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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 SIXTY-FIRST TRI-ANNUAL REPORT

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

Respectfully submitted,

Dated: February 2, 2026

FUTTERMAN DUPREE DODD CROLEY MAIER LLP

By: /s/ Jamie L. Dupree
Jamie L. Dupree
Attorneys for Receiver
J. Clark Kelso

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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

Sixty-first Tri-Annual Report of the Federal Receiver For September 1 – December 31, 2025

February 2, 2026

California Correctional Health Care Receivership

Vision:

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

Mission:

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

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Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

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

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

1. All tasks and metrics contained in the Turnaround Plan of Action (Plan) and subsequent reports, with degree of completion and date of anticipated completion of each task and metric.
2. Particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals.
3. Particular 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: working collaboratively and routinely sharing information to address issues that cut across more than one case; communicating decisions on cross-cutting issues to the relevant parties; directing inquiries about specific cases to the appropriate court representative(s); and updating the courts on significant coordination issues and seeking court guidance when necessary.

B. Progress during this Reporting Period

(i) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 7 medical inspections at 31 institutions. During this reporting period, the OIG issued draft reports for Mule Creek State Prison (MCSP), Sierra Conservation Center (SCC), California Institution for Men (CIM), San Quentin Rehabilitation Center (SQRC), and Ironwood State Prison (ISP) and issued final reports for Calipatria State Prison (CAL), California State Prison, Sacramento (SAC), Pleasant Valley State Prison (PVSP), MCSP, and SCC. PVSP and MCSP received an adequate rating for both compliance review and case review. CAL received an inadequate rating for compliance review and an adequate rating for case review. SAC and SCC received an inadequate rating for both compliance review and case review. Cycle 8 medical inspections commenced in January 2026.

(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). Four institutions remain undelegated.

(iii) Institution Closure

Plans continue 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

Culture change initiatives are undergoing a change in strategic direction, moving toward a more focused and identifiable vision of normalcy. As a result, during this reporting period, the institutions identified to continue Resource Team 360 activities were reduced to three. The designated institutions are SAC, SQRC, and Salinas Valley State Prison (SVSP). These institutions will focus on advancing Resource Team quality, impact, and sustainability through targeted coaching, real-time feedback, and collaborative planning. Although the contract with the Amend group is coming to an end, CDCR and California Correctional Health Care Services (CCHCS) continue refining a vision to improve the quality of the correctional environment for staff and the incarcerated population.

Contact Skills Training was incorporated into Annual Block Training this year with participants being provided tools, knowledge, and skills to effectively engage in healthy communication and Dynamic Security. Contact Skills Training assists staff in mitigating issues at the lowest level. During this reporting period, 13,896 staff completed Contact Skills Training. In addition, 51 staff have completed the Contact Skills Training for Trainers.

(v) Specialty Services Backlog Progress

As previously reported, in May 2025, the Department implemented a paper-based notification system to proactively inform patients of scheduled specialty appointments, with the objective of reducing appointment refusals. Upon completion of the current tablet deployment initiative, this process will transition to a digital platform, ensuring a streamlined and patient-centered experience. Statewide implementation is projected for 2026, in conjunction with the rollout of tablets by the new vendor.

As well as bringing additional patient care resources onsite, CCHCS continues to engage with external stakeholders, including the Department of Managed Health Care, to align department methodology with community standards. These productive discussions have informed the development of new strategies and enhanced CCHCS' understanding of the community experience for patients.

(vi) *Armstrong*

CCHCS and CDCR are committed to addressing any concerns highlighted in the *Armstrong* Monitoring Tours (AMT) Reports and continue to coordinate and focus on meeting the needs of the *Armstrong* class members by actively resolving issues that affect the incarcerated population. During this reporting period, 13 AMTs were scheduled, and none were cancelled. The AMTs were conducted at MCSP, SQRC, California Men's Colony (CMC), CHCF, CRC, Central California Women's Facility (CCWF), Wasco State Prison (WSP), California State Prison, Los Angeles County (LAC), CIM, Centinela State Prison (CEN), North Kern State Prison (NKSP), SVSP, and ISP.

Corrections Services is currently collaborating with CCHCS Utilization Management to evaluate patients who have vision disability codes through assessments conducted by low vision specialists. These specialists are consistently working to determine suitable accommodation for individuals with visual impairments. To improve efficiency, Corrections Services has streamlined the referral process by providing both onsite and offsite appointment options for evaluations.

During this reporting period, onsite appointments occurred at the following locations: CHCF, R.J. Donovan Correctional Facility (RJD), Substance Abuse Treatment Facility (SATF), and the WesternU Health Clinic in Pomona, CA. The appointments accommodated patients from CEN, CHCF, CMC, California Medical Facility, High Desert State Prison (HDSP), ISP, SVSP, LAC, MCSP, Pelican Bay State Prison (PBSP), RJD, SAC, SATF, SCC, California State Prison, Solano, Valley State Prison, and WSP. From September to December 2025, 64 patients were scheduled with 19 refusals, and 1 patient not seen as they were Out-to-Court (OTC). As of the end of the reporting period, approximately 35 patients remained to be seen statewide. Of the 35 patients remaining, 4 are OTC, and 7 are pending medical appointments requiring surgery and recovery time. The

number of patients remaining fluctuates due to new intake, new diagnoses, and patients with deteriorating conditions.

(vii) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit revamped the Healthcare Facilities Maintenance (HFM) Assessment Guide and tool in collaboration with California Correctional Training Rehabilitation Authority (CALCTRA), formerly known as California Prison Industry Authority. The assessment is intended to capture a well-rounded description of an institution's HFM program by evaluating compliance with the contract, the physical condition of the space, and the operational practices. It is divided into three sections: Contract Compliance, Performance Evaluation, and Qualitative Findings. The assessment includes an onsite institution inspection and a post onsite document review. Once the institution assessment is complete, the assessment is documented in a report and distributed to internal and external stakeholders. Given the recent revisions, HCFS intends to assess each institution's HFM program at a minimum of once per year starting in February 2026.

(viii) Health Care Infrastructure at Facilities

Construction activities under the Health Care Facility Improvement Program (HCFIP) are nearing completion statewide, with only seven subprojects remaining across four institutions: CCWF, CMC, California State Prison, Corcoran (COR), and PVSP. Since the previous reporting period, the two sub-projects at COR have been successfully activated.

Fire alarm reporting issues contributed to delays in the scheduled completion at CCWF, with project completion now expected in early 2027. At CMC, the final sub-project involves the renovation of the east Triage and Treatment Area, projected to finish by spring 2026. The activation of the remaining sub-projects at COR is stalled due to unresolved plumbing issues and the need for data line installations. Renovations at PVSP Specialty Exam and Central Health Services are in progress, with completion pending improvements and corrections to prior construction deficiencies identified during Office of the State Fire Marshal, Fire and Life Safety Division inspections.

Alongside these efforts, HCFS is also overseeing the activation of the new 50-Bed Mental Health Crisis Facility project at CIM. Construction is expected to finish by April 2026, followed by 90 days of licensing and activation activities, with completion anticipated by July 2026.

(ix) Integrated Substance Use Disorder Treatment (ISUDT) Program

Screening & Assessments

During this reporting period, approximately 31,763 patients were screened or assessed for substance use disorder (SUD) and approximately 7,979 patients were risk stratified. Following risk stratification, 7,733 patients were referred for a Medication Assisted Treatment (MAT) evaluation, and 5,791 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

SUD Assessments and Cognitive Behavioral Treatment

To help maintain access to care for patients, the behavioral health program continued recruitment efforts for the two newest civil service classifications, Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors. The behavioral health clinicians completed a total of 1,736 National Institute and Drug Abuse Modified Assist assessments, 1,565 American Society of Addiction Medicine (ASAM) Co-Triage assessments, and 894 ASAM Continuum assessments for this reporting period.

Timely access remained a priority for the program for both initial and follow-up assessments. The program provided 2,614 timely initial appointments (94 percent), and 1,916 follow-up assessment appointments (85 percent).

During this reporting period, 7,302 of 8,237 patients (89 percent) released were offered the ASAM Re-Entry Interview Script Enhancement (RISE) assessment. These assessments are prioritized for those with high-risk events indicating an active SUD, and 4,042 of the 7,302 assessments offered (55 percent) were completed.

Cognitive Behavioral Therapy (CBT) services continue to increase in volume statewide for the population at highest risk of SUD-related complications including overdose. During this reporting period, 782 participants received CBT. The majority of Licensed Clinical Social Workers received training in delivering Empowered Relief, a CBT-based intervention aimed at supporting patients with chronic pain. This programmatic enhancement will support patients with co-occurring chronic pain and SUD, or undertreated chronic pain that may drive risky drug use.

Medication Assisted Treatment

At the end of this reporting period, there are 19,700 patients receiving MAT. During this reporting period, 3,731 patients started MAT, 1,323 patients discontinued their MAT while still incarcerated, and 2,309 paroled or were released while prescribed MAT. From September to December 2025, 26,459 patients had an appointment to address their SUD.

The process for patients to be referred for consideration of alternative MAT agents (such as methadone, injectable naltrexone, and injectable buprenorphine) was updated during this reporting period. Previously, if a provider believed that a patient may benefit from an alternative agent, they submitted a *MAT Alternative Agent Authorization Request* in Cerner, with information on why the patient may be considered. This process was updated and simplified; providers now order a *Consult to Addiction Medicine Central Team (AMCT)* for evaluation and management of their disease which may include an alternative agent. The AMCT provider can also consider or recommend other services and treatment adjustments, such as dose change of a standard MAT agent, CBT, or engagement with a Peer Support Specialist.

Cognitive Behavioral Interventions

As of the end of this reporting period, 30 incarcerated people are participating in Alcohol and Other Drug Counselor guided independent packet programming, 12,165 are participating in in-person programming including Aftercare, and 1,600 participated in short-term programming.

Transition Services

During this reporting period, ISUDT Resource Teams successfully linked 1,831 (89 percent) 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, 6,173 of 6,414 patients (96 percent) were offered naloxone with education for its use in the prevention of opioid overdose with an acceptance rate of 94 percent. Additionally, 1,897 of 1,972 patients (96 percent) were provided MAT upon release.

ISUDT Publications

From September to December 2025, ISUDT participants received issues 63 through 66 of the monthly newsletter, "ISUDT Insider." 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 included balance in recovery, the Peer Support Specialist Program (PSSP), Human Immunodeficiency Virus awareness, and 2025 in review.

Peer Support Specialist Program

At the beginning of this reporting period, the following Phase V institutions successfully completed implementation for the PSSP: California Correctional Institution, CIM, California Institution for Women, CRC, HDSP, and PBSP with 25 health care and custody staff trained as Subject Matter Experts (SME) and 154 participants completing training to become Peer Support Specialists.

During this reporting period, the following Phase VI institutions successfully completed implementation: CEN, Correctional Training Facility, NKSP, RJD, SCC, and SVSP with 24 health care and custody staff trained as SMEs and 154 participants completing training to become Peer Support Specialists.

As of the end of this reporting period, a total of 1,032 incarcerated individuals completed PSSP training, and the program has been fully implemented at all institutions statewide.

CDCR Peer Support Specialists continue to provide services across program areas such as ISUDT, dental, specialty services, and public health. These services include, but are not limited to, support with rehabilitation and recovery, navigation of health care, custodial and social systems, conflict resolution support, crisis management, emotional support, self-care management, and advocacy assistance.

Medi-Cal Peer Support Specialist Certification

The second Medi-Cal Peer Support Specialist Certification Exam group concluded September 2, 2025. Nineteen of 31 institutions statewide had the opportunity to participate with 243 Peer Support Specialists taking the exam, utilizing California Mental Health Services Authority (CalMHSA) awarded exam vouchers. Of those, 194 Peer Support Specialists (80 percent) received passing scores and are now Certified Medi-Cal Peer Support Specialists.

Cumulative program totals as of the end of this reporting period:

- 592 PSSP workers have completed the certification exam.
- 492 PSSP workers successfully passed the certification exam (83 percent).
- 592 of the 600 issued CalMHSA scholarships were utilized to cover examination costs.

The next round of Medi-Cal Peer Support Specialist Certification Exams is scheduled to occur in spring 2026. Those tentatively scheduled for the spring 2026 exams include participants from the 12 institutions that have not held certification exams (Phase V and Phase VI) as well as Phase IV participants that require a retake of the exam.

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

The California Advancing and Innovating Medi-Cal (CalAIM) framework fosters a multi-year reform to improve the health outcomes and overall well-being of Medi-Cal beneficiaries. CDCR and CCHCS 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, expanded pre-release planning, and enhanced care management coordination.

During this reporting period, 5,248 patients (90 percent) had Medi-Cal activated and 4,892 (84 percent) patients had assigned Managed Care Plans (MCPs) prior to release. 5,003 (86 percent) patients were released with a reentry care plan, and 3,222 (55 percent) patients had warm handoffs with external enhanced care managers. Nursing Services continues refining CalAIM pre-release services to improve patients' transition to the community and ensure continuity of care is maintained for justice-involved individuals.

CCHCS Information Technology Services Division continues to refine the technical submission of claims for clinical services and medications to maximize reimbursements.

CCHCS and CDCR continue ongoing collaboration 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.

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

(i) Healthcare Facilities Maintenance and Environmental Services

The HCFS unit continues to work on a new statewide HFM services contract with CALCTRA. The current contract expires June 30, 2026.

Since 2014, CHCF has been tackling persistent supply chain issues related to material procurement, delivery, and storage in various settings, including warehouses and clinical environments. The lack of effective communication between the two operating systems led to a series of operational deficiencies. In response, CHCF leadership, in collaboration with CCHCS

executive staff, has initiated a Proof of Concept (POC) to transition to a unified operating system, S4/Hana, which will ensure statewide alignment. Set to commence in January 2026, this POC will adopt a phased strategy encompassing inventory mapping, warehouse reconfiguration, and staff training, ultimately providing both immediate and long-term solutions while maintaining a seamless experience for patients.

(ii) Scheduling and Ducating

In May of 2025, Corrections Services initiated 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 (RT) program. RT ducats were replaced with a weekly calendar, outlining scheduled sessions. These sessions are created by the RJD Mental Health Scheduling team, who post the notices throughout housing units as a reminder to the population of their RT yard schedule. Incarcerated persons are now able to reference their schedule on tablets or on distributed flyers. The efforts at RJD have been successful, resulting in the elimination of 17,000 to 20,000 physical ducats each month.

The collaboration between custody and mental health at RJD has been imperative in the success of the project. For example, Facility E, which did not have tier-based yard times, created a new simplified matrix based on the first letter of the patient's last name for routine group RT appointments. Schedules on Facility E were implemented in the same manner as other facilities, utilizing housing unit postings and tablets. Staff and patient feedback has been positive, and the Access Quality Report (AQR) reflected only a negligible 2 percent decrease in RT ducat completion rates (excluding months with major Program Status Report disruptions), which falls within an acceptable margin. While each institution will have to assess its specific needs related to ducat issuance and scheduling matrix, the RJD pilot appears to be a success. Due to the success of the program at RJD, Corrections Services is currently working with MCSP to expand the pilot program.

On December 9, 2025, Field Operations, Corrections Services, with the assistance of HCFS and the Compliance and Reporting Unit, performed a statewide training course for all Regional Health Care Executives, Chief Executive Officers, Health Care Access (HCA) Associate Wardens, Captains, and additional staff on Video Equipment Scheduling Tool, HCA Appointments, PowerBI Tool, and Daily Appointment Tracking Report Job Aid. The shared information will assist with the daily challenges faced by facilities in accurately tracking patients within the Strategic Oversight Management System (SOMS) HCA function, ensure consistency across statewide AQRs, and clarify expectations for the reconciliation of appointments. All training materials were disseminated to the field to support accurate staff training and reinforce compliance expectations.

CCHCS Field Operations initiated on-site reviews of custody positions at CMC and SAC in the fourth quarter of 2025 and plans to continue this process at additional institutions in 2026. The purpose of custody staffing reviews is to ensure institutions are utilizing positions in compliance with the budgeted allocation and to realign existing positions to meet current operational needs. Realignment is necessary to address various mission changes implemented by the Division of Adult Institutions (DAI) across several facilities in recent years. In completing these reviews,

CCHCS Field Operations seeks to optimize budgeted allocations in a challenging fiscal environment, while maintaining fiscal responsibility, and improve access to care statewide for the incarcerated population.

(iii) Transportation Vehicles

The fifth-round HCA vehicle redirect analysis is under review by the CDCR Office of Business Services (OBS) in preparation for DAI and CCHCS review and approval. As part of this effort, OBS is transitioning its data source from AQR to SOMS. OBS will meet with DAI and CCHCS in February 2026 to review the CRC HCA vehicle inventory and distribution plan.

Monthly reporting of HCA transportation vehicles shows 106 of 861 vehicles are out of service, with 67 vehicles expected to be back in service within 30 days, and 39 vehicles expected to be out of service for more than 30 days. In most cases, these vehicles are out of operation due to repairs or maintenance needs. The total HCA vehicle count fluctuates as new vehicles are added to programs, and older or surveyed vehicles are removed from service.

All 56 HCA replacement vans purchased in fiscal year (FY) 2023-24 have been received by CALCTRA. The 41 vans requiring modifications and retrofitting have been completed and delivered to the institutions. The remaining 15 HCA vans are still undergoing retrofitting, including security caging modifications and Americans with Disabilities Act (ADA) wheelchair lift installation, as applicable, prior to delivery.

Additionally, all 66 replacement HCA vans purchased in FY 2024-2025 have been received by CALCTRA and are pending retrofitting and security caging modifications. Completion of these vehicles is anticipated by spring 2026.

Representatives from CCHCS had an opportunity to tour CALCTRA to observe the operational cycle from the Department of General Services' purchase order creation, receipt of ADA van or Sport Utility Vehicle, modification and retrofitting work, telematics installation, inspection work completion, and final inspection with an institution representative. CALCTRA reported adjustments to their operational cycle to streamline the process for expedient delivery of HCA vehicles to institutions.

OBS is in the process of completing purchase orders for FY 2025-2026, with completion expected by mid-January 2026. These efforts align with the five-year HCA Fleet Acquisition Plan for FY 2025-2026 through FY 2029-2030.

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 80 percent of

patient capacity (2,351 current population; 2,953 capacity) and 32 of the 32.10 budgeted provider positions are filled as follows:

- Physician and Surgeon: 32.10 positions, 29 filled, 3.10 vacant
- Physician Assistant: 0 budgeted positions, 3 filled

As reflected in the December 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 103 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, 42 percent of institutions (13 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 13 percent (4 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 45 percent (14 institutions) have filled less than 75 percent of their civil service provider positions. However, when onsite civil service, telemedicine, and contract registry providers are utilized to deliver care statewide, coverage at 21 institutions is at or above 90 percent (refer to Appendix 1).

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

- Following the CCHCS Careers page rebranding, CCHCS is updating its marketing collateral to provide a fresh view on correctional health care careers. Materials are being redesigned with current best practices in mind to ensure ease of access to presented information and revisions to narrative in alignment with current CDCR and CCHCS messaging and program descriptions. These updates provide interested candidates with information on the work experience within CCHCS, in addition to the benefits of working for the State of California in an easily accessible format.
- Event coordination for calendar year 2026 is in process. While budget restrictions continue to curtail attendance at out of state events, CCHCS will have a presence at the following professional conferences held within California: American College of Physicians Internal Medicine Meeting, American College of Osteopathic Family Physicians of California's Annual Conference, and California Academy of Family Physician's Family

Medicine Prism of Practice. For those events we are unable to attend, CCHCS will continue advertising and sponsorship opportunities when available to non-exhibitors and geo-targeted advertisements where no such opportunity exists for non-exhibitors.

- CCHCS' success continues with its third-party physician recruitment platform for focused marketing and direct sourcing. In addition to the pipeline generated through responses to job postings, CCHCS utilizes the direct email tool on this platform to target specific audiences within the platform's users. Recently, CCHCS used this tool to deliver focused recruitment messaging to residents and fellows in addition to providers practicing with the Veterans Health Administration throughout the nation. From January 2025 to December 2025, CCHCS sent over 11,000 direct email messages to physicians resulting in a click through rate of 30 percent, resulting in close to 180 responses. During this timeframe, CCHCS job postings were viewed by approximately 31,000 physicians. To increase response rates, CCHCS is testing messaging to assess what topics resonate most with its audience in addition to working with the Medical Services program to revise marketing concepts.
- CCHCS significantly increased its reach and engagement with prospective candidates through virtual info sessions. Throughout 2025, CCHCS hosted multiple virtual recruitment events generating over 1,600 registrants, with over 700 attendees participating live with an overall attendance rate of 44 percent, well above typical industry benchmarks for virtual recruitment events. The sessions were designed to highlight health care career pathways, explain the application and hiring process, and provide prospective candidates with direct access to recruitment and health care staff for questions on working within correctional health care. One notable event, "Nursing Careers with CCHCS: Medical Assistant, Certified Nursing Assistant, Licensed Vocational Nurse, and Registered Nurse," attracted 396 registrants, with 163 attendees, achieving a 41 percent attendance rate. This targeted nursing event further demonstrated the effectiveness of CCHCS's virtual outreach strategy in engaging qualified health care professionals across multiple classifications.

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 September 4, October 9, and November 13, 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, 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 September through December 2025 were $1,233,540 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 September through December 2025, the Receiver requested transfers of $1,150,000 from the State of California to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. Total year to date funding (received and accrued) for FY 2025-2026 to the CPR from the State of California is $1,750,000.

All funds requested were received in a timely manner.