

1 FUTTERMAN DUPREE DODD CROLEY MAIER LLP
 JAMIE L. DUPREE (SBN: 158105)
 2 JAIME G. TOUCHSTONE (SBN: 233187)
 601 Montgomery Street, Suite 1210
 3 San Francisco, California 94111
 Telephone: (415) 399-3840
 4 Facsimile: (415) 399-3838
 Email: jdupree@fddcm.com
 5 Email: jtouchstone@fddcm.com

6 *Attorneys for Receiver*
 J. Clark Kelso

7
 8 **UNITED STATES DISTRICT COURT**
 9 **FOR THE EASTERN DISTRICT OF CALIFORNIA**
 10 **AND FOR THE NORTHERN DISTRICT OF CALIFORNIA**
 11

12 MARCIANO PLATA, et al.,

13 *Plaintiffs,*

v.

14 GAVIN NEWSOM, et al.,

15 *Defendants.*

Case No. C-01-1351-JST

16 RALPH COLEMAN, et al.,

17 *Plaintiffs,*

18 v.

19 GAVIN NEWSOM, et al.,

20 *Defendants.*

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

21 JOHN ARMSTRONG, et al.,

22 *Plaintiffs,*

23 v.

24 GAVIN NEWSOM, et al.,

25 *Defendants.*

Case No.: C94-2307-CW

26 **NOTICE OF FILING OF RECEIVER'S**
 27 **SIXTY-SECOND TRI-ANNUAL REPORT**
 28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Sixty-
Second 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-TLN-SCR, and *Armstrong, et al. v.*
Newsom, et al. Case No.: C94-2307-CW.

Respectfully submitted,

Dated: June 1, 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-second Tri-Annual Report of the Federal Receiver
For January 1 – April 30, 2026**

June 1, 2026

California Correctional Health Care Receivership

Vision:

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

Mission:

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

Table of Contents

	Page
1. Status and Progress Concerning Remaining Statewide Gaps	1
A. Reporting Requirements and Reporting Format.....	1
B. Progress during this Reporting Period	2
C. Particular Problems Faced by the Receiver, Including Any Specific Obstacles Presented by Institutions or Individuals	7
2. Other Matters Deemed Appropriate for Judicial Review	9
A. California Health Care Facility – Level of Care Delivered.....	9
B. Statewide Medical Staff Recruitment and Retention	10
C. CCHCS Data Quality.....	11
D. Coordination with Other Lawsuits	11
E. Master Contract Waiver Reporting.....	11
F. Consultant Staff Engaged by the Receiver	12
G. Accounting of Expenditures.....	12

Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

This is the sixty-second report filed by the Receivership, and the fifty-sixth 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 a draft report for CHCF and issued final reports for California Institution for Men (CIM), San Quentin Rehabilitation Center (SQRC), Ironwood State Prison (ISP), and CHCF. CIM and ISP received adequate ratings for both compliance review and case review. SQRC and CHCF received inadequate ratings for both compliance review and case review. The OIG also issued a Cycle 8 draft report for Salinas Valley State Prison (SVSP).

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 31 institutions to the CDCR Secretary's authority (three of these institutions, California Correctional Center, California City Correctional Facility, and Chuckawalla Valley State Prison have since deactivated). The Receiver delegated CHCF on March 3, 2026. Three institutions remain undelegated.

(iii) Institution Closure

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

(iv) Culture Change Initiatives

As previously reported, culture change initiatives have undergone a change in strategic direction, moving toward a more focused and identifiable vision of normalcy. The three institutions identified to continue Resource Team 360 activities are California State Prison, Sacramento (SAC), SQRC, and SVSP.

During this reporting period, Resource Team efforts at the three institutions included strengthening dynamic security practices, improving staff engagement, and enhancing outcomes for the incarcerated population. Also during this reporting period, 14,070 staff completed Contact Skills Training. Contact Skills Training assists staff in mitigating issues at the lowest level

by providing tools, knowledge, and skills to effectively engage in healthy communication and dynamic security.

(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.

California Correctional Health Care Services (CCHCS) continues to engage with external stakeholders, including the Department of Managed Health Care, to align department methodology with community standards and treatment timelines.

(vi) Armstrong

CCHCS and CDCR are continuing long-term joint efforts to address concerns highlighted by the Plaintiffs in the *Armstrong* Monitoring Tour (AMT) reports and continue to collaborate on meeting the needs of the *Armstrong* class members by actively resolving issues that affect the incarcerated population. During this reporting period, six AMTs were scheduled at Kern Valley State Prison, Substance Abuse Treatment Facility (SATF), Richard J. Donovan Correctional Facility (RJD), SQRC, SVSP, and Mule Creek State Prison (MCSP). Plaintiffs cancelled the AMT at SATF and added two additional AMTs at California Men's Colony (CMC) and California State Prison, Los Angeles County (LAC).

In March and April 2026, CCHCS conducted visits at Central California Women's Facility (CCWF), California Medical Facility (CMF), CHCF, California Institution for Women (CIW), CIM, LAC, North Kern State Prison (NKSP), RJD, SATF, and SQRC, which house deaf patients requiring American Sign Language interpretation services. During these visits, Corrections Services worked with direct care clinical staff to ensure they have the knowledge and ability to utilize the Video Remote Interpretation (VRI) equipment.

(vii) Healthcare Facilities Maintenance Assessments

On-site Healthcare Facilities Maintenance assessments began in March 2026. During this reporting period, on-site assessments were completed at ISP, Calipatria State Prison (CAL), Centinela State Prison, California State Prison, Corcoran, and SATF. Following an on-site assessment, Health Care Facility Support staff review documentation and satisfaction surveys in preparation of the report. The final report is provided to stakeholders 45 days following the on-site assessment.

(viii) Health Care Infrastructure at Facilities

Construction activities under the Health Care Facilities Improvement Program (HCFIP) are nearing completion with only five subprojects remaining at three institutions (CCWF, CMC, and Pleasant

Valley State Prison [PVSP]). Statewide project culmination is anticipated to occur in early 2027, upon the completion of CCWF. The Triage and Treatment Area renovation at CMC is expected to be ready in fall 2026. Completion of the PVSP projects is still pending corrections from prior construction deficiencies.

The CIM 50-Bed Mental Health Crisis Facility is nearing completion in June and is expected to open in September 2026.

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

Screening & Assessments

During this reporting period, approximately 33,249 patients were screened or assessed for substance use disorder (SUD) and approximately 7,819 patients were risk-stratified. Of those screened and risk-stratified, 7,733 patients were referred for a Medication Assisted Treatment (MAT) evaluation, and 5,792 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

SUD Assessments and Cognitive Behavioral Treatment

During this reporting period, behavioral health clinicians completed 1,717 National Institute and Drug Abuse Modified Assist assessments, 1,543 American Society of Addiction Medicine (ASAM) Co-Triage assessments, and 930 ASAM Continuum assessments. The behavioral health program continues to focus on recruitment efforts for behavioral clinicians.

Throughout this reporting period, the program maintained timely access for both initial and follow-up assessments for patients. A total of 2,428 initial appointments were provided in a timely manner, and 1,784 follow-up assessment appointments were delivered. This emphasis on timely access supports the program's commitment to meeting patient needs efficiently and consistently.

During the reporting period, the behavioral health program delivered the ASAM Re-Entry Interview Script Enhancement (RISE) assessment. Out of 8,350 patients released, 7,547 individuals were offered the RISE assessment, and 4,066 were completed. These assessments were specifically prioritized for patients who had experienced high-risk events that indicated an active SUD.

Recognizing Cognitive Behavioral Therapy (CBT) as an effective treatment for SUDs (including opioid use disorder [OUD], alcohol use disorder, and stimulant use disorder), the behavioral health program has continued to emphasize the availability of CBT, most recently by highlighting this therapy during a statewide Continuing Medical Education activity. By increasing awareness of CBT, the program aims to deliver more comprehensive support for patients who have complex behavioral health needs. This therapy is specifically designed to address the underlying factors that contribute to substance use and related complications. The program also seeks to promote

improved outcomes for individuals dealing with co-occurring chronic pain and SUD by training 29 clinicians in the delivery of Empowered Relief™. As evidence of the commitment to delivering CBT, a total of 662 patients participated in CBT during this reporting period.

Medication Assisted Treatment

MAT is the community standard to treat OUD and offers harm reduction, particularly in the context of the fentanyl epidemic. It is encouraging that patients within CDCR access MAT at more than double the rate of patients with OUD in the community, and deaths related to overdose decreased from 2023 to 2024, with preliminary data from 2025 showing further decline.

Between January and April 2026, 27,170 patients had an appointment to address their SUD. As of the end of this reporting period, there are 19,665 patients receiving MAT. During this reporting period, 3,747 patients started MAT, 1,473 patients discontinued their MAT while still incarcerated, and 2,297 paroled or were released while prescribed MAT.

During this reporting period, a total of 2,614 initial appointments were provided, and 1,916 follow-up assessment appointments were completed. The Addiction Medicine Central Team (AMCT) realigned resources to hold additional telemedicine clinics at Wasco State Prison and NKSP, who have the largest volumes of MAT initial appointments.

Additionally, the AMCT initiated “injection clinics” for institutions with high volumes of patients on injectable buprenorphine. These clinics align appointments with the AMCT provider on the same day patients receive their monthly injection. This creates an efficient care delivery model that has a much higher appointment completion rate than regular clinics. The AMCT has completed a total of 560 visits (84 percent) out of 665 scheduled appointments using this innovative strategy. Additionally, because injection clinics do not require designated support staff or telemedicine space like standard clinics, they help preserve institutional resources that can be used to support other health care appointments.

Among patients receiving MAT, a subset with severe SUD who need additional support to adhere to treatment are prescribed monthly injectable buprenorphine. Injectable buprenorphine has been highly successful in treating these patients and protecting them from overdose. In review of patients prescribed injectable buprenorphine in 2024, it was found that community emergency department and hospital visits for these patients were significantly lower than for patients with OUD who were not prescribed MAT. Additionally, there were no overdose deaths for patients prescribed injectable buprenorphine.

Cognitive Behavioral Interventions

As of the end of this reporting period, 89 incarcerated persons are participating in independent packet programming, 12,588 are participating in in-person programming including Aftercare, and 1,587 participated in short-term programming.

Transition Services

During this reporting period, ISUDT Resource Teams successfully linked 1,929 (91 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, 6,251 of 6,469 patients (97 percent) were offered naloxone along with education for its use in preventing opioid overdose, with a 94 percent acceptance rate. Additionally, 1,943 of 2,022 patients (96 percent) were provided MAT upon release.

ISUDT Publications

The ISUDT Insider newsletter was developed during the COVID-19 pandemic as a way to keep ISUDT patients connected to information about SUD treatment, best practices in recovery, and to read encouraging testimonials from peers. From inception in 2020 through December 2025, the ISUDT Communications team produced 66 monthly newsletters, covering various topics to support the recovery community inside institutions.

As the newsletter approaches completion of its sixth year of publication, Strategic Communications and External Affairs is evolving this important communications platform to utilize new messaging and resources for readers. The information usually shared each month will now be part of a new quarterly publication for the entire incarcerated population and include program updates, public health information, and activities, along with ISUDT updates and resources. The first issue of the new newsletter is expected to be released in June 2026.

Peer Support Specialist Program

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; navigating the health care, custodial, and social systems; conflict resolution and emotional support; crisis and self-care management; and advocacy assistance.

To sustain the Peer Support Specialist Program (PSSP) workforce and fill vacant positions, CAL and High Desert State Prison (HDSP) completed training for 29 incarcerated individuals as of April 2026. CIW, CMF, HDSP, MCSP, and NKSP began additional training cohorts for 63 incarcerated individuals in April 2026, with training expected to conclude by July 31, 2026.

Medi-Cal Peer Support Specialist Certification

The third Medi-Cal Peer Support Specialist Certification Examination cycle concluded on April 9, 2026, with 26 institutions participating.

Between April 6, 2026, and April 9, 2026, 328 Peer Support Specialists participated in the examination process and 260 (79 percent) received passing scores and are now Certified

Medi-Cal Peer Support Specialists. To date, 920 PSSP workers have completed the certification exam, and 752 PSSP workers passed the certification exam (82 percent).

The next round of Medi-Cal Peer Support Specialist Certification Examinations is tentatively scheduled to occur in summer 2026. All eligible Peer Support Specialists, including those who did not pass on the first attempt and need to retake the exam, will be identified to participate in the next exam period.

(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 continue to work closely with the California Department of Health Care Services (DHCS), Managed Care Plans, 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 April 2026, DHCS released its first impact report, [From Incarceration to Care: California's Medi-Cal Reentry Initiative](#). The report highlights statewide progress in launching pre-release services, cross-agency collaboration, and real-world stories of affected members served by the initiative.

During this reporting period, 5,162 (88 percent) patients had Medi-Cal activated prior to release and 5,009 (86 percent) patients had assigned Managed Care Plans prior to release.

Nursing Services continues to refine CalAIM pre-release services including coordinated reentry care plans and warm handoffs with external enhanced care managers. During this reporting period, 5,182 (89 percent) patients were released with a reentry care plan, and 3,486 (60 percent) patients had warm handoffs with external enhanced care managers.

(xi) CDCR Incarcerated Tablet Initiative

Tablet implementation at fire camps is complete. The anticipated timeline for implementation at all institutions is September 2026.

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

(i) Healthcare Facilities Maintenance and Environmental Services

The Health Care Facility Support unit continues to work on a new statewide Healthcare Facilities Maintenance (HFM) services contract with California Correctional Training Rehabilitation Authority (CALCTRA). The current contract expires June 30, 2026. During this reporting period, CCHCS and CDCR collaborated with CALCTRA to negotiate the cost of the future three-year contract since prior year costs were continually exceeding CCHCS' budget authority. Through

these negotiations, CALCTRA agreed to reduce its cost estimate by approximately \$20 million per fiscal year (FY). In addition, CALCTRA agreed to issue a credit of approximately \$9.5 million for the current FY. Although the cost of doing business was reduced, there are no changes to the service levels provided. During this reporting period, Corrections Services also conducted an on-site institution validation of the HFM room inventory associated with the contract.

CHCF has been addressing ongoing supply chain challenges related to material procurement, delivery, and storage in various environments, including warehouses and clinical settings. During this reporting period, stakeholders gained valuable insights from key meetings, and CHCF, CCHCS, and CDCR are exploring potential solutions. Among the strategies under consideration are updating current practices, transitioning to a unified operating system (S4/Hana), remapping inventory, hiring additional personnel, and acquiring necessary equipment. The proposed approach includes a phased strategy that encompasses inventory mapping, warehouse reconfiguration, and staff training, aiming to deliver both immediate and long-term solutions while ensuring a seamless patient experience.

(ii) Scheduling and Ducating

As previously reported, Corrections Services initiated an effort in May 2025 to reduce the overall number of priority ducats issued each month at RJD. Due to the success of the program at RJD, Corrections Services is currently working with MCSP to expand the pilot program, which would result in the elimination of 10,000 to 11,000 physical ducats each month.

Instead of issuing daily ducats for the Recreation Therapy (RT) Yard, a daily list will be displayed in the common areas of incarcerated person housing units. This list will be generated each day after 4:00 p.m. to accommodate any last-minute changes, thereby reducing the likelihood of errors and ensuring all updates are accurately captured. It is anticipated the initiative will lead to an increase in appointments completed for the RT Yard, as the simplified schedules will be easier to follow compared to traditional ducats, which are prone to being lost or misinterpreted. The MCSP pilot commenced on April 20, 2026.

(iii) Transportation Vehicles

The fifth-round of the Health Care Access (HCA) vehicle redirect analysis conducted in January 2026 has been approved by the Division of Adult Institutions (DAI) and CCHCS, with an anticipated completion in May 2026. The HCA vehicle redirection analysis associated with the closure of CRC is currently pending final approval.

Current monthly HCA transportation vehicle reporting shows 104 of 864 vehicles are out of service. Of the 104 vehicles, 27 are expected to return to service within 30 days, 50 are projected to remain out of service for more than 30 days, and 27 have been identified as junk and will not return to service. These junk assets are awaiting vehicle replacement. Most out-of-service vehicles are down due to repair or maintenance needs. The CDCR Office of Business Services (OBS) has updated its monthly program survey to gather more detailed information on resources

required to bring vehicles back online. CDCR's OBS continues to work with DAI to determine support needs. The total HCA transport vehicle count of 864 will fluctuate as new vehicles are deployed and surveyed vehicles are removed.

The FY 2023-24 purchase of 56 HCA replacement vehicles is nearly complete. Retrofitting has been completed for 53 of the vans, which have been delivered to institutions, while 3 are pending security caging and Americans with Disabilities Act (ADA) wheelchair lift modifications.

The FY 2024-25 purchase of 66 HCA replacement vehicles has been received by CALCTRA with pending modifications expected to be complete by September 2026. Eighteen vans have been completed and shipped, while 48 are in various stages of modification and completion.

CDCR obtained approval of a five-year HCA Fleet Acquisition Plan (FAP) in FY 2024-25 to allow for the purchase and replacement of HCA transport vehicles from FY 2025-26 through FY 2029-30. CDCR completed the FY 2025-26 purchase of 54 vehicles in fall 2025. A total of 39 of the 54 transport vehicles have been received by CALCTRA for modification and the remaining 15 vehicles are expected to be delivered in May 2026. Of the 54 vehicles, 19 will be outfitted with ADA wheelchair lifts for various programs. CDCR expects all 54 vehicles to be fully complete and operational by December 2026.

CDCR will continue to purchase HCA replacement vehicles from the approved five-year HCA FAP annually through FY 2029-30. As funding for FY 2026-27 will be available July 1, 2026, CDCR and CCHCS will partner to finalize purchasing determinations by June 30, 2026.

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 81 percent of patient capacity (2,405 current population; 2,953 capacity) and 31 of the 31.30 budgeted provider positions are filled as follows:

- Physician and Surgeon: 31.30 positions, 29 filled, 2.30 vacant
- Physician Assistant: 0 budgeted positions, 2 filled

As reflected in the April 2026 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, 32 percent of institutions (10 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 48 percent (15 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 22 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:

- CCHCS recently relaunched its online career pages with updated imagery for each career path in addition to launching new student outreach pages for the Medical Services program. These efforts support CCHCS' current awareness campaigns through educating interested candidates and the general population on our mission and the exciting career opportunities available to students and professionals. CCHCS' Workforce Development physician recruitment team worked closely with Medical Services' Educational Partnerships Program to identify and attend events hosted by residency programs throughout California. At these events, CCHCS provides attendees at various stages of residency with information about rotational and learning opportunities at facilities, the benefits of practicing primary care at CCHCS, and how to apply for positions within the organization, promoting correctional health care as a viable and rewarding career option.
- CCHCS expanded its in-person recruitment presence for both Dietary and Nursing, while ensuring physician presence at the UC San Diego Family Medicine Residency Career Fair, East Bay Residency Job Fair, UCSF-Fresno Family & Community Medicine Job Fair, and the Harbor-UCLA Family Medicine Career Fair. Dietary efforts included partnerships with dietary social media influencers, sponsorships through the California Academy of Nutrition and Dietetics Annual Conference and Today's Dietitian and participation as an exhibitor at the Virtual Academy of Nutrition and Dietetics Annual Conference. Additional digital advertising was provided on Google, YouTube, ChatGPT, and LinkedIn with continued presence on more familiar channels.

- As CCHCS' focused marketing and direct sourcing via third-party recruitment platforms continues, utilization of the direct marketing outreach tool is evolving. With guidance from the platform's representatives, CCHCS expanded its messaging reach through statewide campaigns that targeted internal medicine and family medicine practicing physicians, residents, and fellows in neighboring states, moving methodically eastward for each monthly launch. Additionally, CCHCS launched a digital campaign geo-targeting primary care physicians in the Central Valley and will continue this outreach throughout the remainder of the fiscal year.
- Furthering the student connection, CCHCS focused effort on engaging with both four-year and graduate schools across California. CCHCS finalized its planned outreach to target graduate schools, strategically categorized by specialization and proximity to institutions to assist students in identifying convenient and relevant advanced degree options. Parallel to this was a series of speaking engagements tailored for four-year colleges' graduating classes; these informative sessions featured comprehensive overviews of the CCHCS mission, introducing students to the department's diverse multidisciplinary roles and competitive benefits packages designed to support long-term professional growth.

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. QM 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 averaged 160 people weekly during this reporting period. Based on this constant feedback, QM continuously updates tools and performance measures. During this reporting period, QM made 6 new tools and 158 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 January 14, 2026.

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 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 approved use of the substitute contracting process for a sole source contract with The Maclean Group LLC, Agreement number 25-00082. This contract is for comprehensive on-site audiology services for patients at CDCR institutions. The agreement term is January 15, 2026, through December 31, 2026, and the agreement amount is \$800,000.

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 and capital expenses of the Office of the Receiver for the four-month period from January through April 2026 were \$827,592 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 2026, the Receiver requested transfers of \$950,000 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 \$2,700,000.

All funds requested were received in a timely manner.