UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

No. 2:90-cv-0520 TLN SCR

RECEIVER'S FIRST QUARTERLY REPORT

Pursuant to the Court's order setting forth the powers and duties of the Receiver, the Receiver files quarterly reports regarding ongoing monitoring and implementation of the court-approved and court-ordered remedies to expediently provide constitutionally adequate mental health services to all class members in this case. Court's Further Amended Order Setting Out Powers and Duties of the Receiver, ECF No. 8843, § I.D., at 3. These quarterly reports address key accomplishments during the past quarter, ongoing progress toward the goals and milestones in the Receiver's Action Plan (ECF No. 8722) and other actions directed by the court, challenges faced by the Receiver, the Receiver's quarterly expenditures, and all other matters appropriate for judicial review. *Id.* The reports will provide overviews of important activities and accomplishments, but will not describe every action that the Receiver has taken. This is the first

quarterly report filed by the Receiver, addressing activities from the Receiver's appointment in September 2025 through January 2026.

I. Activities of the Office of the Receiver

During this first quarter, the Receiver has spent a substantial amount of time engaging with the parties and California Department of Corrections and Rehabilitation (CDCR) staff to gather information about the delivery of mental health services to class members, assess system strengths and challenges, and to enhance communication, collaboration, and trust within CDCR and among the parties. Throughout the quarter, the Receiver and her team have been on site in California meeting with central office staff, visiting facilities, and engaging with people who are incarcerated and counsel for the Parties. The Receiver plans to continue that consistent on site presence. The team has visited the California Health Care Facility (CHCF), California Institution for Men (CIM), California Medical Facility (CMF), California State Prison, Sacramento (SAC), Mule Creek State Prison (MCSP), Salinas Valley State Prison (SVSP), and San Quentin (SQ) during this time.[1] The Receiver's team will visit all CDCR institutions to learn about the implementation issues facing each institution and to identify promising practices that may be expanded.

The Receiver and her team also established several regular meetings to improve information sharing, coordination, and implementation of the Action Plan. These included standing meetings with plaintiffs' and defendants' counsel (separately and together), the Governor's Office, CDCR leadership, mental health, health care, and human resources representatives, Department of State Hospitals (DSH), the *Plata* Receiver, and the *Armstrong* court appointed expert. In place of the central office monitoring that was occurring under the

[1] The Receiver and her Deputy Receivers also made a number of site visits in the months leading to her appointment.

Office of the Special Master (OSM), the Receiver and her team are now engaging with Mental Health Services Delivery System (MHSDS) leadership on an ongoing basis and are actively involved in relevant meetings and Agency decision-making.

The Receiver hired and onboarded key members of her team during the past quarter, including senior advisors with expertise on the intersection of custody operations and patient safety/mental health care service delivery and staffing issues, respectively, and two attorney advisors. The senior advisor on custody operations has deep knowledge of California's system and can provide critical advice to the Receiver on complex operational issues. The attorney advisors bring decades of experience working with jurisdictions across the country to implement remedies and resolve longstanding institutional reform cases in mental health and correctional systems. The Receiver also has received court approval to onboard a senior advisor to lead full implementation of a quality assurance/management program for the MHSDS, including roll-out of the Continuous Quality Improvement Tool (CQIT). The Receiver continues to interview candidates for a mental health expert for the team, a critically important position. The Receiver has made good progress on filling critical positions identified in the Action Plan. The expanded team is well-versed in California's specific challenges in delivering constitutionally compliant mental health care and knowledgeable about evidence-based solutions to address these challenges. Together, they will support implementation of the Action Plan in 2026 and beyond.

In addition, the Receiver secured the assistance of ten independent experts whom the Court previously appointed to work for the OSM. *See* ECF No. 8850 (order approving the Receiver's request for retention of experts). All but one of these independent experts will participate in field auditing for the Office of the Receiver.[2] Their work will include, but not be

[2] Mr. Henry Dlugacz will serve as an advisor to the Office of the Receiver for issues related to the data remediation process. His work will include, but not be limited to, providing

limited to, participating in field auditing, providing constructive technical assistance to support increased access to and quality of mental health care, and sharing their conclusions and recommendations with the Office of the Receiver. *See* ECF No. 8850-3 (Receiver's Request for Approval to Retain Certain Subject Matter Experts). The Receiver is also continuing to identify additional independent experts she may retain.

II. Status of Action Plan Implementation and Execution of Court-Ordered Responsibilities

During this initial period of the Receivership, the Receiver completed a number of Action Plan deliverables and made significant progress in implementing several additional longer-term Action Plan items. The Receiver also executed additional actions directed by the Court or otherwise necessary to operate the Office of the Receiver.

A. Status of Action Plan Implementation

1. Revised Court Coordination Order

In the introduction to the Action Plan, the Receiver highlighted the existing court-approved coordination agreements governing coordination between Coleman, Plata, and Armstrong. *See* ECF 8722 at 9. The Receivers and Court Expert in these matters agreed that the orders that were in place were no longer aligned to the needs of the cases. In recognition of the passage of time and changing needs, the Coleman Receiver worked with the other court representatives to develop a new coordination agreement. The new coordination agreement was filed as ECF No. 8807 on November 6, 2025 and was similarly filed in Plata and Armstrong. The agreement has already promoted increased collaboration across the cases and between the Coleman and Plata Receivers and the Armstrong Court Expert.

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support to the Office of the Receiver related to testing and use of remediated indicators and the CQIT auditing program. *See* ECF No. 8850-3.

2. Communications Plan

The Action Plan commits to "develop[ing] and implement[ing] a communications strategy to educate employees and stakeholders about the Receiver's vision, role, goals, objectives, and expectations." Action Plan, Action 1.1.1, ECF No. 8722 at 20. The Action Plan also highlights the Receiver's commitment to "creat[ing] opportunities for employees to provide feedback and track Action Plan progress" once the initial communications plan is in place. *Id.*

The Receiver has developed a communications plan that includes a number of elements, some of which have already been implemented and some of which are ongoing projects. Among the priority elements of the plan are:

- Written and video messages from the Office of the Receiver to CDCR staff and the incarcerated population;
- Town halls and listening sessions with CDCR staff and the incarcerated population;
- Development of a Coleman Receiver intranet site to inform and update staff of CDCR;
- A public website for the Office of the Coleman Receiver;
- Adoption of a change management program to support culture change; and
- Written materials highlighting improvements in mental health delivery, staff contributions to patient well-being, and relevant data.

To date, the Receiver has recorded a message to staff and to people receiving mental health services introducing herself and identifying her office's priorities for the coming year. The Receiver also finalized a poster publicizing her role and ways to be in touch with her office, which will be displayed in facilities. An internal webpage for staff that will provide information about the Office of the Receiver and relevant documents is also near completion. In the coming quarter, the Receiver expects to begin formal town halls and listening sessions. This will further

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the ongoing engagement that the Receiver has had with staff and patients since she was named Receiver-nominee, and that has now expanded with the addition of each new team member.

3. Assessment of Mental Health Policy Review and Approval Process

The Action Plan calls for the Receiver to assess how the mental health policy review and approval process can be improved. Action Plan, Action 1.1.2, ECF No. 8722 at 20. This includes determining if and how it can be better aligned with the medical and dental policy review and approval processes. The Receiver is currently engaged in discussions with the medical, dental, and mental health policy teams about how to accomplish this alignment.

4. Senior Advisor on Staffing

The Receiver committed to "hire a senior advisor to provide dedicated, daily attention to staffing issues." Action Plan, Goal 2, ECF No. 8722 at 21. Recently, the Receiver onboarded Laura Harvick to this role. Ms. Harvick served as an Assistant Deputy Director for Human Resources at the California Correctional Health Care Services (CCHCS). In that role, she managed statewide hiring of all civil service medical, dental, and mental health care professionals who provide patient care in institutions. Ms. Harvick's previous human resources roles included serving as Regional Personnel Administrator and Staff Services Manager. Ms. Harvick has extensive experience in hiring, compensation, developing and implementing personnel policies and procedures, assessing institutional culture and needs, and monitoring compliance and quality management issues. The Receiver is confident that having an experienced team member dedicated to tackling tough staffing challenges will support implementation of a number of key Action Plan deliverables.

5. Guidance Memo on Hiring

The Action Plan states that the Receiver will issue a guidance memo explaining her expectations regarding identifying and filling vacancies. Action Plan, Action 2.1.1, ECF No.

8722 at 21. In late January, the Receiver issued a message to all staff in which she emphasized that "[a]chieving and maintaining appropriate clinical staffing levels is essential to providing Constitutionally-adequate care and resolving the *Coleman* case." The memo stresses the need for leadership at all levels to engage continuously to address staffing, including recruitment, hiring, onboarding, retention, compensation, employee engagement, and employee wellness. It further emphasizes addressing challenges collaboratively and with the coordination of multiple parts of the agency; seeking, sharing, and expanding use of effective staffing strategies; using data to drive decision-making; seeking and encouraging staff input on staffing issues; and setting clear expectations for onboarding practices to support the success and retention of new hires.

6. Limit Use of Triage Plans

The Receiver's goal is to eliminate the use of triage plans. Action Plan, Action 2.1.3, ECF No. 8722 at 21. The number of institutions using triage plans has differed over time. Presently, there are three (3) institutions with active triage plans in place.[3] This quarter, the Receiver's team focused on learning about active triage plans, the factors driving the need for those plans, ongoing efforts to address those contributing factors, and steps that can be taken to increase staffing levels and further reduce the number of plans in use. All institutions have been made aware that the Office of the Receiver must now approve any new triage plans. To date, the Receiver has not approved implementation of any new triage plans, nor has she received a request to do so.

7. Assess Need for Additional Resources to Support Recruitment, Hiring, and Retention

As part of her efforts to address the workforce shortages, the Receiver committed to "assess the number of employees currently focused on mental health staffing and evaluate whether additional resources are needed, on a short- or long-term basis, to achieve the required

[3] As of September 2025, there were seven (7) active triage plans.

90% mental health staffing level at every institution." Action Plan, Action 2.1.5, ECF No. 8722 at 22. The Receiver has identified the need for additional support focused on retention, use of data to assess staffing challenges, as well as recruitment, hiring, and onboarding. The Receiver's team is working with CDCR to determine the best approach to addressing the identified needs.

8. Evaluate Compensation Concerns

In addition to making bonuses permanent, recognizing that positions at certain facility locations and types are particularly difficult to fill, the Receiver planned to "assess the need for additional increases in compensation to address hardest-to-fill locations or positions." Action Plan, Action 2.3.2, ECF No. 8722 at 23. The Receiver's senior advisor on staffing began the week of January 25, so the Receiver will now conduct this assessment and anticipates providing the Court with recommendations on this issue in the next quarterly report.

9. Enter Agreement with Amend

To support patient care, build social skills and capacity to live in less restrictive environments, and promote meaningful work for custody personnel in inpatient units, the Receiver committed to deploying Resource Teams in each of the five inpatient units within CDCR. Action Plan, Action 3.1.1, ECF No. 8722 at 24. The Receiver will enter into a contract with the Amend program at UCSF to deploy these teams. The contract is currently drafted and under review by UCSF and the Office of the Receiver. Once effective, Amend and the Receiver will begin planning for the deployment of the Resource Teams, with anticipated deployment in July 2026.

10. Suicide Prevention Reporting and Planning

As the Receiver's Action Plan emphasizes, full implementation of CDCR's suicide prevention program is of the utmost importance. To that end, the Receiver has committed to developing a prioritized implementation plan for all outstanding suicide prevention

recommendations. Action Plan, Action 4.1.1, ECF No. 8722 at 25 (development of suicide prevention goals and implementation plan within 180 days). The Receiver is actively engaged in the development of that plan. Now that the Court has approved the appointment of Lindsay Hayes as one of the Receiver's experts, the Receiver will work closely with Mr. Hayes and CDCR staff to complete implementation of the remedy in this case. In addition, the Receiver anticipates that the field auditing process this spring will inform the root cause analysis of challenges to implementation and the prioritization of the outstanding suicide prevention recommendations.

The Receiver is also working with CDCR to address the outstanding issues that must be resolved before transitioning responsibility for annual suicide reporting to CDCR. Pursuant to the Court's October 25, 2025 Order (ECF No. 8801), the Receiver is working with Defendants to complete the addenda to the Revised 2022 and 2023 Annual Suicide Reports. These addenda include the use of restraints before or during emergency responses and the role of level of care issues in inmate suicides. *Id.* at 4. The addenda also include tables of open and completed quality improvement plans (QIPs) per region. *Id.* at 3. The Receiver will be resolving the disagreement between the parties regarding how to evaluate QIP efficacy, and will file the 2022 Annual Suicide Report Addendum, the 2023 Annual Suicide Report and Addendum, and the 2024 Annual Suicide Report, and ultimately transition annual suicide reporting to the Defendants. *Id.* at 3-5.

11. Test CQIT Data and Functionality and Implement a New Field Auditing Process

The court has stressed in multiple orders that adoption of a quality assurance program, including full implementation of CQIT, is essential to allowing CDCR to self-monitor. *See e.g.,* ECF No. 6996 at 7-8 (CQIT's function in facilitating "defendants' assumption of responsibility

for self-monitoring the adequacy of mental health care" is "as essential to the constitutional remedy as are individual components measured by CQIT.") Effective self-monitoring must be in place to end court oversight. *See* ECF No. 8752 at 9-10 (*citing* ECF No. 7847 at 5). In order to fully implement a quality assurance program, the Receiver must take several steps including: (1) adopting a comprehensive field auditing program that provides rigorous and accurate assessment of institutions accompanied by meaningful and actionable recommendations; (2) testing CQIT through field audits to ensure that it functions as intended and provides reliable data for quality assurance purposes; and, (3) establishing a data governance framework that promotes long-term accuracy and sustainability of KPIs which are central to the quality assurance process. See ECF No. 8812; see also Action Plan, Action 5 ECF No. 8722 at 26.

On December 19, 2025, the court approved the Receiver's plan for field monitoring, CQIT testing, and development of a rigorous and sustainable quality assurance program. ECF No. 8842. When approving the plan, the court recognized that it would continue to evolve to meet the needs of the case. Since the court approved the Receiver's plan, she has:

- Retained nine (9) subject matter experts who will participate in field monitoring. Moreover, the Receiver's team is interviewing additional subject matter experts who could participate in future field audits.
- Received court approval for the appointment of a senior advisor with significant experience in correctional auditing and quality assurance to lead the work. He will join the Office of the Receiver on February 1, 2026. This advisor will work closely with the MHSDS leadership who oversee the CQIT tool and data systems as well as the Receiver's audit team, which consists of the independent experts, regional expert auditors, and members of the Office of the Receiver.

- Developed a tentative schedule of about two dozen CQIT audits to be conducted between March and December of 2026. The Receiver's team is reviewing that tentative schedule ahead of sharing it with institutions and the parties in early February. In order to support the team members conducting the audits while they become more experienced and adept with using the CQIT tool, the schedule of facilities will begin with facilities that have smaller patient populations and fewer mental health units in the first few months of CQIT audits and then the team will advance auditing to more complex facilities with the larger mental health populations.
- Determined that she can test most of the remediated indicators at the institutions slated for field auditing. The Receiver's original plan was to start by testing a small group of indicators and expand to incorporate additional indicators over the course of the year. However, after considering the parties' preferred indicators for testing and other factors, the Receiver determined that the most efficient and effective plan would be to test a more complete set of indicators at each institution.
- Continues to fully define the roles and responsibilities for each member of the audit team while on site at the institutions.
- Scheduled training for the Receiver's audit team on the CQIT data collection tool in February so that they can begin work in the field in March.
- Determined that, throughout the year, her leadership team will be participating in field audits, observing members of the audit team, reviewing the data that the audits generate, assessing its accuracy, and considering each indicator's utility as a basis for assessing compliance.
- Solicited input from the field and parties about the types of information that would be most valuable in field auditing reports.

- Reiterated that to support development of a long-term process that is effective, sustainable, and drives positive change, the Receiver and her leadership team will be seeking feedback from stakeholders about the process and subsequent reports throughout the year.

In addition to the field audits, the Receiver has already herself, since the time she was Receiver-nominee, been visiting facilities regularly. She has also sent members of her team to facilities for targeted visits to investigate challenges and engage in problem-solving efforts with personnel in institutions and regional offices. These visits are not full institutional audits, but instead are focused on specific priority issues that emerge which have and will include observing challenges and best practices. This strategy for targeted visits will enable the Receiver to have eyes and ears on the ground and to be responsive to critical challenges throughout the year, beyond the formal audit schedule.

A. Execution of Court-Ordered Responsibilities

1. Suspension of Psychiatric Inpatient (PIP) bed licenses

The Court directed the Receiver to make a recommendation regarding the potential suspension of licenses for inpatient beds at two facilities. ECF No. 8752 at 24. The Parties were not in agreement about whether licenses should be suspended and whether there was a mechanism for reactivating licenses if they were needed in the future. After a complete review of the facts and onsite observations of units and beds in question, the Receiver recommended that CDCR be authorized to suspend licenses for the P1, P2, and P3 inpatient units at CMF and the Court approved that plan. ECF 8828. Since then, CDCR has completed the transfer of patients who were in those units out of the remaining beds that were in use and will move to suspend the licenses for those beds in the coming quarter. Over the coming quarter, the Receiver will

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continue to review information to assess whether to suspend any licenses for units at CHCF, as Defendants had proposed, in light of projected bed need and PIP referrals.

2. Integration of Special Master responsibilities

As referenced above, the Special Master announced his resignation in late October, after the Receiver was appointed. That change in circumstances required the Receiver to directly hire subject matter experts to participate in the field auditing process and to identify a senior advisor to manage the field auditing. Between November 2025 and early January 2026, the Receiver interviewed all interested members of the Special Master's team and entered into contracts with those whose experience and availability align with the near-term needs of the Receivership. As discussed above, the senior advisor for quality assurance will join the Receiver's team on February 1, 2026. While integrating these activities into the Receiver's Office required significant investment of time in the first quarter, the Receiver is now well positioned to move forward.

3. Coordination with and Auditing of DSH

The court has directed the Receiver to work with the Director of DSH to ensure appropriate admission of class members to DSH facilities. Toward that end, the Receiver has had ongoing discussions with DSH about updates to the memorandum of agreement and related policies that facilitate admissions of patients to DSH. ECF No. 8829 at 15-16. The court also authorized the Receiver to "audit all aspects of treatment of Coleman class members in DSH, including their admission, mental health treatment, discharge, and transfer monitoring of DSH" in the Further Amended Order Setting Out Powers and Duties of the Receiver. ECF No. 8843 § II.A. The Receiver and her team have discussed this responsibility with DSH and have gathered information about past practices. The Receiver will be developing a process for this auditing over the coming months.

4. Establishment of the Office of the Receiver Not-for-Profit Corporation

In order to facilitate the administration of the Office of the Receiver, the Receiver has formed a not-for-profit corporation, the California Correctional Mental Healthcare Receiver Corporation (CCMRC). The corporation held its first board meeting during the reporting period.

B. Challenges to the Receiver's Execution of Powers and Duties

A component of the Receiver's quarterly reporting involves summarizing "particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals." ECF No. 8843 at 3. The Receiver appreciates the opportunity to raise challenges in these reports so that potential obstacles to the execution of the Receiver's duties can be identified and addressed. At this time, the Receiver does not have specific challenges to raise with the Court but will continue to assess and identify potential challenges in future quarterly reports.

C. Expenditures

The expenditure summary for the first quarterly report covers September through December 2025. January expenses will not be fully realized until after the submission of this report, so will be included in the next Quarterly Report. During this start-up period, the Receiver incurred approximately:

1. $960,001 in salary expenses for the Receiver's team;
2. $33,136 in travel expenses; and
3. $12,135 in additional expenses.[4]

[4] Expenses based on receipts and invoices submitted as of the date of report submission.