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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
SIXTIETH TRI-ANNUAL REPORT

1 PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Sixtieth Tri-
2 Annual Report in *Plata, et al. v. Newsom, et al.*, Case No.: C-01-1351-JST; *Coleman, et al. v.*
3 *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: October 1, 2025

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**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

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

**Sixtieth Tri-Annual Report of the Federal Receiver
For May 1 – August 31, 2025**

October 1, 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 sixtieth report filed by the Receivership, and the fifty-fourth submitted by Receiver J. Clark Kelso.

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

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

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

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

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

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

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

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

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

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

B. Progress during this Reporting Period

(i) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 7 medical inspections at 31 institutions. During this reporting period, the OIG completed medical inspections at San Quentin Rehabilitation Center (SQRC), Ironwood State Prison, and CHCF; draft reports are pending completion by the OIG. The OIG issued draft reports for California Institution for Women (CIW), California Men's Colony (CMC), Pelican Bay State Prison (PBSP), Calipatria State Prison, California State Prison, Sacramento (SAC), and Pleasant Valley State Prison (PVSP), and issued final reports for Kern Valley State Prison (KVSP), Correctional Training Facility (CTF), Centinela State Prison (CEN), Folsom State Prison (FSP), High Desert State Prison (HDSP), CIW, CMC, and PBSP. HDSP, CIW, CMC, and PBSP received an adequate rating for both compliance review and case review. KVSP, CTF, CEN, and FSP received an inadequate rating for compliance review and an adequate rating for case review.

Meetings with stakeholders regarding Cycle 8 medical inspections have concluded. Cycle 8 is anticipated to begin later this year pending release and approval of the Cycle 8 Medical Inspection Tool.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 30 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). The Receiver delegated HDSP on July 24, 2025.

(iii) Institution Closure

On August 4, 2025, CDCR announced plans to close California Rehabilitation Center (CRC) by fall 2026. Additional information on CDCR's reduction and closure efforts can be found at <https://www.cdcr.ca.gov/prison-closures/>.

(iv) Culture Change Initiatives

During this reporting period, site visits were conducted with Resource Teams at California State Prison, Corcoran (COR), Substance Abuse Treatment Facility (SATF), SQRC, Salinas Valley State Prison (SVSP), Richard J. Donovan Correctional Facility (RJD), and Valley State Prison (VSP). These visits supported advancing Resource Team quality, impact, and sustainability through targeted

coaching, real-time feedback, and collaborative planning. California also continues to assist other states by hosting job shadowing activities which also support Resource Team quality.

The Special Projects Team collaborated with CDCR Peace Officer Selection and Employee Development to review national and international best practices to develop Resource Team Training. The training was approved by the Commission on Correctional Peace Officer Standards and Training (CPOST) on August 25, 2025. The Resource Team Training consists of 2-day (16 hours) classroom instruction and 1-day (8 hours) job shadowing (on the job training). The training is designed to help prepare Resource Team members to work with the highest-risk, highest-need incarcerated individuals, and to walk through the day-in-the-life of a Resource Team staff member. This CPOST-approved training allows the Department to deliver dynamic security specialized training to Resource Teams and staff statewide.

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. Contact Skills Training also assists staff in mitigating issues at the lowest level. During this reporting period, 14,991 staff completed Contact Skills Training.

The CDCR and California Correctional Health Care Services (CCHCS) internal subject matter expert (SME) team, working with the Amend consultants, is in the process of finalizing the *Prioritizing Recommendations from the San Quentin Transformation Advisory Council* report, which builds upon recommendations from the *Reimagining San Quentin* report (January 2024). This new report focuses on recommendations the Department has implemented, those still in process, and areas requiring external support. Upon completion of Americans with Disabilities Act (ADA) accessibility requirements, the report will be released to the public. The next SQRC report will focus on actions taken at SQRC that can potentially be transferred and implemented at other institutions.

(v) Specialty Services Backlog Progress

In May 2025, the Department rolled out a paper notification process to notify patients in advance of their upcoming appointments to help decrease the rate of patients refusing scheduled specialty appointments. The Department intends to move the notification process to tablets once the current tablet implementation is complete, providing patients with a more streamlined process that aligns with a community experience.

The Department is evaluating ways to increase the number of onsite services and has been successful in bringing additional providers onsite for services. Additionally, telemedicine is utilized to decrease the number of unnecessary patient transports and provide more convenient and timely care. Efforts continue to evaluate active orders to ensure every patient receives appropriate care.

(vi) Armstrong

CCHCS and CDCR are committed to addressing any concerns highlighted in the *Armstrong* Monitoring Tours (AMT) reports and continue to focus on fulfilling the needs of the *Armstrong*

class members by actively resolving issues that affect the disabled incarcerated population. During this reporting period, nine tours were scheduled; however, Plaintiffs cancelled two tours (SAC and VSP). The seven remaining tours were conducted at SVSP, CTF, COR, North Kern State Prison (NKSP), SATF, RJD, and California Medical Facility (CMF).

Corrections Services recently conducted Process and Document Reviews site tours at California Correctional Institution (CCI) and CMF. These tours aim to verify institutions are compliant with the *Armstrong* Remedial Plan. In addition, Corrections Services supports these facilities by sharing best practices and advising executive leadership on key areas that require attention to achieve compliance.

Corrections Services is actively working with CCHCS Utilization Management to assess patients with vision disability codes via evaluation with low vision specialists. The specialists continue to identify reasonable accommodations for the vision impaired population. To enhance efficiency, Corrections Services has expedited the referral process by offering onsite and offsite appointments for evaluations. The onsite appointments occurred at CHCF, CMF, California Institution for Men (CIM), Mule Creek State Prison, SAC, and SATF. From May to August 2025, 108 patients were scheduled with 27 refusals, and 1 person paroling. As of the end of the reporting period, approximately 53 patients are remaining statewide. The number of remaining patients fluctuates due to new intake, new diagnosis, and patients with deteriorating conditions.

(vii) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit conducted one Healthcare Facilities Maintenance (HFM) assessment at SQRC. The institution's HFM program achieved a score of 90 percent and a proficient rating, aligning with their past performance.

Two follow-up visits were conducted at SAC to evaluate the institution's infection control measures following the initial assessment in February 2025, which resulted in an adequate rating for the infection control component and a 33.3 percent failure rate in adenosine triphosphate (ATP) testing¹ within the Triage and Treatment Area (TTA). The initial findings indicated the failed readings significantly exceeded the acceptable limits, which required additional monitoring. A memorandum outlining the results of the first follow-up inspection was distributed in April 2025, revealing a 48 percent increase in the failure rate as well as cleanliness concerns.

A second follow-up visit was conducted in July 2025. The memorandum, published in August 2025, highlighted significant improvements to infection control practices. During the visit, all 25 ATP tests conducted within the TTA received passing scores, and the team confirmed the previously identified cleanliness issues had been corrected. The HCFS team concluded that no further follow-up visits are required.

¹ ATP testing indicates how clean a surface is and tests for the presence or growth of microorganisms, such as bacteria, on the surface.

(viii) Health Care Infrastructure at Facilities

Health Care Facility Improvement Program (HCFIP) construction activities include nine sub-projects across four institutions: CCWF, CMC, COR, and PVSP. Activation activities are scheduled for CMC, COR, and PVSP, with the first patients expected to participate by spring of 2026. The remaining projects at CCWF are expected to be complete in early 2027.

(ix) Integrated Substance Use Disorder Treatment (ISUDT) ProgramScreening & Assessments

During this reporting period, approximately 34,317 patients were screened or assessed for substance use disorder (SUD) and approximately 8,864 patients were risk stratified. Following risk stratification, 8,262 patients were referred for a Medication Assisted Treatment (MAT) evaluation, and 6,563 patients were referred for substance use related Cognitive Behavioral Interventions (CBI). Additionally, CCHCS increased efforts to streamline the process for patients requesting MAT via the CDCR 7362, Health Care Services Request Form, to ensure patients are started on treatment without delay. During this reporting period, 6,999 (6 percent) of CDCR Forms 7362 were deemed "SUD-related."

SUD Assessments and Cognitive Behavioral Treatment

During this reporting period, there was a total of 2,151 National Institute and Drug Abuse Modified Assist assessments, 1,942 American Society of Addiction Medicine (ASAM) Co-Triage assessments, and 1,053 ASAM Continuum assessments completed. Filling current behavioral health vacancies continues to be a priority for the ISUDT Program.

Timeliness for initial appointments compliance increased from 92 percent in April 2025 to 96 percent as of August 2025. In addition, Cognitive Behavioral Therapy (CBT) services continue to increase for the population at highest risk of SUD related complications including fatal and non-fatal overdose, with 834 participants receiving CBT during this reporting period. These services are available statewide and are utilized by all institutions.

In addition, 11,002 ASAM Re-Entry Interview Script Enhancement (RISE) assessments were offered, and 5,716 were completed. ASAM RISE assessments continue to be offered to all patients paroling or releasing with priority placed on those with high-risk events indicating an active SUD. Timeframes for these assessments were recently adjusted from being completed six months prior to release to being performed within three months of release. This new timeframe aligns with California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Reentry Initiative pre-release timelines.

Medication Assisted Treatment

As of the end of this reporting period, there are 19,588 patients receiving MAT. During this reporting period, 3,945 patients started MAT, 1,360 patients discontinued their MAT while still incarcerated, and 2,372 paroled or were released while on MAT. From May to August 2025, 26,610 patients had an addiction medicine appointment.

There is continued success in delivering timely appointments for MAT initial evaluations (86 percent) and follow-up appointments (92 percent) by their compliance date. As of the end of this reporting period, there is only 1 order in the backlog for initial addiction medicine appointments for the Addiction Medicine Central Team (AMCT), with 16 overdue initial addiction medicine appointments for Primary Care Providers (PCP).

To support institutions with the highest volumes of patients on injectable MAT agents, the AMCT began supporting “injection clinics,” during which an AMCT provider holds a follow-up appointment on the same day a patient receives their monthly MAT injection. This innovative approach consolidates these services for the patient, making them more convenient and requiring fewer resources from institution staff. It also alleviates the need for separate telemedicine space, often shared by other disciplines, which can be a barrier to access to care.

As intravenous drug use is a leading cause of hepatitis C virus (HCV) infection among the incarcerated population, HCV Central Team providers now evaluate patients for SUD during their HCV assessments and initiate MAT when appropriate. These efforts further expand timely access to initial addiction medicine appointments.

During this reporting period, CCHCS coordinated with Quest Diagnostics to revise the urine drug screen panel used to monitor patients with SUD. The revision provides reflex confirmatory testing for presumptive positive opiate and fentanyl screens. CCHCS also updated the guidance for monitoring frequency to every 90 days, or more often as clinically indicated.

ISUDT Annual Outcomes Report

In August 2025, CCHCS published the [*ISUDT 4th Annual Outcomes Report*](#), with results showing the ISUDT Program continues to make significant progress in improving access to SUD screening and treatment within CDCR. The Department remains a national leader in the provision of SUD treatment and specifically MAT, with evidence-based practices aligned with community standards of care.

SUD screening, assessment, linkages to evidence-based treatments, and supportive services have expanded statewide to provide care for individuals at entry into CDCR and throughout their incarceration. The proportion of individuals with opioid use disorder (OUD) in CDCR who have accessed MAT is more than double than in the community. Data shows positive results associated with MAT, including reduced risk of fatal and non-fatal opioid overdoses, especially among individuals adherent to therapy. Adherent patients have an 89 percent lower overdose death rate, 62 percent lower rate of community emergency department and hospital utilization due to overdose, and 69 percent lower rate of suspected opioid overdose treated with naloxone. The report also highlighted the success of connecting patients with HCV to MAT, noting that 86 percent of patients with a history of HCV had accessed MAT. Additionally, patients with OUD on MAT have a 60 percent lower risk of reinfection after successful HCV treatment.

For the first time, the report included a review of post-release overdose deaths, showing a decrease from 49.9 in 2018-2019, to 25.3 in 2021-2022. Using a standardized mortality ratio, this represents a 49 percent decrease in overdose mortality relative to the community.

Cognitive Behavioral Interventions

As of the end of this reporting period, 103 incarcerated people are participating in Alcohol and Other Drug Counselor guided independent packet programming, 11,351 are participating in in-person programming including Aftercare, and 1,765 participated in short-term programming.

Transition Services

During this reporting period, ISUDT Resource Teams successfully linked 2,121 (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, 6,604 of 6,853 patients (96 percent) were offered naloxone with education for its use in the prevention of opioid overdose with an acceptance rate of 95 percent. Additionally, 1,940 of 2,029 patients (96 percent) were provided MAT upon release.

ISUDT Publications

June 2025 marked the five-year anniversary of the first publication of the “ISUDT Insider,” a monthly newsletter for ISUDT patients. This magazine-style newsletter contains program information, wellness tips, brain-teasing activities, inspiring patient feedback, notes of encouragement from staff, and fillable journal entries. Themes for this reporting period featured mental health solutions, fentanyl awareness, CalAIM Justice-Involved Reentry Initiative, and International Overdose Awareness Day.

Peer Support Specialist Program

During this reporting period, the following Phase V institutions completed recruitment processes, established and trained SMEs, and began onsite training for the Peer Support Specialist Program (PSSP): CCI, CIM, CIW, CRC, HDSP, and PBSP.

During Phase V, 25 health care and custody staff were trained as SMEs to support the training of incarcerated individuals at their respective institutions and 574 applications were received from the incarcerated population, of which 167 participants were selected to begin training to become Peer Support Specialists.

As of August 2025, the following Phase VI institutions have begun engaging with staff and recruiting the incarcerated population for the next training cohort: CEN, CTF, NKSP, RJD, Sierra Conservation Center, and SVSP. Phase VI is projected to conclude in December 2025, completing implementation of the PSSP at all institutions.

As of the end of this reporting period, 673 incarcerated persons have completed PSSP training which has been fully implemented at 19 of 31 institutions statewide. CDCR Peer Support

Specialists continue to provide services in housing units and in program areas such as ISUDT, dental, specialty, and public health.

Medi-Cal Peer Support Specialist Certification

During this reporting period, the California Mental Health Services Authority (CalMHSA) awarded the PSSP with 600 scholarship exam vouchers that will be applied to eligible Peer Support Specialists scheduled to take the exam through September 2025.

In June and July 2025, 349 Peer Support Specialists took the exam, utilizing CalMHSA awarded exam vouchers. Of these, 298 (85 percent) Peer Support Specialists received passing scores and are now Certified Medi-Cal Peer Support Specialists. An 85 percent pass rate is consistent with pass rates in the community.

During September 2025, 259 Peer Support Specialists from 19 institutions are scheduled to take the exam, including 208 candidates taking the exam for the first time and 51 candidates retaking the exam for another opportunity to become certified.

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

The CalAIM framework fosters a multi-year reform to improve the health outcomes and overall well-being of Medi-Cal beneficiaries. CDCR and CCHCS have become the first state 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, durable medical equipment (DME), expanded pre-release planning, and enhanced care management coordination.

Nursing Services continues implementation of the CalAIM pre-release services including coordinated reentry care plans and warm handoffs with external care managers. These services improve the patient's transition to the community and ensure continuity of care is maintained for justice-involved individuals.

During this reporting period, 6,842 (86 percent) patients had Medi-Cal activated prior to release, 5,586 (70 percent) patients had assigned Managed Care Plans (MCPs) prior to release, 5,413 (68 percent) patients were released with a reentry care plan, and 2,158 (27 percent) patients had warm handoffs with external care managers.

CDCR and CCHCS continue to work closely with the 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.

In July 2025, CCHCS began Phase 3 of the Medi-Cal reimbursement system allowing claims submission for reimbursement of medical services (e.g., lab, radiology, DME) provided within 90-days pre-release.

(xi) CDCR Incarcerated Tablet Initiative

On February 1, 2025, CDCR awarded the tablet contract to Securus Technologies. The anticipated timeline for implementation at all institutions and fire camps is February 2026.

(xii) Generative Artificial Intelligence

CCHCS Information Technology Services Division (ITSD) hosted its first-ever Technology Fair on September 17, 2025, at CCHCS headquarters. ITSD provided hands-on demonstrations of Generative Artificial Intelligence tools and technologies while sharing the vision for their phased enterprise implementation.

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) holds a multi-year contract for Healthcare Facilities Maintenance services, originally set to conclude on June 30, 2025. However, HCFS has opted to exercise the first of two available one-year extensions, thereby extending the contract's expiration to June 30, 2026. In preparation, HCFS is working on a request for a new three-year contract to commence July 1, 2026.

CHCF has been addressing ongoing challenges within its supply chain, particularly in the areas of material procurement, delivery, and storage across warehouses, housing units, and clinical settings. The core inventory management system is not operating as designed due to deficiencies in the database, hardware, and staffing resources and these challenges have required additional staff to implement temporary fixes and workarounds. CHCF leadership and CCHCS executive staff are continuing to evaluate options to address both immediate and long-term solutions for the supply chain breakdown caused by outdated databases and hardware.

For short-term solutions, staff have engaged with various vendors to assess costs, participated in additional asset management training, corrected material numbers for input into the two operating systems, and are manually tracking inventory movements. The long-term solutions focus on consolidating operations into a single software database, upgrading hardware to ensure equipment functionality, securing ongoing information technology support for the software, redirecting staff, and establishing a streamlined process to mitigate any risks to patient safety.

(ii) Scheduling and Ducating

During this reporting period, Operations Monitoring Audits (OMA) Round IX were completed at Wasco State Prison and CEN, thus concluding the Round IX audit cycle. Audit findings have identified several continued challenges around the state, such as improper Strategic Oversight Management System (SOMS) Health Care Access (HCA) function code usage, which has resulted in tracking and reporting inconsistencies. Other challenges include custody tracking gaps with staff not consistently documenting the entrance and exit of patients within clinic areas in real time, and incomplete documentation for refusals. Additionally, clinic staff are frequently required to make repeated calls to housing units to request patient releases which causes delays

in patient arrival times and reduces clinic efficiency.

Corrections Services is currently undertaking an effort to reduce the overall number of priority ducats issued each month at RJD. This effort is focused on the elimination of physical ducats for the Recreational Therapy program. The efforts at RJD have been successful, resulting in the elimination of over 19,000 physical ducats each month. Posted calendars for the incarcerated population have improved awareness of Recreational Therapy yard schedules and the Inmate Assignment Office no longer needs to print, cut, sort, and deliver ducats, eliminating the need for housing unit officers to account for and hand deliver ducats. Both incarcerated individuals and staff have benefited from this ducat reduction effort.

To assist with the daily challenges faced by facilities in accurately tracking patients within the SOMS HCA function, Field Operations conducted statewide training for all HCA Unit Associate Wardens and Captains in August 2025. The training included an analysis of appropriate coding practices for SOMS HCA to ensure consistency across statewide Access Quality Reports, identification of ongoing coding problems, and clarification of expectations for daily reconciliation of appointments. All training materials, policies, and procedures were disseminated to the field to support accurate staff training and reinforce compliance expectations. Field Operations will conduct periodic site reviews when applicable to ensure compliance.

(iii) Transportation Vehicles

The fourth-round HCA vehicle redirect analysis has been approved by the Division of Adult Institutions (DAI) and CCHCS. The CDCR Office of Business Services (OBS) provided notice to sending and receiving institutions for redirection of HCA vehicles which is anticipated to be complete in September 2025.

As of the end of the reporting period, monthly reporting of HCA transportation vehicles shows 80 of 846 vehicles out of service, with 31 vehicles expected to be back in service within 30 days, and 49 vehicles expected to be out of service for more than 30 days. Most of these vehicles are out of operation due to repair or maintenance needs. OBS adjusted its monthly program survey process to include additional details from programs on resources needed to get vehicles back online and then works with DAI to determine assistance that can be provided to programs.

All 56 HCA replacement van purchases from Fiscal Year (FY) 2023-24 have been received. Modifications and retrofitting were completed for 32 vans before delivery to institutions. The 24 remaining vans are being retrofitted with security caging modifications and ADA wheelchair lifts before delivery.

The FY 2024-25 purchase orders for 66 replacement HCA transport vans were received at CalPIA in spring 2025 and are pending modification. Of the 39 remaining vans to be modified, it is anticipated approximately 8 to 10 will be completed each month over the next 10 to 12 months due to ADA wheelchair lift modification timelines. All vehicle modifications are expected to be completed by spring 2026.

OBS completed a five-year HCA Fleet Acquisition Plan (FAP) for FY 2025-26 through FY 2029-30. The FAP was approved by the Department of General Services in June 2025, allowing CDCR to begin authorized purchases of HCA vehicle replacements beginning July 1, 2025. The Ford manufacturing order banks for model year 2026 vans have opened, and OBS is preparing to begin FY 2025-26 purchases for HCA vehicle replacement. All purchases for FY 2025-26 are anticipated to be complete by October 2025.

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 78 percent of patient capacity (2,302 current population; 2,953 capacity) and 34 of the 32.10 budgeted provider positions are filled as follows:

- Physician and Surgeon: 32.10 positions, 31 filled, 1.10 vacant
- Physician Assistant: 0 budgeted positions, 3 filled

As reflected in the August 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 106 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, 32 percent of institutions (10 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 29 percent (9 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 39 percent (12 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 21 institutions is at or above 90 percent (refer to [Appendix 1](#)).

In addition, the Regional Hiring Unit continues to conduct targeted hiring events and candidate outreach efforts to support these staffing levels and improve recruitment outcomes across institutions. Hiring events are scheduled throughout the remainder of the year and 2026 hiring

events are currently being scheduled. The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS is reviewing current marketing initiatives for messaging updates and a design refresh. With the launch of the [CCHCS Careers](#) site and social media campaign “You Belong Here,” marketing efforts are expanding this branding to nursing and allied health programs. Supported by its multifaceted outreach approach, CCHCS is experiencing an increased interest from students and potential candidates along with enhanced awareness of CCHCS and correctional health care as attractive career opportunities.
- Since May 1, 2025, CCHCS has hired eight new physicians, with five hired in the Telemedicine program and three hired in the institutions.
- The Telemedicine program maintains its strong recruitment trend. The fill rate remains at 79.9 percent. Recruitment for vacancies is ongoing.
- Attendance at fall professional conferences is underway. In preparation for these events, CCHCS reviews details about the host association’s mission and attendee demographic information for marketing material development, including flyers and supplemental advertisements that are tailored to specific audiences. This ensures messaging aligns closely with the attendees, leading to increased interest in CCHCS and better connections and conversions of leads to candidates.
- CCHCS’ testing of its PCP marketing messaging to determine those themes that best resonate with its audience is providing data relevant to future campaign development. Measured by click-through-rates of digital advertisement placements featuring distinct messaging, current audiences responded more frequently to messages that highlighted the absence of administrative burdens for CCHCS physicians (e.g., working with insurance companies, dealing with disability paperwork) than the opportunity to work with a historically underserved patient population. These findings are applied to outreach efforts on a third-party physician recruitment platform. Concluding data will be a component of new marketing campaigns presented to the medical program.
- Engaging directly with potential candidates to share information about health care career opportunities within the organization, CCHCS is attending recruitment events and career fairs, hosting informational sessions, and building relationships with campus career centers to ensure ongoing visibility. In addition to in-person outreach, CCHCS expanded its virtual engagement efforts, reaching a larger audience nationwide. Over 600 providers have attended the current series of online recruitment events designed to highlight health care career pathways, explain the application process, and directly respond to questions from prospective candidates about working within correctional health care.

C. CCHCS Data Quality

CCHCS continues to prioritize data quality across all health care services dashboard reporting domains. Quality Management (QM) receives constant feedback on the accuracy and functionality of reporting tools from institution, regional, and headquarters staff, with more than 1,000 emails sent and received on this topic during the reporting period. These emails address

reporting tool functionality, general accuracy, education on the tools, patient specific questions or requests, issues identified in the tools, and tool enhancement requests. QM also hosts weekly webinars where new tools are announced and demonstrated, new features of existing tools are shown, and questions from institution staff are answered. Attendance at these webinars averages more than 170 people each week. Based on this constant feedback, QM continuously updates tools and performance measures. During this reporting period, QM made more than 150 tool changes, enhancements, or fixes.

D. Coordination with Other Lawsuits

Meetings between the three federal courts, *Plata*, *Coleman*, and *Armstrong* (Coordination Group) class actions have occurred periodically. During this reporting period, the Coordination Group met on May 8, June 5, and July 24, 2025.

E. 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 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.

F. Consultant Staff Engaged by the Receiver

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

G. Accounting of Expenditures

(i) Expenses

The total net operating expenses of the Office of the Receiver for the FY ending June 30, 2025, were \$3,566,261. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

For the months of July and August 2025, the net operating expenses were \$619,948.

(ii) Revenues

For the months of May and June 2025, the Receiver requested transfers of \$750,000 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. An additional amount of \$120,000 was accrued as of June 30, 2025, to cover all operating expenses incurred to date. Total year to

date funding (received and accrued) for FY 2024-2025 to the CPR from the State of California is \$3,570,000.

For the months of July and August 2025, the Receiver requested transfers of \$600,000 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.