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UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
AND FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

Case No. C-01-1351-JST

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

Case No.: CIV-S-90-0520-TLN-SCR

JOHN ARMSTRONG, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

Case No.: C94-2307-CW

**NOTICE OF FILING OF RECEIVER'S
SIXTY-THIRD TRI-ANNUAL REPORT**

1 PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Sixty-Third
2 Tri-Annual Report in *Plata, et al. v. Newsom, et al.*, Case No.: C-01-1351-JST; *Coleman, et al.*
3 *v. Newsom, et al.*, Case No.: CIV-S-90-0520-TLN-SCR, and *Armstrong, et al. v. Newsom, et al.*
4 Case No.: C94-2307-CW.

5 Respectfully submitted,

6 Dated: October 1, 2026

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

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

**Sixty-third Tri-Annual Report of the Federal Receiver
For May 1 – August 31, 2026**

October 1, 2026

California Correctional Health Care Receivership

Vision:

We enhance public safety and promote successful community reintegration through education, treatment and active participation in rehabilitative and restorative justice programs.

Mission:

To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative and restorative justice programs, all in a safe and humane environment.

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Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

This is the sixty-third report filed by the Receivership, and the fifty-seventh submitted by Receiver J. Clark Kelso.

The Order Appointing Receiver (Appointing Order) filed February 14, 2006, calls for the Receiver to file status reports with the *Plata* Court concerning the following issues:

1. All tasks and metrics contained in the Turnaround Plan of Action (Plan) and subsequent reports, with degree of completion and date of anticipated completion of each task and metric.
2. Particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals.
3. Particular successes achieved by the Receiver.
4. An accounting of expenditures for the reporting period.
5. Other matters deemed appropriate for judicial review.

(Reference pages 2–3 of the Appointing Order at https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/2006-02-14_Order_Appointing_Receiver.pdf)

The Court's March 27, 2014, [Order Re: Receiver's Tri-Annual Report](#) directed the Receiver to discuss in each Tri-Annual Report his views on the sustainability of the reforms he has achieved and plans to achieve, and among any other topics he deems relevant, updates on the development of an independent system for evaluating the quality of care, the degree, if any, to which custodial interference with the delivery of care remains a problem, and if so, what actions he and the Defendants are taking to address the issue.

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 were availability and usability of health information; scheduling and access to care; care management; and health care infrastructure at facilities.

To assist the reader, this Report provides two forms of supporting data:

- *Appendices*: This Report references documents in the Appendices of this Report.
- *Website References*: Website references are provided whenever possible.

In support of the coordination efforts by the three federal courts responsible for the major health care class actions pending against California Department of Corrections and Rehabilitation (CDCR), the Receiver files the Tri-Annual Report in three different federal court class action cases: *Armstrong*, *Coleman*, and *Plata*. An overview of the Receiver's enhanced reporting

responsibilities related to these cases and to other *Plata* orders filed after the Appointing Order can be found in the Receiver's Eleventh Tri-Annual Report on pages 15 and 16. (https://cchcs.ca.gov/wp-content/uploads/sites/60/T11_20090601_11thTriAnnualReport.pdf)

Court coordination activities include: working collaboratively and routinely sharing information to address issues that cut across more than one case; communicating decisions on cross-cutting issues to the relevant parties; directing inquiries about specific cases to the appropriate court representative(s); and updating the courts on significant coordination issues and seeking court guidance when necessary.

B. Progress During This Reporting Period

(i) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 8 medical inspections at eight institutions. During this reporting period, the OIG completed medical inspections at four institutions. The OIG issued final reports for Salinas Valley State Prison (SVSP), Substance Abuse Treatment Facility (SATF), California State Prison, Los Angeles County (LAC), and Wasco State Prison (WSP). SVSP, LAC, and WSP received adequate ratings for both compliance review and case review. SATF received inadequate ratings for both compliance review and case review.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 31 institutions to the CDCR Secretary's authority (three of these institutions, California Correctional Center, California City Correctional Facility, and Chuckawalla Valley State Prison, have since been deactivated). Three institutions remain undelegated.

(iii) Institution Closure

Activities continue on the closure of California Rehabilitation Center (CRC) by fall 2026. Additional information on CDCR's reduction and closure efforts is available at <https://www.cdcr.ca.gov/prison-closures/>.

(iv) Resource Management Subcommittee Restructure

In June 2026, California Correctional Health Care Services (CCHCS) Quality Management (QM), in collaboration with the *Plata* Receiver's special consultants, CCHCS Health Care Operations, CCHCS Corrections Services, and CDCR's Division of Adult Institutions (DAI), concluded a year-long initiative to restructure the QM Resource Management Subcommittee (RMS) at all 31 institutions. The restructuring was designed to provide CCHCS and CDCR local leadership teams with a forum to jointly monitor and address health care environmental findings identified through internal and external audits, while also emphasizing patient access to care and patient movement.

With the new approach, key performance indicators are monitored continuously via RMS oversight, increasing responsiveness to emerging issues. Indicators include CCHCS Corrections

Services' Operations Monitoring Audit standards, the OIG's Medical Inspection Tool for Health Care Environment standards, and, for the first time, The Joint Commission's (TJC) Environment of Care standards. Adding TJC standards will help institutions acclimate to TJC processes and methodologies, setting the stage for greater alignment with national best practices.

Another major objective behind restructuring the RMS was to instill the continuous improvement principles of quality management, Lean Six Sigma, and Just Culture¹ across CCHCS and CDCR. These concepts foster a cohesive self-monitoring surveillance system for both CCHCS and CDCR leadership teams, breaking down silos and creating new opportunities for collaboration.

Notably, the restructured RMS is the first CDCR-led QM subcommittee chaired by the institution's Health Care Access Unit Associate Warden (AW), representing a significant step toward shared leadership. The subcommittee's membership was also expanded to include the institution's AWs of Housing, Operations, and Business Services. To further support this multidisciplinary team approach, institution Wardens have been added as co-chairs, along with Chief Executive Officers, to the local Quality Management Committee (QMC). These changes to the RMS and QMC membership provide a balanced, comprehensive perspective from both custody and health care leaders to address local health care delivery system and patient care needs.

(v) Specialty Services Backlog Progress

As previously reported, in May 2025, the Department implemented a paper-based notification system to proactively inform patients of scheduled specialty appointments, with the objective of reducing appointment refusals. Upon completion of the current tablet deployment initiative, this process will transition to a digital platform, ensuring a streamlined and patient-centered experience.

CCHCS continues to engage with external stakeholders, including the Department of Managed Health Care, to align department methodology with community standards and treatment timelines. In July 2026, CCHCS revised its dashboard measures for High-Priority Requests for Services to align with the community standard of 21 calendar days.

(vi) Armstrong

CCHCS and CDCR continue to jointly address issues raised by Plaintiffs in the *Armstrong* Monitoring Tour (AMT) reports, maintaining ongoing collaboration to actively resolve matters impacting *Armstrong* class members. During this reporting period, six AMTs were scheduled at Kern Valley State Prison (KVSP), SATF, Richard J. Donovan Correctional Facility (RJD), San Quentin

¹ Just Culture is a safety and risk-management approach that focuses on understanding what happened rather than blaming individuals. It asks leaders to look at system factors – culture, policies, communication, training, equipment, and environment – so organizations can identify root causes, improve operations, and prevent repeated issues. It relies on frontline staff expertise to identify practical improvements and allows organizations to proactively address risks before they cause harm.

Rehabilitation Center (SQRC), SVSP, and Mule Creek State Prison (MCSP). The Plaintiffs scheduled two additional AMTs at California Men's Colony (CMC) and LAC.

(vii) Healthcare Facilities Maintenance Assessments

On-site Healthcare Facilities Maintenance assessments resumed in March 2026. During the reporting period, on-site assessments were completed at California Correctional Institution (CCI), California Health Care Facility (CHCF), California Institution for Men (CIM), California Institution for Women (CIW), Correctional Training Facility (CTF), High Desert State Prison (HDSP), LAC, MCSP, Sierra Conservation Center (SCC), SQRC, and SVSP. After each assessment, to prepare the final report, Health Care Facility Support staff review documentation and a satisfaction survey which is completed by institution health care staff. The final report is provided to stakeholders 45 days following the on-site assessment. Each institution receives three overall ratings, corresponding to the categories of Contract Compliance, Infection Control, and Health Care Environment. CCHCS has published the reports finalized during this reporting period. Reports for CIM, CIW, MCSP, SCC, and SQRC will be issued during the next reporting period.

Institution	Contract Compliance	Infection Control	Health Care Environment
CAL	Proficient	Adequate	Proficient
CCI	Proficient	Inadequate	Proficient
CEN	Proficient	Proficient	Proficient
CHCF-Pride	Adequate	Inadequate	Proficient
CHCF-EVS	Inadequate	Proficient	Inadequate
COR	Proficient	Adequate	Proficient
CTF	Proficient	Proficient	Proficient
HDSP	Proficient	Adequate	Proficient
ISP	Proficient	Inadequate	Adequate
KVSP	Proficient	Proficient	Proficient
LAC	Proficient	Proficient	Proficient
NKSP	Proficient	Proficient	Proficient
SATF	Proficient	Adequate	Proficient
SVSP	Proficient	Adequate	Adequate

(viii) Health Care Infrastructure at Facilities

Construction activities associated with the Health Care Facilities Improvement Program (HCFIP) are approaching their final stages, with only five subprojects remaining across three institutions: Central California Women's Facility (CCWF), CMC, and Pleasant Valley State Prison (PVSP). The overall completion of HCFIP projects statewide is projected for mid-2027, contingent upon finishing CCWF. The renovation of the Triage and Treatment Area at CMC is anticipated to be completed by late 2026, while the PVSP projects are still pending corrections from prior construction deficiencies related to fire, life, and safety issues.

The CIM 50-Bed Mental Health Crisis Facility is scheduled to be completed in October, with an anticipated opening date of January 2027.

(ix) California Advancing and Innovating Medi-Cal Justice-Involved Reentry Initiative

The California Advancing and Innovating Medi-Cal (CalAIM) framework fosters a multi-year reform to improve the health outcomes and overall well-being of Medi-Cal beneficiaries. CDCR and CCHCS are now recognized as the nation's first state correctional system to operate as a state-sponsored health coverage billing entity, allowing reimbursements for a limited set of 90-day pre-release services, including medications, durable medical equipment, expanded pre-release planning, and enhanced care management coordination. During this reporting period, 5,384 patients had Medi-Cal activated prior to release, and 5,071 patients had assigned Managed Care Plans (MCPs) prior to release.

During this reporting period, 5,603 patients were released with a reentry care plan, and 4,025 patients had warm handoffs with external Enhanced Care Managers. Nursing Services has expanded implementation of CalAIM pre-release services to 26 fire camps statewide to ensure incarcerated individuals are provided coordinated reentry care plans and warm handoffs prior to release. These services improve the patient's transition to the community and ensure continuity of care is maintained.

CDCR and CCHCS continue to work closely with the California Department of Health Care Services, MCPs, county behavioral health agencies, and community-based organizations to refine workflows for the Mixed Care Management Model as it varies within counties and other correctional facilities.

(x) CDCR Incarcerated Tablet Initiative

The anticipated timeline for tablet implementation at all institutions is late 2026.

(xi) Generative Artificial Intelligence (Gen AI)

CCHCS's Information Technology Services Division (ITSD) is actively exploring options for procurement of a clinical AI agent to provide clinicians with real-time transcription of their patient encounters within the Electronic Health Record System.

ITSD is also working to deliver a Gen AI agent to CDCR and CCHCS executive leadership that is designed to maximize information retrieval and workflow efficiencies within both organizations.

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

(i) Healthcare Facilities Maintenance and Environmental Services

The statewide Healthcare Facilities Maintenance (HFM) services contract between California Correctional Training and Rehabilitation Authority (CALCTRA) and CCHCS was renewed for two

years effective July 1, 2026, in the amount of \$129,024,478. This includes a cost reduction of approximately \$10 million for fiscal year (FY) 2026-27 and \$20 million for FY 2027-28. The agreement does not extend into a third year. CCHCS and CALCTRA intend to negotiate a new contract beginning with FY 2028-29 in the upcoming calendar year.

(ii) Scheduling and Ducating

Corrections Services began a targeted initiative in May 2025 to reduce the monthly issuance of priority ducats at RJD. Due to the success of the program at RJD, in April 2026, MCSP launched its pilot program. Between May and July 2026, MCSP successfully decreased the production of printed paper priority ducats by thousands each month. As a result, custody officers now handle fewer ducats daily, streamlining their workflow and increasing efficiency. Mental health partners are also working to standardize procedures for posting recreational group therapy lists in housing units. Efforts to further refine these processes remain ongoing. Overall, the initiative continues to demonstrate positive progress. The reduction in ducat paperwork has streamlined daily operations for staff, and continued collaboration across programs aims to overcome remaining obstacles and further enhance scheduling and service delivery.

Corrections Services anticipates SATF will launch its pilot program in October 2026 with the objective of streamlining operations by reducing the workload associated with printing, sorting, and distributing priority ducats.

(iii) Transportation Vehicles

The fifth round of the Health Care Access (HCA) vehicle redirect analysis included five HCA vehicles redirected to designated institutions in May 2026. The sixth round of the HCA vehicle redirect analysis reflected SATF and CHCF each requiring one asset. CCHCS conducted a site visit in July 2026 to assess needs and determined no additional HCA vehicles needed to be redirected to the institutions at that time. The HCA vehicle redirect analysis associated with the closure of CRC has also been finalized and approved by both DAI and CCHCS. The transfer of HCA vehicles to designated institutions will occur in three phases, with transfers beginning in late August 2026 and expected completion by October 2026.

The CDCR Office of Business Services (OBS) has implemented a new redline reporting spreadsheet, which categorizes assets requiring short-term or long-term repairs, identifies items slated for survey, and highlights asset concerns to be elevated for additional review. Current monthly HCA transportation reporting indicates 89 vehicles are out of service, with 40 projected to return to service within 30 days, 42 expected to remain out of service for more than 30 days, and 7 designated as junk vehicles that will not return to service and are pending replacement. Most out-of-service vehicles are offline due to maintenance or repair needs.

The CDCR's OBS and DAI continue to coordinate to evaluate systemwide impacts and determine ongoing support requirements and are working with institutions to identify funding to repair HCA

vehicles for institutions in need of resource assistance. DAI also approved using \$200,000 of centralized fleet funding to repair 33 redlined HCA assets across 14 institutions.

The FY 2023-24 procurement of 56 HCA replacement vehicles is nearly complete. The remaining three vehicles completed security caging and Americans with Disabilities Act wheelchair lift modifications in July 2026 and are now pending security modifications and final inspections before delivery to designated institutions.

The remaining 14 of 66 HCA replacement vehicles for FY 2024-25 purchases are in various stages of modification and expected to be finalized by September 2026.

CDCR has received all 56 vehicles procured for FY 2025-26 and anticipates full completion and readiness for service by December 2026. To date, 23 vehicles have been completed and shipped, and 33 are progressing through modification and final preparation.

Funding for FY 2026-27 became available on July 1, 2026. Purchase review is underway, and CDCR and CCHCS will collaborate to finalize procurement decisions by October 2026.

Section 2: Other Matters Deemed Appropriate for Judicial Review

A. California Health Care Facility – Level of Care Delivered

The delivery of medical care at CHCF was delegated to the State of California as of March 3, 2026.

B. Statewide Medical Staff Recruitment and Retention

CCHCS continues to make progress resolving the challenges outlined in the March 10, 2015, *Special Report: Improvements in the Quality of California's Prison Medical Care System*. Through frequent assessment of staffing ratios, health care delivery models, and retention strategies, CCHCS has implemented a series of flexible and continuously evolving solutions to ensure the delivery of timely, quality health care services to patients through a stable provider workforce.

As of the end of this reporting period, 32 percent of institutions (10 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 23 percent (7 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 45 percent (14 institutions) have filled less than 75 percent of their civil service provider positions. However, when onsite civil service, telemedicine, and contract registry providers are utilized to deliver care statewide, coverage at 19 institutions is at or above 90 percent (refer to [Appendix 1](#)).

The Regional Hiring Unit continues to conduct targeted hiring events and candidate outreach to support staffing levels and improve recruitment outcomes across institutions. Hiring events are scheduled throughout 2026. The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS continuously reviews current recruitment trends and advances to properly leverage its marketing presence. While AI marketing platforms are just releasing job advertising options, CCHCS is actively reviewing industry results and general performance status prior to purchase commitments. If predictor analysis holds accurate, CCHCS is positioned to be among the first health care organizations with an advertising presence on these platforms.
- As a component of broader CCHCS awareness efforts, the recruitment and marketing team, working with Pharmacy Services, is currently developing a Pharmacy Services awareness campaign to inform and educate students on the range of pharmacy career paths available within CCHCS. The campaign will highlight the unique working environment CCHCS offers through monthly social media advertising on Meta platforms, Google, and LinkedIn.
- Physician event coordination for 2027 is in process. While budget restrictions continue to limit attendance at out-of-state conferences, CCHCS intends to have a presence at the following professional conferences held within California: Osteopathic Physicians & Surgeons of California's Annual Convention, American College of Physicians' Internal Medicine Meeting, American College of Osteopathic Physicians of California's Annual Convention, the California Academy of Family Physician's Family Medicine POP, and the American Academy of Family Physicians' Family Medicine Experience. In addition to securing exhibit space at these conferences, CCHCS continues to leverage additional sponsorship opportunities to allow engagement with attendees while not being present at certain events.
- While attending the July American College of Osteopathic Physicians of California's Annual Convention, CCHCS exhibited at the one-day Student and Resident Forum. CCHCS' purchased sponsorship secured a speaking slot for the Medical Services' Educational Partnerships Program to share information about practicing primary care within a correctional setting and promote rotational opportunities. CCHCS' recruitment team is looking for future opportunities to continue this type of add-on value marketing effort.
- CCHCS continues to strengthen its statewide medical and nursing staff recruitment pipeline through targeted partnerships with educational institutions and health care training programs. CCHCS expanded its university engagement through partnerships and speaking opportunities with educational institutions such as California State University, Monterey Bay; California State University, Sacramento; and other California colleges and universities, focusing on connecting students and graduating professionals to medical career opportunities within CCHCS. Outreach to medical assistant programs, including private professional schools, will provide opportunities to engage students earlier in their health care careers and establish connections with emerging talent.

C. Coordination with Other Lawsuits

The Medical Receiver continues to have regular communications with the Mental Health Receiver in *Coleman* and the Court Expert in *Armstrong*, but the court representatives have not had any formal coordination meetings during this reporting period.

Although not previously reported, the Mental Health Receiver and Court Expert have joined CCHCS's weekly executive meetings since November 2025. Those meetings involve discussion of operational issues involving medical, mental health, and dental care, as well as issues relating to incarcerated persons with disabilities. Including the other court representatives in these meetings has been especially important following the appointment of a Mental Health Receiver because, unlike the former Special Master in *Coleman*, the Mental Health Receiver manages operations and does not simply monitor them.

In addition, representatives from the Mental Health Receiver's office have been added to key interdisciplinary committees involved in developing and monitoring clinical issues throughout CDCR's health care system. Staff coordination has also improved over time as representatives from the Mental Health Receiver's office become more deeply embedded within administrative and operational functions performed at headquarters.

The degree of successful coordination is illustrated by the long list of activities being undertaken by CCHCS executives and staff in support of, and in coordination with, the Mental Health Receivership, as reported in the Mental Health Receiver's Third Quarterly Report (May - July 2026). Coordination with the *Armstrong* case has also deepened and improved as a result of the Court Expert's active participation in weekly executive meetings.

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, in addition to project areas identified in supplemental orders issued since that date. The approved project areas, the substitute bidding procedures, and the Receiver's corresponding reporting obligations are summarized in the Receiver's Seventh Quarterly Report and are fully articulated in the Court's Orders, and therefore, the Receiver will not reiterate those details here.

During this reporting period, the Receiver did not use the substitute contracting process.

E. Consultant Staff Engaged by the Receiver

The Receiver did not engage any consultant staff during the reporting period.

F. Accounting of Expenditures

(i) Expenses

The Office of the Receiver's total net operating expenses for the fiscal year ending June 30, 2026, were \$3,015,432. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

For the months of July and August 2026, the net operating expenses were \$309,898.

(ii) Revenues

For the months of May and June 2026, the Receiver requested transfers of \$400,000 from the State of California 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 (received and accrued) for FY 2025-2026 to the CPR from the State of California is \$3,100,000.

For the months of July and August 2026, the Receiver requested transfers of \$200,000 from the State of California to the CPR to replenish the operating fund of the Office of the Receiver.

All funds requested were received in a timely manner.