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

MARCIANO PLATA, et al.,

*Plaintiffs,*

v.

GAVIN NEWSOM, et al.,

*Defendants.*

Case No. C-01-1351-JST

RALPH COLEMAN, et al.,

*Plaintiffs,*

v.

GAVIN NEWSOM, et al.,

*Defendants.*

Case No.: CIV-S-90-0520-KJM-DB

JOHN ARMSTRONG, et al.,

*Plaintiffs,*

v.

GAVIN NEWSOM, et al.,

*Defendants.*

Case No.: C94-2307-CW

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

1 PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-Ninth  
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-KJM-DB, and *Armstrong, et al. v. Newsom, et al.*  
4 Case No.: C94-2307-CW.

5 Respectfully submitted,

6 Dated: June 2, 2025

FUTTERMAN DUPREE DODD CROLEY  
MAIER LLP

8 By: /s/ Jamie L. Dupree  
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# **Achieving a Constitutional Level of Medical Care in California's Prisons**

**Fifty-ninth Tri-Annual Report of the Federal Receiver  
For January 1 – April 30, 2025**

**June 2, 2025**

**California Correctional Health Care Receivership**

## **Vision:**

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

## **Mission:**

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

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## Section 1: Status and Progress Concerning Remaining Statewide Gaps

### A. Reporting Requirements and Reporting Format

This is the fifty-ninth report filed by the Receivership, and the fifty-third 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](https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/2006-02-14_Order_Appointing_Receiver.pdf))

The Court's March 27, 2014, [Order Re: Receiver's Tri-Annual Report](#) directs the Receiver to summarize in each Tri-Annual Report the level of care being delivered at California Health Care Facility (CHCF); difficulties with recruiting and retaining medical staff statewide; sustainability of the reforms the Receiver has achieved and plans to achieve; updates on the development of an independent system for evaluating the quality of care; and the degree, if any, to which custodial interference with the delivery of care remains a problem.

The Receiver filed a report on March 10, 2015, entitled [Receiver's Special Report: Improvements in the Quality of California's Prison Medical Care System](#) wherein he outlined the significant progress in improving the delivery of medical care in California's prisons and also the remaining significant gaps and failures that must still be addressed. The identified gaps are availability and usability of health information; scheduling and access to care; care management; and health care infrastructure at facilities.

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

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

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

can be found in the Receiver's Eleventh Tri-Annual Report on pages 15 and 16. ([https://cchcs.ca.gov/wp-content/uploads/sites/60/T11\\_20090601\\_11thTriAnnualReport.pdf](https://cchcs.ca.gov/wp-content/uploads/sites/60/T11_20090601_11thTriAnnualReport.pdf))

Court coordination activities include: health care contracting; facilities, construction, and activation; telemedicine, information technology, and the Electronic Health Records System (EHRS); nursing; pharmacy; recruitment and hiring; statewide health care grievances; institutional Chief Executive Officers (CEO); credentialing and privileging; and space coordination.

## **B. Progress during this Reporting Period**

### **(i) Office of the Inspector General**

The Office of the Inspector General (OIG) has completed Cycle 7 medical inspections at 28 institutions. During this reporting period, the OIG completed medical inspections at Pleasant Valley State Prison (PVSP), Mule Creek State Prison (MCSP), Sierra Conservation Center (SCC), and California Institution for Men (CIM); draft reports are pending completion by the OIG. The OIG issued draft reports for Kern Valley State Prison (KVSP), Central California Women's Facility (CCWF), Correctional Training Facility, Centinela State Prison, Folsom State Prison (FSP), and High Desert State Prison (HDSP), and issued final reports for Salinas Valley State Prison (SVSP), California Correctional Institution (CCI), Avenal State Prison (ASP), and CCWF. All four institutions received an adequate rating for case review and an inadequate rating for compliance review.

### **(ii) Delegations**

As of the filing of this report, the Receiver has delegated the medical operations at 29 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 deactivated).

### **(iii) The California Model**

The California Model (CA Model) is a system-wide culture change within CDCR and California Correctional Health Care Services (CCHCS) leveraging national and international best practices to improve the well-being of those who work at and live in state prisons. It promotes safety, wellness, and resiliency through a commitment to providing staff with the tools and resources necessary to understand the signs and impacts of toxic stress and trauma. The four foundational pillars of the CA Model include: Dynamic Security; Normalization; Peer Support; and becoming a Trauma Informed Organization.

CDCR and CCHCS have eight active Resource Teams focusing on Dynamic Security, including Core Resource Teams at six institutions (California State Prison, Corcoran [COR], Substance Abuse Treatment Facility [SATF], San Quentin Rehabilitation Center [SQRC], California State Prison, Sacramento [SAC], SVSP, and Richard J. Donovan Correctional Facility [RJD]), one Progression Model Resource Team (CCWF), and one Reentry Resource Team (Valley State Prison [VSP]). Support via onsite visits and virtual calls with Resource Teams at the eight test sites continues to be a focus. The objective for the Phase 1 Resource Teams will culminate in a Resource Team Quality Assurance Tool, which will allow the Department to bring on additional Resource Teams. Contact Skills Training was incorporated into Annual Block Training this year, providing

participants with tools, knowledge, and skills to effectively engage in healthy communication and Dynamic Security. During this reporting period, 17,985 staff completed Contact Skills Training. In addition, 119 staff have completed the Contact Skills Training for Trainers. Contact Skills Training will assist staff in mitigating issues at the lowest level.

Peace Officer Selection and Employee Development and In-Service Training staff participated in Resource Teams and Instructional Development Training aimed at providing participants with the knowledge, insight, and skills necessary to fully comprehend what Resource Teams are and how they contribute to the Department safety and rehabilitation mission.

Additionally, staff leaders from SQRC and the CDCR's California Model Implementation Team met with University of California, San Francisco (UCSF)/Amend to review and prioritize recommendations originally outlined in the January 2024 report by the SQ Reimagined Advisory Council based on feasibility and cost-effectiveness. UCSF/Amend is preparing a report summarizing these discussions, which is expected to be released in the coming months.

During this reporting period, the CA Model Implementation Team began transitioning operational areas to Regional Leadership starting with an "All Hands on Deck" training. Training focused on comprehensive information related to the Resource Teams and Dynamic Security; Normalization; Peer Support; and becoming a Trauma Informed Organization. Transition to Regional Leadership will continue over the next several months. UCSF/Amend will also provide additional training to leadership, including developing action plans to address opportunities to renew the commitment of staff to the CA Model and support Resource Team implementations.

California continues to assist other states by hosting job shadowing activities. CCHCS Quality Management continues to work with Phase 1 Resource Teams to refine data measures and is developing new requirements for gathering data on Collateral Contacts. Collateral Contacts are relevant interactions outside scheduled activities, providing support or follow-up on an issue related to a Resource Team participant or an incarcerated person not formally assigned to work with the Resource Team but identified as needing supportive services.

(iv) Specialty Services Backlog Progress

The incarcerated population previously identified the lack of advanced notice as one factor that contributes to a high rate of patients refusing scheduled specialty appointments. In response, CCHCS continues to develop strategies to allow for patient notification and reminders in advance of specialty consultations, including a paper notification process to notify patients in advance of their upcoming appointments, which was implemented statewide during the first week of May 2025. As a continuation of paper notifications, the Department intends to move the notification process to tablets once the current tablet implementation is complete, thereby increasing efficiency, decreasing workload for staff, and providing patients with a more streamlined process that is aligned with the community experience.

CCHCS continues to utilize telemedicine to decrease the number of unnecessary patient transports and provide more convenient and timely care. Additionally, the Department is

evaluating ways to increase the number of services provided via onsite and telemedicine, including an evaluation of the telemedicine scheduling process to ensure efficiency in the scheduling process and increased communication between schedulers and institutions for last minute cancellations and requests for additional space. By maximizing efficiencies, CCHCS can increase telemedicine capacity, and potentially move appointments from offsite to telemedicine where medically appropriate, thereby reducing the number of offsite transports. Offsite appointments may impact the patient's programming opportunities, and could utilize various departmental resources that can cause local program modifications due to short staffing.

Efforts continue to evaluate active orders by reviewing requests for services to verify clinical necessity and appropriate modality and priority level, ensuring that every patient receives timely and appropriate care.

(v) Armstrong

During this reporting period, ten *Armstrong* Monitoring Tours (AMT) were scheduled. Plaintiffs postponed three tours at SATF, SAC, and CIM. Plaintiffs conducted the seven remaining tours at ASP, California Men's Colony (CMC), HDSP, KVSP, California State Prison, Los Angeles County (LAC), RJD, and California Institution for Women (CIW). CCHCS and CDCR ensure staff are evaluating and rectifying any concerns brought to attention from the AMT Reports and continue to address any issues discovered to meet the needs of the impacted incarcerated population.

CCHCS and CDCR collaborated to revise the AMT Report response process. The improvements focus on ensuring written responses are specific, accurate, and responsive to each request from Plaintiffs. In addition, any punch list(s), or urgent requests from Plaintiffs, will be addressed through the CDCR Form 1824, Reasonable Accommodation Request, process and responded to accordingly in the AMT Report response. These improvements are designed to improve completion timeframes and quality of responses to Plaintiffs.

Corrections Services reestablished and updated the Process and Document Review (PDR) to support institutions in meeting compliance with the *Armstrong* Remedial Plan. Specifically, Corrections Services will conduct in person or virtual reviews at institutions, interview staff, and review documentation (allegation logs, DME discrepancy reports, Reasonable Accommodation responses) and training provided to health care staff to assist with the institution's mission. The PDRs will assist Corrections Services with identifying discrepancies within institutions and identify statewide systemic issues that may require a standardized process.

With the implementation of the new Rules Violation Report (RVR) policy and training for health care staff, Corrections Services, in collaboration with the CDCR Office of Research, has begun actively monitoring and tracking RVRs authored by health care staff. Reports are generated monthly and provided to executive staff for review. The purpose of the review is to ensure the RVRs are relevant and necessary to address an incarcerated person's behavior and is in accordance with the January 8, 2025, policy memorandum titled, *Limiting Licensed Health Care Staff Access to Rules Violation Reports*. During this reporting period, health care staff did not author any RVRs.

Corrections Services continues to collaborate with Utilization Management in the evaluation of patients with vision disability codes by the low vision specialists for individual assessments to determine appropriate accommodations. Patients who have monocular vision and do not have a vision code may also be referred to a low vision specialist. These referrals are made on a case-by-case basis. Corrections Services streamlined the referral process by providing onsite and offsite appointments for evaluations. The onsite appointments occurred at the following institutions: CHCF, California Medical Facility (CMF), HDSP, and MCSP. Incarcerated persons from California Rehabilitation Center (CRC) and Calipatria State Prison were evaluated at RJD, and incarcerated persons from California State Prison, Solano (SOL) were evaluated at CMF. From January to March 2025, 13 patients were scheduled for offsite appointments with 3 refusals and 62 patients were scheduled for onsite appointments with 9 refusals.

(vi) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit conducted six Healthcare Facilities Maintenance (HFM) assessments across various institutions, including SCC, SATF, FSP, SAC, ASP, and PVSP. Following these assessments, the HCFS unit published six reports, all achieving a passing score exceeding 90 percent. Notably, three of these reports (FSP, ASP, and PVSP) attained scores above 95 percent, reflecting a high standard of performance across the evaluated institutions.

The assessments reported this quarter indicate the institutions have maintained a *Proficient* rating with two, SATF and SAC, showing an improvement from *Adequate* to *Proficient*. FSP experienced a slight decrease of 1.7 percentage points compared to the previous assessment. Overall, these *Proficient* ratings demonstrate a consistency and sustainable level of quality in the environmental services provided.

In January 2025, a second follow-up visit to SVSP was conducted to evaluate the institution's cleanliness progress since the initial assessment in September 2024, which received a rating of *Inadequate*. A memorandum detailing the findings of this follow-up inspection was distributed to stakeholders in February 2025. It highlighted the successful completion of the requested incarcerated person custodian training by HFM management, the overall cleanliness of most areas within Facility C5 and C6 patient cells, which showed no significant debris in hard-to-reach spots, and the ongoing fulfillment of various Plant Operations work orders to facilitate proper cleaning. During the assessment, 25 Adenosine Triphosphate tests were carried out across C5, C6, Facility C Clinic, the Triage and Treatment Area (TTA), and Treatment Center 2, with only one test in the Facility C Clinic failing. Notably, for the first time since the September 2024 report, all tests in the TTA achieved scores within an acceptable range.

(vii) Health Care Infrastructure at Facilities

The Health Care Facility Improvement Program (HCFIP) construction activities are approaching completion across the state, with nine sub-projects remaining at only four institutions: CCWF, CMC, COR, and PVSP. Since the prior reporting period, all construction and activation phases have been successfully completed at SATF and VSP.

Fire alarm reporting issues continue to hinder progress at CCWF, contributing to delays in the scheduled completion. As a result, the completion of all remaining projects at CCWF is anticipated to be completed in the middle of 2026. The only remaining sub-project for CMC is the renovation of the east TTA, which is anticipated to be completed in summer 2025. Although most of COR's sub-projects have completed construction, activation of the spaces is currently on hold due to unresolved plumbing issues and the need for data line installations. The PVSP Specialty Exam and Central Health Services renovations are ongoing with completion pending improvements and corrections to prior construction deficiencies identified during Office of the State Fire Marshal, Fire and Life Safety Division inspections.

In addition to managing the activation activities of HCFIP construction projects, the HCFS also manages the activations of CRC's health care special repair projects and the new 50-Bed Mental Health Crisis Facility (MHCF) project at CIM. The CRC Central Health Services project was completed in March 2025. Currently, three projects are in progress, anticipating completion in late summer 2025. Meanwhile, the construction of CIM's 50-Bed MHCF is anticipated to be completed by the end of 2025.

As a result of managing deactivation and closure efforts on behalf of CCHCS, HCFS successfully redirected health care assets from CMC to various institutions to assist with Enhanced Outpatient Program conversions.

(viii) Integrated Substance Use Disorder Treatment Program

Screening & Assessments

During this reporting period, approximately 33,826 patients were screened or assessed for substance use disorder (SUD) and approximately 8,750 patients were risk stratified. Of those screened and risk-stratified, 7,523 patients were referred for a Medication Assisted Treatment (MAT) evaluation and 6,523 patients were referred for substance use related Cognitive Behavioral Interventions. Additionally, CCHCS increased efforts to streamline the process for patients requesting MAT via the CDCR Form 7362, Health Care Services Request, to ensure patients are started on treatment without delay.

SUD Assessments and Cognitive Behavioral Treatment

During this reporting period, 12 behavioral health providers were hired and continued progress was made in reducing the behavioral health services backlog. There was a total of 2,275 National Institute and Drug Abuse Modified Assist assessments, 2,029 American Society of Addiction Medicine (ASAM) Co-Triage assessments, 1,109 ASAM Continuum assessments, and 5,416 ASAM Re-Entry Interview Script Enhancement (RISE) assessments completed.

Coordinated efforts with institutional and regional leaders at institutions with high utilization of SUD services resulted in significant increases in statewide timeliness during this reporting period. Timeliness for initial appointments is up from 41 percent in December 2024, to 89 percent in compliance as of April 2025. Similarly, timeliness for follow-up appointments is up from 12 percent in December 2024, to 83 percent in April 2025.

ASAM RISE assessments are offered to all patients paroling, with priority placed on those with high-risk events indicating an active SUD. The Behavioral Health team also assesses high-risk individuals and offers Cognitive Behavioral Therapy (CBT). CBT services expanded during this reporting period, serving 1,027 patients, compared to 323 served in the prior reporting period.

#### Medication Assisted Treatment

As of the end of this reporting period, there are 19,359 patients receiving MAT, including 4,169 who newly started MAT during this reporting period. From January to April 2025, 25,986 patients had an appointment for Opiate Use Disorder with either the Addiction Medical Care Team or their primary care provider (PCP), 1,159 patients who were still incarcerated discontinued MAT, and 2,393 patients paroled or were released while on MAT.

Integration of MAT initial evaluations into primary care and improving workflows and decision support tools have supported improved timeliness measures. During this reporting period, 86 percent of initial MAT evaluations were completed on or before their compliance date and only 5 patients were overdue for a MAT evaluation appointment at the end of April.

The program delivered a Continuing Medical Education activity in March 2025. The focus of the training was on the use of clinical urine drug screens (UDS) in caring for patients with SUD, highlighting that the UDS is a tool to facilitate conversations about the patient's progress and promote their recovery.

#### Cognitive Behavioral Interventions

As of the end of this reporting period, 275 incarcerated people are participating in Alcohol and Other Drug Counselor guided, independent packet programming, 12,957 are participating in in-person programming including Aftercare, and 1,991 participated in short-term programming.

#### Transition Services

During this reporting period, Integrated Substance Uses Disorder Treatment (ISUDT) resource teams successfully linked 2,136 (88 percent) of MAT-prescribed patients to community providers for continuation of care. A minimum 30-day supply of MAT medications (excluding methadone and Sublocade®) was provided to patients releasing to the community as a bridge for continuity of care. During this reporting period, 6,750 of 6,984 patients (97 percent) were offered naloxone with education for its use in the prevention of opioid overdose with an acceptance rate of 95 percent. Additionally, 2,027 of 2,109 patients (96 percent) were provided MAT upon release.

#### ISUDT Publications

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter publication that includes program information, wellness tips, brain-teasing activities, inspiring patient feedback, notes of encouragement from staff, and fillable journal entries. Themes for this reporting period featured Embracing Community and Mentorship, Recovery-focused Activities, and suggested opportunities to move more and keep your body healthy.

Peer Support Specialist Program

During this reporting period, the following Phase IV institutions successfully implemented the Peer Support Specialist Program: CHCF, COR, Ironwood State Prison (ISP), SOL, and PVSP. Also during Phase IV, 35 health care and custody staff were trained as Subject Matter Experts to support the training of incarcerated individuals at their respective institutions and 683 applications were received from the incarcerated population, of which 201 participants were selected and trained to become Certified Peer Support Specialists.

As of April 2025, the following Phase V institutions have begun engaging with staff and recruiting the incarcerated population for the next cohort training: CIM, CIW, CRC, CCI, Pelican Bay State Prison, and HDSP. Phase V is projected to conclude by September 2025.

As of the end of this reporting period, 19 of 31 institutions have fully implemented the program with a statewide total of 673 fully trained Peer Support Specialists. CDCR Peer Support Specialists continue to provide services in housing units and in program areas such as ISUDT, dental, specialty, and public health. These services include, but are not limited to, support with rehabilitation and recovery, navigation of health care, custodial and social systems and resources, conflict resolution support, crisis management, emotional support, self-care management, and advocacy. As of March 2025, Peer Support Specialists conducted over 71,000 individual sessions and 3,800 groups with peers.

During this reporting period, all California Mental Health Services Authority (CalMHSA) exam agreements have been finalized with tentative exam dates for Phase I-III sites scheduled for June 23, 2025, through July 3, 2025. Of the 471 Peer Support Specialists trained during Phases I-III, approximately 379 (80 percent) are eligible and have applied to sit for the Medi-Cal Peer Support Specialist certification exam. CDCR has coordinated with CalMHSA and purchased exam vouchers for these applicants.

(ix) Narcan Dispensers

As part of a multipronged strategy to reduce the risk of death related to overdose, CDCR and CCHCS have made naloxone available to staff and the incarcerated population. Self-service naloxone dispensers are being installed within housing units for use by the incarcerated population and adjacent to institutional entry gates for use by staff. As of May 9, 2025, naloxone dispensers have been delivered to all CDCR institutions. The dispensers ensure patients in these areas have unrestricted and unfettered access to naloxone during normal business hours.

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

On July 27, 2021, the California Legislature passed Assembly Bill 133 to enable the state to access federal funding necessary to implement California Advancing and Innovating Medi-Cal (CalAIM). This framework fosters a multi-year reform led by the California Department of Health Care Services (DHCS) to improve the health outcomes and overall well-being of Medi-Cal beneficiaries. CDCR and CCHCS have become the first state prison correctional system in the nation to become a state-sponsored health coverage billing entity, allowing reimbursements for a limited set of

90-day pre-release services, including medications, DME, expanded pre-release planning, and enhanced care management coordination.

Based on CalAIM Justice-Involved Reentry Initiative eligibility criteria, it is estimated that approximately 85 percent of CDCR's annual releasing population, or about 24,000 individuals, meet at least one of the health care criteria for CalAIM (i.e. SUD, mental/behavioral health, or chronic/significant condition) at the time of release.

On January 21, 2025, DHCS provided CDCR and CCHCS with conditional approval to go-live based on a Readiness Assessment review, with phased implementation as follows:

Phase 1: February 3, 2025 – Begin Claims Submission for Medication Reimbursements and Initiate 90-Days Pre-Release Services

Phase 2: April 1, 2025 – Begin Claims Submission for Care Management Reimbursements

Phase 3: July 21, 2025 – Begin Claims Submission for Reimbursement of Medical Services (i.e. Lab, Radiology, and DME) provided within 90-Days Pre-Release

CDCR and CCHCS are working closely with DHCS, managed care plans, and county behavioral health agencies to refine workflows for the Mixed Care Management Model as it can vary within counties and other correctional facilities. The Department conducted a tabletop exercise of the warm hand-off process with a community-based organization, which informed CDCR and CCHCS of best practices for a successful warm hand-off with the participant, pre-release coordinator, and in-reach providers. As CDCR and CCHCS progress through the phased implementation and continue discussions with external stakeholders, workflows will continue to be refined.

To date, 9,308 medication claims have been submitted for an approximate reimbursement of \$511,700 and 32 care management claims have been submitted for an approximate reimbursement of \$7,800.

The CDCR and CCHCS team identified innovative strategies for early implementation that will benefit incarcerated persons in their transition to communities, and secure federal reimbursements earlier than anticipated. The implementation of the CalAIM pre-release services will result in the establishment of coordinated reentry care plans and warm hand-offs to external care managers to improve the transition and continuity of care for justice-involved individuals. The importance of these benefits for this underserved population cannot be overstated. In addition to medical benefits, availability to key social supports and services will also enhance public health and safety.

(xi) CDCR Incarcerated Tablet Initiative

The tablet solicitation process has concluded. On February 1, 2025, CDCR awarded the tablet contract to Securus Technologies. The anticipated timeline for implementation at all institutions and fire camps is six months.

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

(i) Healthcare Facilities Maintenance and Environmental Services

The California Prison Industry Authority (CalPIA) has a multi-year contract for Healthcare Facilities Maintenance services which is set to expire on June 30, 2025. HCFS plans to flex one of the two one-year options to extend the contract until June 30, 2026.

(ii) Scheduling and Ducating

Since January 1, 2025, the Operations Monitoring Audits (OMA) Round IX was completed at an additional five facilities including ISP, RJD, LAC, SOL, and COR. Continual Round IX Audits have highlighted the following challenges within clinics: modified staffing levels due to shortages, utilization of inappropriate Strategic Oversight Management System (SOMS) Health Care Access (HCA) function codes, custody staff not tracking appointments in real time, stacking appointments, and staff not ensuring patients arrive at clinics in a timely manner. Multiple institutions rely on the HCA Clinic Officer to call the housing unit for patient release, instead of operating from the Daily Movement Sheet, ensuring timely arrival.

Since February 2025, two Captains from Field Operations, Corrections Services, will be onsite periodically at CCWF to assist local leadership in identifying deficiencies related to access to health care. One area of continual concern is the timely distribution of priority ducats by custody staff and the arrival and departure of patients attending daily appointments. To ensure CCWF's patient population has received their ducats appropriately and are attending appointments, Corrections Services staff conducted interviews with staff and patients, conducted clinical tours to ensure custody staff presents patients timely to clinic, and completed a review of Local Operating Procedures pertaining to access to health care.

CCWF is ensuring all patients receive priority ducats the evening before their scheduled appointment. Staff are diligently documenting the arrival and departure through the SOMS HCA function in real time. The CCWF nursing staff have recently implemented a refusal clinic on each yard from 0700 to 0800 hours daily. This allows patients to refuse their appointment to a licensed health care provider, and sign a CDCR Form 7225, Refusal of Examination and/or Treatment. Nursing staff also visit all yards, multiple times per day, collecting CDCR Forms 7225 to ensure they are completed, patient interaction is facilitated, and the document is entered into EHRS and scanned to patient files. Additionally, the CCWF HCA Sergeant is working on a digital flier, to be placed on all patient tablets to educate the patient population on refusals and newly implemented refusal clinic, in lieu of a possible RVR.

(iii) Transportation Vehicles

There is continued collaboration with Corrections Services, CDCR Office of Business Services (OBS), and the Division of Adult Institutions (DAI), in HCA vehicle support to ensure access to care. The fourth-round redirect analysis scheduled for January 2025 was rescheduled to June 2025. Adjusting to semi-annual redirects versus quarterly redirects was agreed upon by Corrections Services, OBS, and DAI. This will allow more time for institutions to transfer vehicles,

adjust use, and increase timing for programs and data samples to compare additional or reduced assets. There is a workgroup meeting to add future scheduled offsite appointments into the Fleet Redirection Analysis Tool for data collection to assist in the redirect decision-making process.

The final three telematic installations on HCA transport vehicles were completed as of January 31, 2025. Moving forward, all HCA transport vehicles will have telematic devices installed by CalPIA at SOL before going to institutions. Currently, OBS is working with CalPIA to coordinate and track installations.

The monthly reporting of HCA Transportation shows 60 of 783 vehicles are out of service. Of those 60 vehicles, 19 are expected to be out of service for more than 90 days, and 41 have repairs being completed by the respective institution's garage or vendor. The 19 vehicles out of service for more than 90 days are pending equipment for replacement with the vendor such as an engine, transmission, or water pump, or they have significant damage caused by incarcerated persons. Due to the fiscal year (FY) review and short staffing, vendor payments have been delayed resulting in further delays for vehicles to return to service. To categorize reporting to DAI on a monthly basis, OBS has adjusted the survey process, which is pending management approval and completion of a PowerBI report.

All 56 HCA van purchases from FY 2023-2024 have been received. CalPIA retrofitted the vehicles with security caging modifications and ADA wheelchair lifts, as applicable, before delivery to institutions.

The FY 2024-2025 purchase orders for 61 HCA transport vans started production on January 21, 2025. Currently, CalPIA has received 39 HCA vans, which are pending modification. There are 22 HCA vans still outstanding and expected to be received by June 30, 2025.

The five-year HCA Fleet Acquisition Plan (FAP) for FY 2025-2026 through FY 2029-2030, with an annual \$7 million in dedicated funding to HCA replacement, was completed by OBS and approved by executive leadership. On March 17, 2025, the FAP was submitted to the Department of General Services for approval, with DAI seeking approval by July 1, 2025, to begin purchasing in FY 2025-26.

## **Section 2: Other Matters Deemed Appropriate for Judicial Review**

### **A. California Health Care Facility – Level of Care Delivered**

CHCF's health care leadership remains focused on ensuring the delivery of quality health care services to its patient population. As of the end of this reporting period, CHCF is at 75 percent of patient capacity (2,212 current population; 2,953 capacity) and 34 of the 36.5 budgeted provider positions are filled as follows:

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

As reflected in the April 2025 Primary Care Provider Clinical Vacancy Coverage Monthly Staffing Report (refer to [Appendix 1](#)), civil service telemedicine providers and contract registry providers are utilized to deliver care at CHCF, which increases the available coverage to just over 96 percent of budgeted positions for providers as of the end of this reporting period.

## **B. Statewide Medical Staff Recruitment and Retention**

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

As of the end of this reporting period, 49 percent of institutions (15 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 19 percent (6 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 32 percent (10 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 23 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' continued recruitment marketing initiatives are driving awareness and engagement in correctional health care, while strategically broadening the talent pool. Current marketing efforts maintain a digital presence through social media marketing, geo-targeted advertisements, and banners on organizational websites. In conjunction with these marketing efforts, CCHCS is testing messaging to determine which themes best resonate with its PCP audience on various platforms. Data gleaned from this testing allows CCHCS to better deliver selected marketing to defined cohorts in specified platforms which increases interest and aids in future creative campaign development.
- Since January 1, 2025, CCHCS has hired 14 new physicians, with 5 hired in the Telemedicine program, 1 hired at headquarters, and 8 hired in the institutions.
- The Telemedicine program maintains its strong recruitment trend. The fill rate remains at 79.9 percent, no change since the previous reporting period. Recruitment for vacancies is ongoing.
- Event coordination for the remainder of calendar year 2025 is underway. While travel restrictions still impact attendance at out-of-state events, CCHCS is attending the following professional conferences: American College of Osteopathic Family Physicians of California's Annual Conference in Anaheim, CA; the Osteopathic Physicians & Surgeons of California's Fall Conference in Monterey, CA; California Academy of Family Physicians Family Medicine Prism of Practice Conference in San Diego, CA; and the American

Academy of Family Physicians FMX Conference 2025 in Anaheim, CA. In-state dietary and nursing professional conferences are also being scheduled. CCHCS will continue engagement with attendees at the conferences it is unable to attend via geo-targeted digital marketing messaging in addition to event advertising and sponsorship options.

- CCHCS' use of a third-party physician recruitment platform for focused marketing and direct sourcing continues. In addition to the candidate pipeline generated through job postings, CCHCS utilizes the direct email tool on the platform to target specific provider audiences within the platform's users. With the guidance of current best practices and research, CCHCS has modified messaging on these outreach efforts, resulting in an increased number of providers viewing and responding to messages.
- Engagement with educational institutions continues at the forefront of CCHCS recruitment efforts. During the reporting period, CCHCS saw increased interest from students in nursing, pre-med, and research programs and expanded its digital presence on a third-party educational platform designed to provide connections between schools, students, and hiring organizations. Additionally, CCHCS finalized its first six months hosting virtual events intended to bring awareness of the various career paths available at CCHCS and guidance on how to apply.

### **C. Coordination with Other Lawsuits**

Meetings between the three federal courts, *Plata*, *Coleman*, and *Armstrong* (Coordination Group) class actions have occurred periodically. During this reporting period, the Coordination Group met on January 24, February 20, and April 2, 2025.

### **D. Master Contract Waiver Reporting**

On June 4, 2007, the Court approved the Receiver's Application for a more streamlined, substitute contracting process in lieu of state laws that normally govern state contracts. The substitute contracting process applies to specified project areas identified in the June 4, 2007, Order and in addition to those project areas identified in supplemental orders issued since that date. The approved project areas, the substitute bidding procedures, and the Receiver's corresponding reporting obligations are summarized in the Receiver's Seventh Quarterly Report and are fully articulated in the Court's Orders, and therefore, the Receiver will not reiterate those details here.

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

### **E. Consultant Staff Engaged by the Receiver**

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

## **F. Accounting of Expenditures**

### **(i) Expenses**

The total net operating and capital expenses of the Office of the Receiver for the four-month period from January through April 2025 were \$1,242,139 and \$0.00, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

### **(ii) Revenues**

For the months of January through April 2025, the Receiver requested transfers of \$900,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. An additional amount of \$500,000 was accrued as of April 30, 2025, to cover all operating expenses incurred to date. Total year to date revenue (received and accrued) for FY 2024-2025 to the CPR from the State of California is \$2,700,000.

All requested funds were received in a timely manner.