contract with other area hospitals, provide additional on-site services) to increase access to care and ensure compliance timeframes are met.

Ongoing Priorities

- Recruitment and retention for providers and management positions continues.
- CCHCS continues to work collaboratively with CDCR and DSH in anticipation of routine CDPH Surveys, headquarters monitoring tours, and federal court monitoring tours.

B. Statewide Medical Staff Recruitment and Retention

As of December 2015, 82 percent of the nursing positions have been filled statewide (this percentage is an average of four State nursing classifications). More specifically, 46 percent of institutions (16 institutions) have filled 90 percent or higher of their RN positions. This represents an increase of six institutions with fill rates of 90 percent or higher from the previous report. For institutions with less than 90 percent staffing rates, 28 percent (10 institutions) have filled between 80 and 89 percent of their RN positions. Consequently, 26 percent of institutions (9 institutions) have filled less than 80 percent of their RN positions. The goal of filling 90 percent or higher of the Licensed Vocational Nurse (LVN) positions has been achieved at 66 percent of institutions (23 institutions), whereas 11 percent (4 institutions) have filled between 80 and 89 percent of their LVN positions. Only 23 percent of institutions (8 institutions) have filled fewer than 80 percent of their LVN positions.

During this reporting period, hiring-related initiatives for nursing classifications continued. Nursing vacancies are posted on multiple websites, including, www.ChangingPrisonHealthCare.org, wwwIndeed.com, and www.VetJobs.com. Each job posting typically represents multiple vacancies at an institution; CCHCS staff continues to monitor vacancy reports and job postings to ensure that vacancies are accurately represented in all job postings.

In general, Physician and Surgeon (P&S) recruitment efforts continued to focus on “hard-to-fill” institutions during this reporting period. As of December 2015, 89 percent of primary care provider positions were filled statewide (this percentage is an average of all three State primary care provider classifications). More specifically, 54 percent of institutions (19 institutions) have achieved the goal of filling 90 percent or higher of their P&S positions. Of these 19 institutions, 15 have filled 100 percent of their P&S positions. Additionally, 17 percent of institutions

(6 institutions) have filled between 80 and 89 percent of their P&S positions, and 29 percent (10 institutions) have filled less than 80 percent of their P&S positions.

The Workforce Development Unit is continuing with various recruitment strategies to support and improve this trend. Job postings for P&S vacancies continue to be placed online at the CCHCS' recruitment website and other online job boards, and staff continue to recruit at medical conferences. CCHCS' present and future recruitment efforts for nursing and primary care provider classifications include the following:

Centralized Hiring Efforts – The Workforce Development Unit has implemented a centralized hiring program designed to quickly and efficiently fill P&S positions by ushering candidates through the recruiting and hiring process with a principal point of contact from initial application through first date of hire. This program was implemented first with CHCF and since the implementation of this program in September, three P&S candidates have been hired at CHCF. The program is being rolled out statewide in January 2016

Sourcing – Sourcing allows staff to access resumes posted on specific websites by health care professionals who are actively seeking employment and to engage directly with them. With new staff hired and trained within the Workforce Development Unit, the unit is now at the first stage of the competitive bid process for vendors to provide the most appropriate platform for our sourcing efforts.

Recruitment of Medical Residents – In conjunction with current P&S recruiting efforts, and to proactively provide a pathway for new physicians to view correctional medicine as a viable career option, Workforce Development has expanded its efforts to recruit medical residents. The implementation of a recruitment plan featuring print ads in national career guides, attendance at medical resident-specific events, and targeted digital marketing in the form of E-Blasts to medical residents throughout the United States is underway. Additionally, via memorandum released in December 2015, CCHCS has simplified the hiring process for medical residents who have yet to obtain their internal medicine or family medicine board certifications. With this adjustment, CCHCS can now recruit medical residents directly out of residency, allowing CCHCS to be more competitive with community hospitals and health systems.

Visa Sponsorship Program – The Visa Sponsorship program provides opportunities for CCHCS to recruit and hire international clinicians who have been trained in the United States and wish to remain and practice in this country. CCHCS is an exempt employer, which allows the Department to provide targeted recruitment to clinician-students who are in the United States on a student visa. Additionally CCHCS also sponsors TN, H-1B, and PERM petitions. This program is currently used in CCHCS' recruiting efforts for Psychiatrists and has been utilized for other classifications including P&S, Psychiatrists, Clinical Psychologists, Nurse Practitioners, and Recreation Therapists. To continue and expand this effective program, we have included language promoting visa sponsorship in all advertising for the P&S classification and targeted recruitment of medical residents.

Professional Conferences – CCHCS continues to identify professional health care conferences where CCHCS can have a presence either in-person with an exhibitor booth or remotely through sponsorships and other promotional opportunities. During this reporting period, Workforce Development is scheduling conferences in 2016 with five California-located conferences and two out-of-state conferences for the P&S classifications. Additionally, CCHCS will be attending one out-of-state conference for correctional health care professionals and one out-of-state conference specifically for medical residents and fellows. This tactic allows CCHCS to increase name recognition and brand awareness among both attendees and the health care community. Furthermore, recruitment opportunities at these events are more personal, allowing CCHCS to speak directly to potential candidates.

Educational Programs Within Our Institutions – During this reporting period, all 35 institutions either have implemented or are working on implementing health care training programs for physicians. Currently CCHCS is engaging with six educational institutions to provide clinical rotations to resident physicians.

Workforce Development is working directly with programs to provide and implement statewide standards for our health care student rotations in order to improve ease of access to institutional clinics and improve consistency for students and institutional leadership. In addition, CCHCS is working to increase the number of students/residents rotating through CDCR institutions. Workforce Development is ready to engage with these students after their participation in our health care educational programs is complete to encourage them to apply for civil service full-time employee positions within their fields.

Medical School Outreach – Workforce Development is also working directly with California medical schools in an effort to promote CCHCS as an employer of choice. This includes both allopathic (M.D.) and osteopathic (D.O.) medical schools. The goal is to create not only a recruitment opportunity for hiring newly licensed and board certified physician but to encourage medical schools to more fully integrate correctional medicine into their curriculum.

Exit Survey – After analyzing the data results from the piloting of the Exit Survey at one of its institutions, CCHCS is readying the survey to be implemented statewide. The survey measures organizational issues most commonly recognized to influence job satisfaction and will allow CCHCS to define areas of improvement to aid in increasing retention of its health care employees.

Correctional Medicine Fellowship Program – CCHCS is in the process of developing a 24-month curriculum for a Correctional Medicine Fellowship program. The Correctional Medicine Fellowship program is aimed at providing two fellows per cohort with a high quality, advanced and comprehensive cognitive and clinical education that will allow them to become competent, proficient, and professional Correctional Medicine Physicians. The American Osteopathic Association now provides board certification in Correctional Medicine, which CCHCS hopes to pursue. This program will allow a physician who has completed a three-year residency in Family Medicine, Internal Medicine, or Physical Medicine and Rehabilitation the opportunity for

advanced training by completing a two-year Correctional Medicine Fellowship. Upon completion of the program, fellows will additionally have earned a Masters in Public Health, and may be eligible to sit for their boards.

The advantages of the new Correctional Medicine Fellowship program include but are not limited to the following:

- Creating a platform to train and retain physicians who are board certified in Correctional Medicine for the State of California.
- Promoting excellence in Correctional Medicine and improving CCHCS' image, prestige, and position in the community.
- Promoting physician recruitment by attracting young graduates to Correctional Medicine.
- Setting future standards for quality in Correctional Medicine.
- Reducing recruitment costs by hiring at least two fellows per year at a reduced salary.
- Creating future leaders in Correctional Medicine and improving succession planning.
- Creating opportunities for CCHCS' medical executives and primary care providers to have advanced academic exposure and, in turn, boost morale.

These combined efforts (e.g., Visa Sponsorship Program, outreach advertisement, and educational programs) will help ensure that CCHCS has a consistent pipeline of quality physician candidates to fill vacancies as they arise and enhance CCHCS' image as a competitive employer of choice.

For additional details related to vacancies and retention, refer to the Human Resources Recruitment and Retention Reports for September through December 2015. These reports are included as [Appendix 6](#). Included at the beginning of each Human Resources Recruitment and Retention Report are maps which summarize the following information by institution: Executive Leadership Filled Percentage and Turnover Rate; Clinical and Nursing Management Filled Percentage and Turnover Rate; Primary Care Providers Filled Percentage and Turnover Rate; Nursing Filled Percentage and Turnover Rate; and Pharmacy Filled Percentage and Turnover Rate.

C. Coordination with Other Lawsuits

During the reporting period, regular meetings between the three federal courts, *Plata*, *Coleman*, and *Armstrong* (Coordination Group) class actions have continued. Coordination Group meetings were held on September 9, October 28, and December 10, 2015. Progress has continued during this reporting period and is captured in meeting minutes.

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 the last reporting period, the Receiver has not used the substitute contracting process for any solicitations relating to services to assist the Office of the Receiver in the development and delivery of constitutional care within CDCR and its prisons.

E. Consultant Staff Engaged by the Receiver

The Receiver has not engaged any consultant staff during this reporting period.

F. Accounting of Expenditures

1. Expenses

The total net operating and capital expenses of the Office of the Receiver for the four-month period from September through December 2015 were \$462,498 and \$0, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 7](#).

2. Revenues

For the months of September through December 2015, the Receiver requested transfers of \$375,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. Total year-to-date funding for the FY 2015–16 to CPR from the State of California is \$575,000.

All funds were received in a timely manner.