Senate Budget and Fiscal Review—Mark Leno, Chair

SUBCOMMITTEE NO. 5 Agenda

Senator Loni Hancock, Chair
Senator Joel Anderson
Senator Jim Beall

Thursday, April 23, 2015
9:30 a.m. or Upon Adjournment of Session
State Capitol - Room 113

Consultant: Julie Salley-Gray

Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Senate Committee hearing, or in connection with other Senate services, may request assistance at the Senate Rules Committee, 1020 N Street, Suite 255 or by calling 916-651-1505. Requests should be made one week in advance whenever possible.

PROPOSED FOR VOTE ONLY

California Correctional Healthcare Services

1. **Santa Fe Springs Community Reentry.** The Governor's budget requests 6.0 positions and no additional funding to staff the Santa Fe Springs Custody to Community Transitional Re-entry Program (CCTRP) for women, beginning in 2015-16.

2. **CDCR Technical Adjustments.** In both the January budget and the recent Spring Finance Letter, the Administration has asked to permanently realign resources for a number of programs and divisions. These realignments result in a net zero change and are largely technical in nature.

ITEMS TO BE HEARD

4440 Department of State Hospitals

The Department of State Hospitals (DSH) is the lead agency overseeing and managing the state's system of mental health hospitals. The DSH seeks to ensure the availability and accessibility of effective, efficient, and culturally-competent services. DSH activities and functions include advocacy, education, innovation, outreach, oversight, monitoring, quality improvement, and the provision of direct services.

The Governor's 2011 May Revision first proposed the elimination of the former Department of Mental Health (DMH), the creation of the new DSH, and the transfer of Medi-Cal mental health services and other community mental health programs to the Department of Health Care Services (DHCS). The 2011 budget act approved of just the transfer of Medi-Cal mental health programs from the DMH to the DHCS. In 2012, the Governor proposed, and the Legislature adopted, the full elimination of the DMH and the creation of the DSH. All of the community mental health programs remaining at the DMH were transferred to other state departments as part of the 2012 budget package. The budget package also created the new DSH which has the singular focus of providing improved oversight, safety, and accountability to the state's mental hospitals and psychiatric facilities.

California's State Hospital System

California has five state hospitals and three psychiatric programs located on the grounds of the prisons operated by the California Department of Corrections and Rehabilitation (CDCR). Approximately 92 percent of the state hospitals' population is considered "forensic," in that they have been committed to a hospital through the criminal justice system. The five state hospitals provide treatment to approximately 6,000 patients. The psychiatric facilities at state prisons currently treat approximately 1,000 inmates.

Atascadero State Hospital. This facility, located on the Central Coast, houses a largely forensic population, including a large number of incompetent to stand trial patients and mentally disordered offenders. As of December 2014, it housed more than 1,000 patients.

Coalinga State Hospital. This facility is located in the city of Coalinga and is California's newest state hospital. The hospital houses only forensic patients, most of whom are sexually violent predators. As of December 2014, it housed more than 1,100 patients.

Metropolitan State Hospital. Located in the city of Norwalk, this hospital's population is approximately 65 percent forensic. Metropolitan State Hospital does not accept individuals who have a history of escape from a detention center, a charge or conviction of a sex crime, or a conviction of murder. As of December 2014, it housed about 700 patients.

Napa State Hospital. This facility is located in the city of Napa and has a mix of civil and forensic commitments. Napa State Hospital limits the number of forensic patients to 80 percent of the patient population. As of December 2014, it housed nearly 1,200 patients.

Patton State Hospital. This facility is located in San Bernardino County and primarily treats forensic patients. As of December 2014, it housed 1,500 patients.

Salinas Valley Psychiatric Program. This program is located on the grounds of Salinas Valley State Prison in Soledad and provides treatment to state prison inmates. As of December 2014, it had a population of more than 200 patients.

Stockton Psychiatric Program. This program is located on the grounds of the California Health Care Facility in Stockton and is the state's newest psychiatric program. The program provides treatment to state prison inmates. As of December 2014, it had a population of about 400 patients.

Vacaville Psychiatric Program. This program is located on the grounds of the California Medical Facility in Vacaville and provides treatment to state prison inmates. As of December 2014, it had a population of about 350 patients.

The following are the primary Penal Code categories of patients who are either committed or referred to DSH for care and treatment:

Committed Directly From Superior Courts:

- *Not Guilty by Reason of Insanity* – Determination by court that the defendant committed a crime and was insane at the time the crime was committed.

- *Incompetent to Stand Trial (IST*) – Determination by court that the defendant cannot participate in trial because the defendant is not able to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense. This includes individuals whose incompetence is due to a developmental disability.

Referred From The California Department of Corrections and Rehabilitation (CDCR):

- *Sexually Violent Predators (SVP)* – Hold established on inmate by court when it is believed probable cause exists that the inmate may be a SVP. Includes 45-day hold on inmates by the Board of Prison Terms.

- *Mentally Disordered Offenders (MDO)* – Certain CDCR inmates for required treatment as a condition of parole, and beyond parole under specified circumstances.

- *Prisoner Regular/Urgent Inmate-Patients (Coleman Referrals)* – Inmates who are found to be mentally ill while in prison, including some in need of urgent treatment.

State Hospitals & Psychiatric Programs
Caseload Projections

	2014-15	2015-16
Population by Hospital*		
Atascadero	N/A	N/A
Coalinga	N/A	N/A
Metropolitan	N/A	N/A
Napa	N/A	N/A
Patton	N/A	N/A
Subtotal	**5,802**	**5,863**
Population by Psych Program		
Vacaville	366	366
Salinas	244	244
Stockton	480	480
Subtotal	**1,090**	**1,090**
Population Total	**6,892**	**6,953**
Population by Commitment Type		
Incompetent to Stand Trial (IST)	1,430	1,485
Not Guilty By Reason of Insanity (NGI)	1,377	1,379
Mentally Disordered Offender (MDO)	1,220	1,210
Sexually Violent Predator (SVP)	953	967
Lanterman-Petris-Short Act – Civil Commitments	556	556
Coleman Referral – Hospitals	258	258
Coleman Referral – Psych Programs	1,090	1,090
Department of Juvenile Justice	8	8

***** DSH is no longer able to identify the number of budgeted beds at their hospitals.

State Hospitals Budget

The Governor's proposed budget includes $1.7 billion for DSH in 2015-16 ($1.6 billion General Fund). This represents a $15 million increase over 2014-15 funding. The proposed budget year position authority for DSH is 11,398 positions, an increase of 164 positions from the current year. The department's budget includes increased funding for several proposals: including plans to operate 105 more Incompetent to Stand Trial (IST) beds than were budgeted in 2014-15, and establishes an involuntary medication policy for patients who are Not Guilty by Reason of Insanity (NGI).

(dollars in thousands)

Funding	2013-14 Actual	2014-15 Projected	2015-16 Proposed
General Fund (GF)	$1,440,792	$1,538,796	$1,551,830
Reimbursements	126,384	127,560	129,764
CA Lottery Education Fund	153	25	25
Total	$1,567,329	$1,666,381	$1,681,619
Positions	10,360	11,234	11,398

Cost Over-Runs. Over the past several years, state hospital costs had been rising at an alarming rate, and substantial current year deficiencies had become the norm, even expected, from year to year. For example, in the 2010-11 fiscal year, the deficiency rose from $50 million to $120 million and the then-DMH staff could not explain why. In general, the department lacked any clear understanding of what the major cost drivers were and how to curb or stabilize costs in the system. In 2011, DMH leadership facilitated and oversaw an in-depth exploration and analysis of state hospital costs, resulting in a lengthy report that is available on the department's website. The research team identified the following system wide problems/cost drivers: increased patient aggression and violence; increased operational treatment models; and redundant staff work.

Based on the report described above, in 2012, the Administration proposed a comprehensive list of reforms, to reverse the rising cost trend, which addressed three stated goals: 1) improve mental health outcomes; 2) increase worker and patient safety; and, 3) increase fiscal transparency and accountability. Perhaps the most significant of these proposed reforms was the reduction of 600 positions throughout the state hospital system. Of these 600 positions, 230 were vacant. In addition to the reduction in positions, the 2012 budget package included key changes in the following areas:

1. Reduced layers of management and streamlined documentation.

2. Flexible staffing ratios, focusing on front-line staff, and redirecting staff to direct patient care.

3. New models for contracting, purchasing, and reducing operational expenses.

4. Elimination of adult education.

Issue 1: Sex Offender Evaluations – Audit Report

Governor's Budget. The Department of State Hospitals (DSH) budget currently contains $16.3 million for the staff to conduct evaluations of sexually violent predators. $8.9 million funds 33 state civil service positions and the remaining $7.4 million is funding for contracts. Since January 1, 2015, DSH has conducted 413 pre-commitment evaluations and 62 recommitment evaluations of SVPs. The number of evaluations has varied over the last few years, from a high of almost 3,000 in calendar year 2013 to just over 2,000 in calendar year 2014. It's unclear whether the evaluation budget is tied to the actual number of evaluations.

Background. Because they may present a continuing threat to society, sexually violent predators (SVPs), a small subset of sex offenders, may be committed to a treatment facility after serving their prison terms, rather than being released back into their communities. State law calls for two evaluators from the Department of State Hospitals (DSH) to independently evaluate whether these offenders, referred to DSH by the California Department of Corrections and Rehabilitation (CDCR), meet the SVP criteria set forth in law. It they are determined to meet the criteria, CDCR asks the courts to make a determination that the individual is an SVP and asks that they be committed to a secure DSH facility, generally Coalinga State Hospital, for an indeterminate time period.

State Audit Results. At the request of the Joint Legislative Audit Committee, the California State Auditor undertook an audit of the DSH Sex Offender Commitment Program. As noted above, the program targets a small subset of sexually violent offenders who may present a continuing threat to society because their diagnosed mental disorders predispose them to engage in sexually violent criminal behavior. DSH evaluates these offenders to determine whether they meet criteria to be considered sexually violent predators (SVPs) and whether courts should consider committing such offenders to a state hospital. The State Auditor released her audit report last month.

The report concluded that DSH's evaluations of potential SVPs were inconsistent. Although state law requires that evaluators consider a number of factors about offenders, such as their criminal and psychosexual histories, the auditors found instances in which evaluators did not consider all relevant information. They also noted that gaps in policies, supervision, and training may have contributed to the inconsistent evaluations. Specifically, DSH's standardized assessment protocol for conducting evaluations of potential SVPs lacks adequate detail and direction for SVP evaluators on how to perform evaluations. Further, DSH's headquarters lacks a process of supervisory review of evaluators' work from a clinical perspective. They also found that DSH has not consistently offered training to its evaluators, and did not provide SVP evaluators with any training between August 2012 and May 2014. Also, DSH could not demonstrate that its evaluators had training on a specific type of instrument used when assessing whether an individual would commit another sexual offense until it began offering such training at the end of 2014.

The audit report also noted additional areas in which DSH could improve its evaluation process. Specifically, DSH has not documented its efforts to verify that its evaluators met the experience portion of the minimum qualifications for their positions. In addition, in March 2013, DSH developed a process for assigning and tracking the workload of its evaluators and recently revised it in January 2015. Although the revised process addresses some concerns about workload assignments, it omits other elements and DSH has not established a formal process for periodically reviewing its workload assignment process. Finally, DSH needs to address its backlog of annual evaluations of currently committed SVPs at Coalinga State Hospital. When Coalinga fails to promptly perform these evaluations, it is not fulfilling one of its critical statutory obligations, leaving the state unable to report on whether the SVPs continue to pose risks to the public and whether unconditional release or release to a less restrictive environment might be an appropriate alternative.

Detailed Findings. During the review of DSH's Sex Offender Commitment Program the auditors noted the following:

- Based on the review of 23 evaluations, they found that DSH's evaluations of current and potential SVP's are inconsistent and evaluators did not demonstrate that they considered all relevant information, which increases the risk of incorrectly concluding whether offenders meet SVP criteria.

  - Four did not indicate that the evaluator considered the psychosexual history of the offenders as required by law and eight did not indicate they considered a report from CDCR that identifies communication barriers or disabilities the offender may have.

  - In one instance, the evaluator listed reviewing certain mental health records and noted that the offender experienced suicidal thoughts, while the other evaluator stated that the offender did not have mental health issues based on other records.

  - Some evaluators stopped an evaluation once they determined that the offender did not meet one of the SVP criteria and other evaluators completed the evaluation of all criteria even though failure to meet one of the SVP criteria would prevent commitment as an SVP.

- The standardized assessment protocol that DSH established does not provide evaluators with adequate detail and direction in performing evaluations.

- DSH's headquarters currently lacks the supervisory structure necessary to perform clinical reviews of evaluations—45 employees report to the chief psychologist, who holds the only supervisory position.

- DSH has not analyzed court outcomes to identify areas where it could strengthen its evaluations. It had not tracked the disposition of its court cases or determined the frequency with which courts agree or disagree with evaluators.

- For nearly two years, DSH did not provide any training to its SVP evaluators and has not fully implemented the comprehensive training plans it began almost a year ago.

- Coalinga has a significant backlog of annual SVP evaluations it has not completed—it had 261 that were due to courts as of December 2014.

Key Recommendations. The auditor recommended that the Legislature allow DSH the flexibility to stop an evaluation once it has determined that the offender does not meet one of the SVP criteria. To improve the consistency of its evaluations, the auditor made recommendations to DSH including the following:

- Create a written policy requiring evaluators to include details describing the documents reviewed in their evaluations.

- Update its assessment protocol to include specific instructions on conducting evaluations.

- Develop a plan for formal supervisory reviews of evaluations from a clinical perspective.

- Use information on the outcomes of past trials to identify training and supervision needs and develop training programs to ensure evaluators conduct evaluations effectively and consistently.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. Please provide an update on how the department is addressing the auditor's findings, including the timeline for the development of a written policy to ensure uniformity in the evaluation process.

2. Is there any quality control system in place to ensure that evaluators are properly trained and are considering all of the relevant factors in each case?

3. It appears from the data provided by DSH that the number of evaluations each year can vary significantly. How do you determine the budget for this workload each year and is it adjusted based on the previous years' actual number of evaluations?

Coleman, et al v. Brown

Background. Over the past few decades, state prisons have increasingly become mental health treatment facilities. Data suggests that the number of people with mentally illness in prison has almost doubled in the last 15 years. Currently, 45 percent of inmates have been treated within the last year for a severe mental illness.

How Did Prisons Become Mental Health Service Providers? Prior to 1957, mental health services were delivered to some persons with serious mental illness by a state-operated and funded institutional system, which included state hospitals for persons with mental illness and two state hospitals serving persons with mental illness and/or a developmental disability.

In 1957, the California legislature passed the Short-Doyle Act in response to the growing number of people with mental illness being confined in public hospitals, many of whom were institutionalized inappropriately or subject to abuse while residing in a state facility. The act, which provided state funds to local mental health service delivery programs, was developed to address concerns that some individuals with mental illness were better served by local, outpatient services rather than 24-hour hospital care. Lawmakers believed that local programs would allow people with mental illnesses to remain in their communities, maintain family ties, and enjoy greater autonomy. When first enacted, the Short-Doyle Act provided state funding for 50 percent of the cost to establish and develop locally administered-and controlled community mental health programs.

In 1968, the Legislature passed the Lanterman-Petris-Short Act (LPS), which further reduced the population of state mental health hospitals by requiring a judicial hearing prior to any involuntary hospitalization. The LPS also initiated increased financial incentives for local communities to take on the provision of mental health services. As a result of this long-term transfer of state operation and oversight to a decentralized, community-based mental health care delivery model, the state mental health hospital population declined from 36,319 in 1956 to 8,198 in 1971. Three public mental hospitals closed during this time period. The Legislature intended for savings from these closures to be distributed to community programs. However, in 1972 and 1973 then-Governor Ronald Reagan vetoed the transfer of these funds. [1]

Throughout the 1970s and 1980s counties contended that the state was not providing adequate funds for community mental health programs. In addition, several counties were receiving less funds on a population basis than other counties. This disparity was addressed, with varying levels of success, in both the 1970s and the 1980s with the allocation of "equity funds" to certain counties. Realignment of mental health programs, enacted in 1991, has made new revenues available to local governments for mental health programs but, according to local mental health administrators, funding continued to lag behind demand.[2]

[1]Historical background from The Stanford Law School Three Strikes Project, "When Did Prisons Become Acceptable Mental Healthcare Facilities?"

[2] Legislative Analyst's Office "Major Milestones: 43 Years of Care and Treatment of the Mentally Ill", March 2, 2000.

In the past decade, California has made a significant investment in community mental health treatment funding. In November 2004, California voters approved Proposition 63, also known as the Mental Health Services Act. Proposition 63 provides state funding for certain new or expanded mental health programs through a personal income tax surcharge of one percent on the portion of a taxpayer's taxable income in excess of $1 million. Revenues generated by the surcharge are dedicated to the support of specified mental health programs and, with some exceptions, are not appropriated by the Legislature through the annual budget act. Full-year annual Proposition 63 revenues to date have ranged from about $900 million to $1.5 billion, and could vary significantly in the future. Between 2004-05 and 2013-14, the fund has collected over $11 billion for local mental health services.[3]

Proposition 63 funding is generally provided for five major purposes: (1) expanding community services, (2) providing workforce education and training, (3) building capital facilities and addressing technological needs, (4) expanding prevention and early intervention programs, and (5) establishing innovative programs.

In 2013, the federal Patient Protection and Affordable Care Act (ACA) (health care reform) significantly increased access to private and public health care coverage including mental health services. Included in this healthcare expansion was the expansion of Medi-Cal coverage to adults with incomes up to 138 percent of the federal poverty level (FPL). Generally, these are childless adults who are nonelderly and nondisabled. Under the ACA, the federal government will pay for 100 percent of the costs for this population for the first three years (2014-2016) with funding gradually decreasing to 90 percent in 2020. Allowing single, childless adults to receive Medi-Cal should significantly increase access to mental health services for those adults who would otherwise only have access through public county services or the criminal justice system.

The Legislature also passed the Investment in Mental Health Wellness Act (SB 82 (Senate Budget and Fiscal Review Committee), Chapter 34, Statutes of 2013). The bill authorized the California Health Facilities Financing Authority (CHFFA) to administer a competitive selection process for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources. The budget provided $142 million General Fund for these grants. In addition, the bill implemented a process by which the Mental Health Services Oversight and Accountability Commission (MHSOAC) allocates funding for triage personnel to assist individuals in gaining access to needed services, including medical, mental health, substance use disorder assistance and other community services. The 2013-14 budget provided $54 million ($32 million MHSA State Administrative Funds and $22 federal funds) in on-going funding for this purpose.

Currently, due to the expansion of Medi-Cal eligibility, the state has greatly increased its efforts to assure that anyone leaving prison or county jail is enrolled in Medi-Cal and has access to necessary health care services, including mental health treatment.

***Ralph Coleman, et al. v. Edmund G. Brown Jr, et al*.** Primarily because the prison system was severely overcrowded and the provision of mental health treatment was significantly

[3] Mental Health Service Act (MHSA) – Revenue Summary, January 2015

lacking for inmates in need, a class action suit was filed in the United States District Court in 1991 arguing that prisoners with mental illness were subjected to cruel and unusual punishment, a violation of the inmates eighth amendment protections.

In order to find in favor of the plaintiffs, the court needed to determine that the violations were both objective and subjective in nature. In order to meet the objective standard, the court must find that the deprivations were sufficiently serious to constitute the unnecessary and wanton infliction of pain. For the subjective standard, the courts must find that the treatment constituted deliberate indifference, was wanton and showed a pattern of being malicious and sadistic.

In 1995, following a 39-day trial, District Court Judge Lawrence Karlton found that current treatment for mentally ill inmates violated those inmates' eighth amendment protections against cruel and unusual punishment. Judge Karlton found "overwhelming evidence of the systematic failure to deliver necessary care to mentally ill inmates" who, among other illnesses, "suffer from severe hallucinations, [and] decompensate into catatonic states." Although a special master was appointed by the court to oversee implementation of a remedial plan, the situation continued to deteriorate, according to periodic reports from the special master.[4] 25 years after the federal suit was filed, the state remains under the control of the federal court in *Coleman v. Brown* and is under regular review and oversight by the special master.

In the original ruling, the court identified six areas in which CDCR needed to make improvements: mental health screening, treatment programs, staffing, accurate and complete records, medication distribution and suicide prevention. In subsequent rulings, the courts expanded the areas of concern to include use of force and segregation policies. In addition, the courts also required that condemned inmates in San Quentin State Prison have access to inpatient, acute-care treatment.

On the following page is a detailed timeline of the major events related to *Coleman v. Brown* over the last 25 years.

[4] Stanford Law School Three Strikes Project, "When Did Prisons Become Acceptable Mental Healthcare Facilities?"

Major Milestones in the *Coleman v. Brown* case

Year	Event
1991	The Coleman class-action lawsuit was filed in U.S. District Court, Eastern District, alleging that mental health care in state prisons violated the Eighth Amendment's ban of cruel and unusual punishment.
1995	The Coleman court found that the State was deliberately indifferent to the mental health needs of inmates in violation of the Eighth Amendment. A special master was appointed.
1997	The Coleman court approved a plan to address the inadequacies in mental health care.
2006	Plaintiffs in the Plata and Coleman cases requested the convening of a Three-Judge Panel to review whether overcrowding was the primary cause of the failure to provide adequate medical and mental health care.
2008	The Three-Judge Panel trial took place.
2010	The Three-Judge Panel ordered the State to reduce its adult institution population to 137.5 percent of design capacity within two years and according to a schedule of four benchmarks at six-month intervals. The State appealed to the U.S. Supreme Court.
2011	In April, Public Safety Realignment (AB 109 (Committee on Budget) Chapter 15, Statutes of 2011), designed to bring about a significant reduction in the prison population, was enacted. It eventually reduced the adult institution population by 25,000.
2011	In May, the U.S. Supreme Court affirmed the Three-Judge Panel's order.
2013	In January, Governor Brown filed a motion to terminate the Coleman lawsuit and to end the requirement to reduce the prison population to 137.5 percent of design capacity. The Coleman court denied this motion.
2013	In May, the plaintiffs filed a motion in court alleging the unconstitutional use of force and an inadequate discipline process against the Coleman class members.
2013	In July, the court ordered the special master to monitor the psychiatric programs run by the Department of State Hospitals, particularly in regards to the adequacy of staffing and the use of handcuffs at all times for patients who are out of their cells.
2013	In December, the court ordered the state to develop a long-term solution for providing inpatient care for condemned inmates currently housed on California's death row.
2014	In April, the Coleman court ruled that California's use of force and segregation of mentally ill inmates violated the inmate's 8th amendment rights.
2014	In May, the Special Master released his report on the adequacy of inpatient mental health care, including the psychiatric programs run by DSH. The special master also filed an assessment of the San Quentin plan to provide inpatient care for condemned inmates and the court provided additional reporting orders.
2014	In August, the court issued further orders regarding segregation and use of force.
2015	In January, the Governor's budget proposal included a request related to complying with the 2014 court orders. In addition, the Special Master released his report on suicide prevention practices.

Source: Events through April 2013 are from CDCR's May 2013 "Timeline in the Plata (medical care), Coleman (mental health care) and Three-Judge Panel (prison crowding) cases"

State Prison Population. The California Department of Corrections and Rehabilitation (CDCR) is responsible for the incarceration of the most serious and violent adult felons, including the provision of training, education, and health care services. As of January 21, 2015, CDCR housed about 133,000 adult inmates in the state's 34 prisons and 42 fire camps. Almost 114,000 of those inmates are in state prisons, which results in those institutions currently being at 137.5 percent of their design capacity. Approximately 9,000 inmates are housed in out-of-state contracted prisons, 6,000 are housed in in-state contracted facilities, and 6,000 are housed in fire camps. CDCR also supervises and treats about 43,000 adult parolees. Approximately 45 percent of those inmates have been treated for severe mental illnesses within the last year.

The Coleman Class. As of January 19, 2015, there are currently 37,829 inmates in the Coleman class (35,472 men and 2,357 women). According to a December 24, 1998 court ruling on the definition of the class, the plaintiffs' class consists of all inmates with serious mental disorders who are now, or who will in the future be, confined within CDCR. A "serious mental disorder" is defined as anyone who is receiving care through CDCR's Mental Health Services Delivery System (MHSDS).

MHSDS provides four levels of care, which depend on the severity of the mental illness. The first level, the Correctional Clinical Case Management System (CCCMS), provides mental health services to inmates with serious mental illness with "stable functioning in the general population, an administrative segregation unit (ASU) or a security housing unit (SHU)" whose mental health symptoms are under control or in "partial remission as a result of treatment." As of January 19, 2015, 30,065 mentally ill inmates were at the CCCMS level-of-care.

The remaining three levels of mental health care are for inmates who are seriously mental ill and who, due to their mental illness, are unable to function in the general prison population. The Enhanced Outpatient Program (EOP) is for inmates with "acute onset or significant decompensation of a serious mental disorder." EOP programs are located in designated living units at "hub institution[s]." As of January 19, 2014, 6,044 inmates with mental illness were receiving EOP services and treatment.

Mental health crisis beds (MHCBs) are for inmates with mental illness in psychiatric crisis or in need of stabilization pending transfer either to an inpatient hospital setting or a lower level-of-care. MHCBs are generally licensed inpatient units in correctional treatment centers or other licensed facilities. Stays in MHCBs are limited to not more than ten days. Currently, there are 389 inmates receiving this level-of-care.

Finally, several inpatient hospital programs are available for class members who require longer-term, acute care. These programs are primarily operated by the Department of State Hospitals (DSH), with the exceptions of in-patient care provided to condemned inmates and to female inmates. There are three inpatient psychiatric programs for male inmates run by DSH that are on the grounds of state prisons. Those programs are DSH-Stockton, on the grounds of the Correctional Healthcare Facility; DSH-Vacaville, on the grounds of Vacaville State Prison; and DSH-Salinas Valley, on the grounds of Salinas Valley State Prison. There are currently approximately 1,000 patients in those facilities and the DSH budget for those

inmates is approximately $245 million General Fund per year. As of January 19, 1,331 inmates were receiving inpatient care, 47 of those patients were women and 34 were condemned inmates housed at San Quentin State Prison.

In addition to the patients in the prison-based psychiatric programs, approximately 250 Coleman class inmates are receiving care at Atascadero State Hospital and Coalinga State Hospital. The DSH budget for those patients is $52 million General Fund per year.

Recent Special Master Report Highlights. As part of the ongoing court oversight, the special master has issued three key reports in the last year: (1) a report to the court on the adequacy of mental health care for CDCR inmates housed in inpatient, long-term, acute care beds; (2) an assessment of CDCR's plan to create long-term, acute care beds for inmates housed on death row at San Quentin; and, (3) an audit of suicide prevention practices within the state prisons.

Adequacy of Inpatient Mental Health Care. This report found it difficult to assess the overall quality of care provided to inmates in programs run by DSH because the six inpatient programs varied widely in their policies, practices and operations in nearly every aspect of inpatient mental health care administration and delivery. This criticism is not unlike other criticisms raised about the five state hospitals run by DSH. Each appears to function largely autonomously, without consistent policies and practices across the state hospital system.

The report noted, "from facility to facility, the special master found difference with seemingly no discernable semblance of coordination and consistency among any of the DSH programs." At five of the six facilities, the report found that staffing was inadequate, especially the staffing of psychiatrists. The only program found to be adequately staffed was the facility for female inmate-patients at the California Institution for Women (CIW), which is run solely by CDCR.

Given the staffing problems, it was not surprising that the special master also found that inadequate treatment was being provided to patients and that individual therapy was often non-existent. The report noted that, as of March 2014, DSH-Vacaville was providing between 1.4 and 4.7 hours per month in out-of-cell and clinical treatment activities. Further, the special master found that even non-therapeutic activities were being credited as an hour of out-of-cell treatment. In addition, at Vacaville, patients complained that they had no one to talk to when they were having problems and that if they asked for individual counseling or therapy sessions, the response was often to provide them with more medication. At DSH-Stockton, patients reported that the facility was considerably more restrictive than the prisons they were transferred from because, similar to a maximum security environment, where they are required to be confined to their rooms 21 to 22 hours per day.

In contrast, CIW provided all of the necessary care for patients in the program including group, individual, and unit activities. The report noted that in January 2014, the patients were offered an average of 15 hours per week of group activities and that nearly all scheduled individual treatment was completed. However, the special master did find that it was difficult to distinguish between intermediate levels-of-care and acute care because the enhanced care required for acute care patients did not appear to be provided. However, compared to

the five programs run by DSH for male inmate-patients, the program run by CDCR for female inmate-patients offered significantly more treatment and therapeutic programs.

Inpatient Care for Condemned Inmates at San Quentin State Prison. In this report, the special master's findings were largely favorable. He found that the assessment of condemned inmates who are mentally ill had been successful and that 37 inmates had been found in need of inpatient care. While work remains on the physical plant changes necessary to activate the facility at San Quentin, the special master commended CDCR for the work that has been achieved so far and urged them to continue along an expedited time-line so that the patients could be appropriately placed in the new facility.

Audit of Suicide Prevention Practices in State Prison. The audit found that the provisions of the *Coleman Program Guide* on suicide prevention provided reasonable and comprehensive guidelines. However, while the guidelines were deemed to be adequate, the audit found that the suicide prevention practices within the prisons did not follow the guidelines. Despite the guidelines, the number of suicides within the prisons has remained virtually unchanged since 2010 and the rate of suicide is substantially higher than other prison systems throughout the United States. The report noted that the most surprising finding in the audit was that, despite the implementation of monitoring practices, comprehensive reviews of each inmate suicide, and other quality improvement practices, many of the deficiencies found by the audits had not been identified in any of the quality improvement activities. For example, correctional officers at various prisons were observed not conducting their required 30-minute rounds in administrative segregation units in a timely manner. In addition, medical staffs responsible for conducting observations of inmates in several MHCB units were observed to be not conducting the rounds at required intervals and then falsifying documentation. While the deficiencies were not found at all 34 prisons, the report notes that to varying degrees, the deficiency were found at most of the prisons. Given the results of the audit, it is possible that the court will be issuing additional orders related to suicide prevention.

Recent Coleman Court Orders. On April 14, 2014, Judge Karlton ruled that California continued to violate the constitutional safeguards against cruel and unusual punishment by subjecting inmates with mental illness to excessive use of pepper spray and isolation. He gave the state 60 days to work with the special master to revise their excessive force policies and segregation policies, and to stop the practice of holding inmates with mental illness in the segregation units simply because there is no room for them in more appropriate housing. He also ordered the state to revise its policy for strip-searching inmates with mental illness as they enter and leave housing units. The 60-day deadline for some of the requirements was subsequently extended until August 29, 2014.

The department submitted a revised use of force policy to the courts that limits the use of pepper spray on inmate-patients and revises their cell management strategy. On August 11, 2014, the court accepted the new policies. Among other changes to the policy, correction staff is required to consider an inmate's mental health prior to using any controlled use of force. That consideration must include the inmate's demeanor, bizarre behavior status, mental health status, medical concerns and their ability to comply with orders. In addition, a mental health clinician must evaluate an inmate's ability to understand the orders, whether

they are a Coleman class inmate or not. They must also evaluate whether the use of force could lead to a decompensation of the person's mental health.

On August 29, 2014, the state submitted a plan to comply with the remainder of the April 14 court order and the court accepted the plan. Under this court order, CDCR is required to create specialty housing units for inmates with mental illness who are removed from the general population. These specialized units must include additional out-of-cell activities and increased treatment. Under this plan, male inmates in short-term restricted housing will receive 20 hours of out-of-cell time each week, which is twice the amount of time offered to CCCMS inmates in the existing segregation units. Female inmates in short-term housing, however, will only receive 15 hours of out-of-cell time each week, which is 50 percent more than the current ten hours. In the longer-term restricted housing, male and female inmates will be allowed 15 hours a week in out-of-cell time.

The plan also requires that CDCR conduct a case-by-case review of all Coleman class inmates with lengthy segregation terms, in an attempt to decrease the length of stay for inmates in segregated environments. Additionally, the plan establishes a case review for all inmates being released from DSH or CDCR psychiatric inpatient beds who are facing disciplinary terms in segregation to ensure that the inmate is returned to appropriate housing and not to segregation.

In several areas, the plan presented by CDCR extended beyond the court order and included additional training and collaboration between mental health staff and custody staff. The plan also requires custody staff to make security checks on all inmates in specialized restricted housing twice every hour and requires that licensed psychiatric technicians conduct daily rounds to check on every inmate's current mental health status. The increased checks are designed to reduce suicides and suicide attempts among this population, which have been an ongoing concern of the court. Finally, the plan increases the amount of property allowed for inmates in short-term restricted units. For example, inmates will now be allowed one electrical appliance if their cell allows for it. If it does not, they will be provided with a radio.

Issue 2: *Coleman v. Brown* May 2014 Special Master Report

Governor's Budget. The Governor's budget notes that the Administration is currently considering shifting responsibility for 1,086 inpatient mental health treatment beds from DSH to CDCR. The proposed budget includes $244 million (General Fund) for the three psychiatric programs for prisoners overseen by DSH.

Background. As described above, last year the Coleman special master released a report on the quality of treatment provided to Coleman class inmates being treated in DSH's psychiatric treatment programs and state hospitals. The investigation found significant lapses in the treatment being provided to inmate-patients.

The special master noted that individual therapy was rarely offered, even to those patients who were not ready for group therapy or for whom group therapy was contraindicated. At Coleman State Hospital (one of the two state hospitals that houses CDCR inmate-patients), patients reported that their only individual contact with clinicians occurred on the hallways of the unit. Further, even when individual clinical interventions were indicated for a patient in a treatment team meeting, they were not included in the patient's treatment plan.

The report also noted that at Salinas Valley Psychiatric Program (SVPP), it was the default practice to have two medical technical assistants (MTA) in the treatment room based on institutional cultural perceptions of patient dangerousness rather than on an individualized assessment of the actual potential danger to clinicians and the need to have MTAs present. Similarly, Vacaville Psychiatric Program (VPP) required two escorts for any patient movement, regardless of the patients' custody status, classification, or behavior. In some instances activities were cancelled due to the unavailability of MTAs to escort the patients. According to both clinical and administrative staff, this was the primary reason for limiting out-of-cell activities.

Condemned patients who require an acute level of treatment are currently treated at VPP. According to the investigation, these patients received far less treatment than other acute level patients and no access to group activities or an outdoor yard. In addition, they were only allowed one hour in the day room per week. Reportedly, these patients had weekly contact with a psychiatrist or psychologist. But that contact either happened through the doors of their cells or in a non-confidential setting.

Finally, patients at the Stockton State Hospital (on the grounds of the Correctional Health Care Facility) reported that it was considerable more restrictive than the prisons from which they were referred, stating that it was like being in a maximum security environment, spending 21 to 22 hours per day in their rooms.

Another prevalent theme throughout the report was the lack of uniform policies and procedures throughout all aspects of the program. The report notes that all six of the inpatient programs used their own distinct systems of orientation, cuffing, and restrictions for newly admitted patients, steps/stages through which patients had to progress in order to fully access treatment, and the imposition of restrictions on patients following behavioral problems

or disciplinary infractions. In addition, the six program varied widely in terms of the amount and severity of restrictions on patients' movements, contact with others, and eligibility to receive treatment.

The special master also found that placement of new patients in extremely restrictive conditions was often based on the individual program's established procedures rather than on the severity of the individual patients' mental illness, their propensity for aggressive or self-harming behavior, or their readiness for treatment.

The report found that there was a need for the development of a consistent, more therapeutically-oriented and less punitively-oriented system that could be applied across all six of the programs. More importantly, the report notes, the emphasis throughout needs to be redirected toward greater individualization of any necessary restrictions and staging of patients based on their unique needs and away from an automatic presumption of violent behavior, anti-therapeutic withholding of interaction with others, and deferral of much needed treatment.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. Throughout the report, the special master notes how little time inmate-patients spent out of their cells and how little contact the patients had with other people, other than through their cell doors. Given what we know about how inmates in segregated housing often have their mental health deteriorate, how does this constitute a therapeutic setting that is designed to treat mental illnesses?

2. Multiple concerns have been raised about the general lack of uniform policies and procedures throughout the state hospital system (including those discussed in the previous item). What steps is the department taking to rectify the problem that appears to be endemic?

3. Please provide an update on the discussions between DSH and CDCR on the possible shifting of the psychiatric programs to CDCR.

4. Please provide a detailed description of the changes the department has made over the last year to address the special master's concerns.

Staff Comment. The state Inspector General (IG) provides independent oversight over the state prison system. Among other duties, the IG investigates complaints of mistreatment, provides oversight for CDCR's internal investigations and employee discipline process, conducts medical inspections to review the delivery of medical care to inmates, evaluates the qualifications of all wardens and superintendents, and conducts special reviews at the request of the Speaker of the Assembly or the Senate Rules Committee. However, the jurisdiction of the IG does not include psychiatric programs run by DSH for inmates or any state hospitals.

Given the critical Coleman report on the treatment of patients in the psychiatric programs and the $300 million General Fund spent annually on inmate-patients housed in facilities run by DSH, the Legislature may wish to consider expanding the scope of the IG's duties to include oversight of over the psychiatric programs or create a similar independent oversight entity with the necessary expertise in the provision of mental health diagnosis and treatment. Expanded and independent oversight would provide the Legislature and the Administration with additional on-going information concerning the quality and type of treatment provided. In turn, the Legislature and Administration would be able to take steps to improve treatment and outcomes, ensure a better use of the taxpayers' money, and optimally, see an end to federal court oversight.

In last year's budget, in lieu of expanding the role of the current IG or creating a new IG, the Legislature adopted the following report requirement:

> *The Secretary of the Health and Human Services Agency shall provide, no later than January 10, 2015, a report, together with specific and detailed recommendations, to the fiscal and appropriate policy committees of the Legislature, reviewing and evaluating the best practices and strategies, including independent oversight, for effectively and sustainably addressing the employee discipline process, criminal and major incident investigations, and the use of force within the Department of State Hospitals. The secretary may consult with the California Highway Patrol, the Department of Corrections and Rehabilitation, the Office of the Inspector General and any other resource identified by the Secretary as valuable to this analysis. It is the intent of the Legislature that this report and set of recommendations reflect a critical and pragmatic analysis of the department's current practices and policies, and include a set of meaningful recommendations describing how current practices and policies should be revised and reformed to assure safety and accountability in the state hospital system.*

This requirement was intended to further the conversation concerning the need for on-going, independent oversight and the adoption of uniform policies and practices throughout the state hospital system. This report was discussed during the March 19 hearing and the Legislature may wish to include funding in the budget and adopt trailer bill language expanding the IG's jurisdiction.

5225 Department of Corrections and Rehabilitation

Issue 3: *Coleman v. Brown* Budget Proposal

Governor's Budget. As outlined above, in the past year, the federal court ordered CDCR to make various changes concerning their treatment of certain inmates who are mentally ill. The revised policies in the budget proposal include the following:

- An increase in clinical involvement for controlled use of force incidents.
- Positive intervention strategies to address inmates with certain behavioral restrictions.
- Additional monitoring and reporting activities.

The new policies will provide more clinical involvement in certain activities and restrictions that previously included only custodial involvement. In addition, the new policies establish monthly reporting on certain segregated housing units for mentally ill inmates and, if found out of compliance with requirements for a consecutive two month period, the CDCR will not be allowed to house mentally ill inmates in those units.

The new policies also require CDCR to separately house Correctional Clinical Case Management System (CCCMS) inmates (the lowest level of care in CDCR's mental health system) and general population inmates in segregated housing units. In the new CCCMS housing units, inmates will be provided additional out of cell time and clinical interaction. CDCR will also transfer mentally ill inmates housed in segregated housing units for non-behavior related issues to permanent housing more quickly. In cases where a permanent housing option cannot be quickly identified, CDCR has established a short term housing unit for these inmates.

The court orders and CDCR's revised policies are intended to improve prison mental health care and reduce suicide incidents in prison. In addition to the efforts outlined above, CDCR plans to perform welfare checks on inmates in condemned and security housing units. CDCR will also expand and improve mental health related training, which includes training specifically targeted at educating staff about preventive measures and to improve their use of existing tools to reduce inmate suicides.

The budget requests $13 million General Fund and 56.9 permanent positions in the current year, and $42 million General Fund and 290.4 permanent positions annually, beginning in 2015-16, for the court-ordered changes to CDCR's use of force and segregated housing policies. The remaining 2014-15 $6.6 million and 47.9 positions displayed on the following page are being absorbed within existing resources. The money is budgeted as follows:

2014-15 Coleman Positions and Costs
(Amounts in Millions)

	Positions	Total Funding
Use of Force and Cell Management Status	6.0	$ 1.6
Short and Long Term Housing Units	26.4	$ 5.6
Non-Disciplinary Segregation	12.5	$ 1.7
Inmate-Patient Welfare Check System	47.4	$ 5.7
Monitoring and Oversight	8.5	$ 1.2
Specialized Mental Health Training	4.0	$ 3.8
Total	**104.8**	**$ 19.6**

2015-16 Proposed Coleman Positions and Costs
(Amounts in Millions)

	Positions	Total Funding
Use of Force and Cell Management Status	12.0	$ 2.7
Short and Long Term Housing Units	162.4	$ 24
Non-Disciplinary Segregation	20.0	$ 2.4
Inmate-Patient Welfare Check System	64.0	$ 7.0
Monitoring and Oversight	20.0	$ 3.0
Specialized Mental Health Training	12.0	$ 2.2
Total	**290.4**	**$ 42**

Legislative Analyst's Office (LAO). The LAO did not raise any concerns with this proposal in their analysis of the Governor's budget.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. Please provide a detailed description of each component of the proposal.

2. The proposal includes funding for mental health training. How many hours of training will be provided? Who will receive the additional training? Is this one-time or on-going training?

3. Please elaborate on the infrastructure constraints that prevent the department from providing additional out-of-cell time to females and reception center CCCMS ASU units. Has the court and/or the special master approved the plan to provide 15 rather than 20 hours of out-of-cell time for the above populations?

4. Did the court order a specific amount of out-of-cell time for the CCCMS ASU units or was that amount determined by CDCR? If the latter, how did CDCR determine the appropriate amount of time?

5. Will all of the prisons which house CCCMS inmates have a CCCMS ASU unit? If not will CCCMS inmates at prisons without CCCMS ASU units be transferred to prisons with such units?

6. How did the department determine which prisons will have a CCCMS ASU unit?

Issue 4: San Quentin Condemned Inmates

Governor's Budget. The Governor's budget includes two proposals related to condemned inmates serving their sentences at San Quentin State Prison.

1. ***San Quentin Condemned Inmate Housing.*** The Governor's budget requests $3.213 million General Fund, of which $325,000 is onetime and 24.3 positions to convert two tiers of an existing housing unit at San Quentin to accommodate inmates who have been sentenced to death. This conversion will provide 97 extra cells to accommodate the current population.

2. ***San Quentin Psychiatric Inpatient Program (PIP).*** The Governor's proposed budget includes 99.8 positions and $11 million General Fund for both CDCR and California Correctional Health Care Services (CCHCS) to provide clinical support, custody staff, equipment and training to operate a 40-bed acute level of care psychiatric facility to provide treatment for condemned inmates with mental illnesses severe enough to require inpatient care. $4.3 million General Fund is for CDCR and $6.7 is for CCHCS. CDCR intends to convert 17 existing mental health crisis beds and 23 medical beds to psychiatric inpatient beds.

Background. All inmates sentenced to death in California are sent to San Quentin to fulfill their sentence. Currently, 729 inmates have been sentenced to death in California; however, San Quentin currently has appropriate housing and security for 690 condemned inmates. Every inmate condemned to death is required by law to be housed in individual cells.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. The budget proposal for the PIP notes that because this is a sensitive and complex project, the department intends to have the program operate as a modified stand-alone facility and that it report directly to the deputy director over mental health. Please explain why it is such a complex and sensitive project, other than the fact that the services are being provided to condemned inmates.

2. The PIP proposal also notes that this new program will be modeled after the existing program at the California Institution for Women. Please describe that model and how it differs from other PIPs.

3. Please explain CDCR's and CCHC's separate responsibilities for the new treatment program.

Issue 5: Inspector General Update – Sensitive Needs Yards

Background. Sensitive needs yards (SNY) in the men's prisons are yards designed specifically for those inmates who may not be safe in the general population. Generally, SNYs contain inmates who are ex-gang members, sex offenders, or others in need of protective custody.

March 2015 Semi-Annual Report. In its last semi-annual report, the OIG raised the issue of increasing violence in sensitive needs yards (SNY). More than half of the in-custody homicides involved SNY inmates even though these yards house only 27 percent of the inmate population and were originally created to prevent violence to those inmates requiring protection from the rest of the population for various reasons. In addition to the listed homicides, there were three in-cell great bodily injury incidents against inmates classified as SNY, but that did not result in death.

OIG Recommendations. According to the OIG there are steps the department can take to lessen such risks. Given the current nature of the population on sensitive needs yards, which comprises sex offenders as well as gang dropouts and other general population inmates, the OIG recommended the department consider some additional preventative steps. These included re-examining its double-cell policy for sensitive needs yards, requiring completion of compatibility forms to help ensure that inmates are properly placed with compatible cellmates, and giving potential cellmates the opportunity to document their agreement to house together. Inmates with prior violence toward cellmates should not be double celled, even on an SNY, until each inmate's propensity for violence is considered. Additionally, the OIG recommended the department review the process for transitioning inmates from single-cell designation to double-cell status.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. Please respond to the findings in the semi-annual report and address the steps the department is taking to reduce the violence in sensitive needs yards.

Issue 6: Inspector General Update – Segregated Housing Units

Background. The Department of Corrections and Rehabilitation (CDCR) currently confines approximately 3,200 inmates in segregated housing unit (SHU) facilities. Of these, over 2,000 inmates are serving indeterminate terms; many of the 3,200 are serving SHU terms of several years or even decades.

Psychological research has found that a lack of social interaction can lead SHU inmates to suffer from a variety of psychological and psychiatric illnesses. These can include chronic insomnia, panic attacks, and symptoms of psychosis (including hallucinations).

On October 9, 2013, the Assembly and Senate Public Safety committees held an informational hearing on California's prison segregation policies. The committees heard from representatives of CDCR and the OIG, experts, advocates and even individuals who had been housed in the SHU. Among the experts was Margaret Winter, the head of the ACLU prison project, she:

> [T]old lawmakers the tide is turning nationally when it comes to use of isolation in prisons.
>
> "Every reputable study has found negative effects," Winter said, noting that when she helped the Mississippi Department of Corrections reduce its use of isolation, prison violence actually went down.
>
> Asked for alternative methods for dealing with inmates who pose a danger to other inmates or staff, Winter said segregation can be an effective short-term tool, if paired with incentives to change behavior. Most prison systems simply let inmates languish in isolation without even determining if they're still a threat, Winter said.

On February 11, 2014, another joint informational hearing was held to discuss CDCR's new Security Threat Group Policy and the impact that the policy has had on the SHU population. Committee members heard from CDCR representatives, experts and attorneys who represent SHU inmates. Hope Metcalf, Associate Research Scholar in Law, Director of Arthur Liman Program, and Lecturer in Law, Yale Law School, stated in the hearing:

> [T]he basic bottom line is that staff and inmates must feel safe and prisons do need tools to shape behavior. I don't think that there's much dispute about that. And in fact, some forms of short-term segregation may be necessary and there may indeed be some portions of the population for whom placement in the general population is not appropriate. However, that does not translate in any sense to the fact that long-term isolation of the ilk that we see at Pelican Bay is in fact serving sound, public policy.

> So given the overreliance on isolation, many prisons are at best delaying problems, and, in fact, may be aggravating them. So I do not wish to say that most people released from long-term isolation are dangerous. I have many, many clients who have left isolation and they have gone on to do well. However, I do think that if we're talking about public safety, thinking about outcomes, including recidivism is important. Equally important of course in terms of outcomes is not just whether or not someone is violent, but whether they are able to flourish and become independent once they leave. So the fear is—one fear I've had—is even where outcomes don't show for example violence, is that person able to hold a job or are they now so debilitated that they are reduced to relying on state support once they leave prison?

These hearings highlighted the fact that, while short term segregation is an important tool, long term segregation can have a detrimental impact, on not only the inmates, but also on public safety.

Hunger Strikes in California State Prisons and CDCR's new Security Threat Group Policy. On July 1, 2011, inmates in the Pelican Bay State Prison's Security Housing Unit initiated a hunger strike. Approximately 5,300 inmates began refusing state-issued meals. The number of inmates peaked at more than 6,500 two days later and then gradually decreased until the strike concluded on July 20, 2011.

In September 2011, a second hunger strike began. After three days, 4,252 inmates had missed nine consecutive meals.[5] By October 13, 2011, the number of inmates participating had dropped to 580. CDCR officials in Sacramento were contacted by Pelican Bay State Prison inmates by letter and agreed to meet with inmate representatives to discuss CDCR's ongoing review of and revisions to its SHU policies. All inmates had resumed eating by Sunday, October 16, 2011.

A third hunger strike began on July 8, 2013, when more than 30,000 inmates refused to eat state-issued food until the SHU polices were changed. By July 11, 2013, 12,421 inmates had missed nine consecutive meals. By September 4, 2013, there were 100 inmates on a hunger strike; 40 of them had been on a hunger strike continuously since July 8. All inmates resumed eating on September 5, 2013.

According to CDCR:

> In May 2011, prior to two hunger strikes that year, the California Department of Corrections and Rehabilitation (CDCR) began revising its gang validation and Security Housing Unit (SHU) confinement policies and procedures. This effort resulted in the "Security Threat Group Prevention, Identification and Management Strategy," approved and certified by the Office of Administrative Law on October 18, 2012 and filed with the Secretary of State.

[5] CDCR considers an inmate to be on hunger strike if he or she misses nine consecutive meals.

The Security Threat Group (STG) policy addresses the concerns inmates raised during two hunger strikes in 2011. The STG program provides individual accountability of offenders; is behavior-based; incorporates additional elements of due process to the validation system; and provides a Step-Down Program as an alternative for inmates to demonstrate their willingness to refrain from criminal gang behavior.

CDCR has updated their regulations to include the policies that were utilized in in the pilot program. These policies include, in part:

Security Threat Groups

- The new policy replaces the word "gang" with the more nationally accepted term "security threat group." The Security Threat Group (STG) program does not take a "one size fits all approach," but better identifies, assesses and prioritizes security threat groups (prison gangs, street gangs, disruptive groups) based on behavior and on the level of threat the group and its affiliates present to the safety and security of prisons and the public.

- CDCR categorizes criminal gangs into STGs based on a threat assessment conducted by the department's Office of Correctional Safety. STG behavior is defined as documented behavior that promotes, furthers or assists a security threat group.

- An STG-I designation is used for criminal gangs that pose a greater threat. It includes traditional prison gangs and disruptive groups with a history of violence or influence over subservient groups. These STG groups include, but may not be limited to, traditional prison gangs like the Aryan Brotherhood, the Black Guerilla Family, the Mexican Mafia, the Nazi Low Riders, the Northern Structure, and the Nuestra Familia. An STG-I
designation may also include a gang with a history and propensity for violence and/or influence over subservient STGs. CDCR will review STG-I designations at least every two years.

- An STG-II designation may be used for traditional disruptive groups and street gangs. These can include the Crips, the Bloods, the 2-5s, the Northern Riders, MS 13, the Norteños, the Sureños, Florencia 13 and white supremacist groups.

Validation

- The validation process is a strategy for identifying and documenting criminal gang member, associates and suspects.

- STG associates – the majority of inmates housed in SHUs – are no longer placed in a SHU based solely upon their validation to an STG unless there is a nexus to confirmed gang activity.

- CDCR added an objective point-based component in the offender validation process and enhanced considerations of due process. Each source item is now given a weighted point value between two and seven points, and individual validation must include three independent sources with a cumulative total of 10 points or more.

- Unsubstantiated confidential information from a single source will not establish a foundation for confirming the existence of STG-related behavior.

Step-Down Program

- The Step-Down Program enables an inmate serving an indeterminate SHU term to ultimately earn his way back to a general population or sensitive needs yard. The revised policy reduces the six-year inactive review policy for release to a general population to a four-year program. Additionally, inmates demonstrating positive behavior and participation may have their length of participation further reduced to three years.

- The Step-Down Program is an incentive-based, multi-step process for STG offenders who choose to discontinue criminal and/or gang activity. Offenders can always choose to drop out of a gang; however, in the Step-Down Program, inmates are not required to drop out of their gang.

- The five-step program supports, educates and increases privileges for SHU inmates who refrain from gang behavior and are disciplinary-free. Each step is progressive and requires the willingness of the inmate to participate. Each offender is responsible for demonstrating he can be released to a less restrictive environment while abstaining from criminal behavior.

- In the fifth step, inmates are observed and monitored in a general population facility.

The Office of the Inspector General recently reviewed CDCR's Step-Down Program for their *Fifth Report on CDCR's Progress Implementing its Future of California Corrections Blueprint:*

> The new gang management policy requires an offender in step 1 through 4 to participate in inmate programming or journaling before progressing to the next step. Inmates placed in steps 1 and 2 are to have program assessments initiated, such as TABE (Test of Adult Basic Education) and COMPAS assessments. Inmates placed in step 3 can participate in self-directed journals that are intended to develop a system of values and strategies leading to responsible thinking and behavior. Step 4 inmates may have programming that includes education, violence prevention programs, and gang diversion programs. If an inmate refuses to participate in the SDP, including inmate programming or journaling, the inmate will return to a previous step or regress further.
>
> The OIG's fieldwork reviewed the current status of 65 inmates who were assigned to the SDP (steps 1 through 4) for at least 12 months to identify the result of the ICC review. As

summarized on the next page, the OIG found that 31 of the 65 inmates (48 percent) successfully progressed to the next step; 27 inmates (41 percent) were retained in their current step; and 7 inmates (11 percent) had regressed to a prior step.

The percentage of inmates who progressed (48 percent) based on active participation in the SDP remained stable; it decreased by only 1 percent since the last OIG report. The inmates retained in their current step increased by 14 percent, while the inmates who regressed decreased by 11 percent from the last OIG report. As shown in the preceding diagram, the OIG found that 27 of the 34 inmates (79 percent) from the "retain" and "regress" categories refused to participate in the SDP. For the inmates who were unable to progress, it was due to "refusing to participate" (27 inmates), "other reasons" (four inmates), and "will not participate in journaling" (three inmates, one each from steps 1, 2, and 3). The "other reasons" typically involved inmates who were indecisive on choosing to participate, which caused more assessment time before an ICC decision was made. . .

The OIG's fieldwork noted an increasing percentage of inmates progressing (or transitioning) to the next step as they move closer to being released to general population (step 5). The OIG found seven of the eight inmates reviewed were initially assigned to step 4 at California Correctional Institution and all progressed to the next step. Also, over half (54 percent) of the inmates assigned to step 3 were able to progress to step 4. Each inmate in the SDP is assigned ratings in various categories during the annual program review or ICC reviews (at 90 or 180 days). Most inmates who progressed received the highest rating of "exceptional" in the following categories: "attitude toward staff," "attitude toward fellow inmates and workers," and "teamwork and participation." This confirms that inmates demonstrating a willingness and commitment to discontinue gang activity may progress through the SDP to their eventual release from the SHU.

OIG Comments. The department has conducted 1,070 case-by-case reviews in the 27 months since its gang management pilot began in October 2012. This represents 40 percent of its total STG population (2,692 inmates) who were validated prior to March 1, 2013. This is an increase of 132 case-by-case reviews identified in the OIG's prior report. The OIG estimates at its current rate, the department will not complete all reviews until February 2019. Although there were no benchmarks identified in the blueprint or STG pilot program to complete a specific number or percentage of case-by-case reviews, a more rapid pace of reviews may have been expected by the Legislature and stakeholders.

Security Threat Group Update. Updated information from CDCR shows that the STG review teams have currently completed 1,172 case-by-case reviews. The current budget for the STG program is $1.1 million General Fund and seven correctional counselor specialist positions.

SHU Conditions at the Women's Prisons. The department houses the majority of its female offender population in two institutions, the Central California Women's Facility and the California Institution for Women. To a smaller degree, the department also houses female offenders at the Folsom Women's Facility (approximately 500 inmates) and in fire camps and specialized female offender programs (fewer than 100 inmates). When inmates engage in violent or dangerous behavior, staff members are obligated to remove them from the general

population to protect the safety of the prison. Behavior such as rioting, assaults, and gang participation can cause an inmate to be sent to the administrative segregation unit while staff members evaluate the nature and level of threat the inmate presents to the prison. Also, some inmates who become victimized by other inmates and need protection are placed in the administrative segregation unit until the staff can find appropriate housing for them. In the case of some female inmates, no such housing exists except for a SHU placement.

Inmates placed in ASUs are entitled to due process rights. Because administrative segregation unit inmates lose more of their freedoms than inmates in the general population, prison officials must provide them with due process protections to ensure they receive a fair hearing to dispute their ASU placement. Therefore, the department has established comprehensive policies and procedures designed to protect inmates' due process rights and ensure the consistent and appropriate use of ASUs statewide.

On October 31, 2013, the Senate Committee on Rules requested the Office of the Inspector General examine SHU conditions specifically related to female inmates serving security housing unit terms.

The OIG evaluated the terms and conditions of confinement for the 160 inmates who were serving SHU terms between October 9, 2013 and October 31, 2013 in the California Institution for Women (CIW) security housing unit, the CIW psychiatric services unit (PSU), and the administrative segregation unit (ASU) at the Central California Women's Facility (CCWF).

During this review, the OIG conducted site inspections of the CIW security housing unit and psychiatric services unit, including the cells, recreational exercise yards, visiting areas, clinic space, and law libraries; and the CCWF administrative segregation unit, including the cells, recreational exercise yards, visiting areas, and law libraries. OIG staff interviewed staff and inmates at both prisons. OIG staff reviewed applicable laws and case law, and departmental rules and regulations. Finally, the OIG reviewed the central files for 160 inmates, including the disciplinary rules violation reports (RVRs), ASU placement orders, SHU term assessment forms, committee actions, appeals, and segregation logs.

The OIG's review found that 52 of the 160 inmates were serving SHU terms for the charges of Refusal to Accept Assigned Housing or Enemy/Safety Concerns, both nonviolent offenses. Eighteen of these inmates have served SHU terms in excess of one year. Subsequently, many suffer negative consequences as a result of this housing when considered for parole. By addressing this issue, the department could potentially reduce the female SHU population by one-third.

Because there is only one security housing unit (with a limited number of beds) for female inmates, many female inmates serve their entire SHU term in the administrative segregation unit at CCWF, where they are not afforded some of the programs and privileges entitled to SHU inmates.

OIG Recommendations. Among the recommendations in the OIG's report are the following:

- As long as it is unable to provide alternative housing (such as the men's sensitive needs yards), the department should discontinue imposing SHU terms on female inmates for the charge of Refusal to Accept Assigned Housing.

- CDCR should develop alternative housing options for those female inmates with enemy/safety concerns. This would also alleviate the possible negative impact to life-term inmates appearing before the Board of Parole Hearings for parole consideration who have received RVRs and SHU terms for these offenses.

- The department should develop a process to ensure that the safety concerns raised by inmates who refuse to accept their assigned housing are thoroughly investigated.

- The department should ensure that female inmates serving SHU terms are allowed to possess all of the items on the departments expanded property matrix.

- To assist the transition from long-term segregation back into the community, the department should provide pre-release services to inmates who will be released from prison directly from a security housing unit.

- In addition to the recommendations above, if the department is going to continue housing SHU inmates at CCWF, it should do the following:

  - Ensure the SHU inmates housed in the CCWF administrative segregation unit receive the same property and privileges as the SHU inmates housed in security housing units.
  - Address the physical plant and custody coverage issues that are hindering CCWF from offering at least ten hours of outside exercise time to inmates housed in the ASU.
  - Ensure that inmates are offered at least ten hours of outside exercise time per week and document it appropriately an inmate's records.
  - Develop a process for offering rehabilitation programs, such as literacy, GED preparation, and college courses, to SHU inmates housed 90 days or more in ASU.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. The OIG estimates that your STG case-by-case reviews will take approximately four years to complete, at your current pace. Has the Administration considered redirecting more staff to that effort to increase the pace?

2. Please provide an update on the status of the OIG's recommendations for female SHU inmates.

Issue 7: Population Budget Proposal

Governor's Budget. For the CDCR's 2015-16 budget, the Governor proposes total funding of $10.283 billion ($10 billion General Fund and $275 million other funds). This amount is $160 million, or two percent, above the amount budgeted in 2014-15. The primary driver of CDCR's costs is inmate population and the associated healthcare, facilities, and guarding costs. To the extent that California wishes to redirect more of its limited resources from incarceration to other priorities, the state must continue the current trend of finding effective alternatives to incarceration.

Background. The mission of the California Department of Corrections and Rehabilitation (CDCR) is to enhance public safety through safe and secure incarceration of the most serious and violent offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.

As one of the largest departments in state government, CDCR operates 37 youth and adult correctional facilities and 43 youth and adult camps. CDCR also contracts for multiple adult parolee service centers and community correctional facilities. CDCR operates an adult prisoner/mother facility, adult parole units and sub-units, parole outpatient clinics, licensed general acute care hospitals, regional parole headquarters, licensed correctional treatment centers, hemodialysis clinics, outpatient housing units, a correctional training center, a licensed skilled nursing facility, and a hospice program for the terminally ill. CDCR has six regional accounting offices and leases approximately two million square feet of office space. CDCR's infrastructure includes more than 42 million square feet of building space on more than 24,000 acres of land (37 square miles) statewide.

The table immediately below reflects the CDCR's most recent population figures.

Housing Category	2014-15	2015-16
CDCR Facilities	118,972	116,647
California City	2,331	2,381
Community Correctional Facilities	4,193	4,523
Out of State Correctional Facilities	8,922	8,988
Department of State Hospitals	308	308
Elderly Parole	26	26
Medical Parole	27	27
Female Rehabilitative County Corr. Center	52	52
Non Violent 2nd Striker 50%	248	1,556
Prisoner Mother Program	22	24
Reentry Bed Expansion	186	186
SB 260 (sentence review for youth after 15yrs)	89	89
Proposition 47	470	1,915
2 for 1 credits for min. custody	51	280
Total Adult Inmate Population	**135,897**	**137,002**

Subsequent to the release of the above population data, CDCR announced its success in meeting the federal Court's order to reduce the state's prison population to 137.5 percent of design capacity. This announcement comes roughly a year ahead of the deadline set by the federal court. Presumably, this change is heavily attributable to an underestimation of the impact Proposition 47 (2014) would have on California's prison population.

Contract Bed Capacity. As of March 31, 2015, there are 5,883 inmates housed in in-state contract facilities. The state has seven community correctional facilities, some of which are private facilities and some are public. 3,922 inmates are currently housed at these in-state contract facilities. In addition, the state currently leases California City Correctional Facility (CCCF) which houses almost 2,000 inmates.

8,622 inmates were housed in out of state contract facilities in Arizona, Mississippi, and Oklahoma as for March 31st.

In 2012, the Administration proposed a comprehensive, long-term plan, *The Future of California Corrections* to improve the effectiveness of the state's prison system. The Legislature adopted the plan, based on the understanding that, over time, it would significantly reduce CDCR's budget and the prison population, and it approved the associated funding and statutory changes. As part of that blueprint, the Administration committed to ending all out-of-state contracts by 2015-16. The blueprint projected that by 2014-15, there would be 1,864 inmates remaining in out-of-state contract beds. Returning out-of-state inmates to in-state facilities was expected to save the state $318 million annually.

What Changes Have Enabled California To Reduce Its Prison Population? In recent years, California's public safety system, along with the role state government plays in it, has evolved at a rapid pace. Although there have been numerous changes to state law in the public safety realm, none are projected to have as much system-wide impact as AB 109 (The Public Safety Realignment of 2011), Proposition 36 (Three Strikes Reform), and Proposition 47 (Sentencing and Penalty Reform).

AB 109 (The Public Safety Realignment of 2011). This piece of legislation has been instrumental in helping California close the revolving door of low-level inmates cycling in and out of state prisons. This piece of legislation also serves as the cornerstone of California's solution for reducing the number of inmates in the state's 33 prisons to 137.5 percent of system-wide design capacity by 2016, as ordered by the U.S. Supreme Court. Contrary to some media reports, no inmates were transferred from state prison to county jails or released early. AB 109 can be divided into two components, custody and community supervision.

- ***Custody.*** Effective October 11, 2011, the Public Safety Realignment shifted funding and responsibility for housing non-violent, non-sexual, and non-serious offenders and parole violators from the state to county jurisdictions.

- ***Community Supervision.*** Effective October 2011, county-level agencies assumed supervisory responsibilities for new non-violent (irrespective of prior convictions), non-serious (irrespective of prior convictions), and some sex offenders upon release from state prison. The California Department of Corrections and Rehabilitation (CDCR) continues to have jurisdiction over all current parolees who were released on state parole prior to October 2011. For state prison inmates released after October 2011, county-level supervision responsibilities do not include the following offender populations as they continue to be supervised by the CDCR:

    - Inmates paroled from life terms to include third-strike offenders:
    - Offenders whose current commitment offense is violent or serious, as defined by California's Penal Code §§ 667.5(c) and 1192.7(c).
    - High-risk sex offenders, as defined by the CDCR.
    - Mentally Disordered Offenders.

Proposition 36 (Three Strikes Reform). Proposition 36, passed by the voters in November 2012, offers an opportunity for eligible California prison inmates sentenced under California's prior three strikes law for non-serious, non-violent crimes to seek a sentence reduction from their sentencing courts.

- Revises the three strikes law to impose life sentence only when the new felony conviction is "serious or violent."

- Authorizes re-sentencing for offenders currently serving life sentences if their third strike conviction was not serious or violent and if the judge determines that the re-sentence does not pose unreasonable risk to public safety.

- Continues to impose a life sentence penalty if the third strike conviction was for "certain non-serious, non-violent sex or drug offenses or involved firearm possession."

- Maintains the life sentence penalty for felons with "non-serious, non-violent third strike if prior convictions were for rape, murder, or child molestation."

As of December 10, 2014, 1,939 of those eligible have been resentenced and released from prison.

Proposition 47 (Sentencing and Penalty Reform). On November 4, 2014, California voters passed Proposition 47, which requires misdemeanor rather than felony sentencing for certain property and drug crimes. Proposition 47 also permits inmates previously sentenced for these reclassified crimes to petition for resentencing.

As of December 4, 2014, 132 inmates had been resentenced and released from prison. Under Proposition 47, it is estimated that the 2015-16 institution average daily population will be reduced by approximately 1,900 inmates as a result of resentencing and avoided new admissions.

Proposition 47 requires that state savings resulting from the proposition be transferred into a new fund, the Safe Neighborhoods and Schools Fund. The new fund will be used to reduce truancy and support drop-out prevention programs in K-12 schools, increase victim services grants, and support mental health and substance use disorder treatment services. The Director of Finance is required, on or before July 31, 2016, and on or before July 31 of each fiscal year thereafter, to calculate the state savings for the previous fiscal year compared to 2013-14. Actual data or best estimates are to be used and the calculation is final and must be certified to the State Controller's Office no later than August 1 of each fiscal year. The first transfer of state savings to the Safe Neighborhoods and Schools Fund will occur in 2016-17 after the Department of Finance calculates savings pursuant to the proposition.

Legislative Analyst's Office (LAO) Recommendation

> ***Withhold Action Pending Additional Justification.*** We find that the Legislature could reduce the Governor's proposed contract bed funding level by at least $20 million by directing CDCR to move inmates from contract beds into state prisons. We note, however, that the amount of savings could exceed our preliminary estimate depending on (1) the timing of the activation of the infill beds, (2) how the court counts the infill capacity, and (3) how the actual inmate population level compares to the administration's projections. As such, we recommend that the Legislature not approve the proposed contract bed funding until the department can provide additional information demonstrating what level is necessary to meet the court-ordered population cap. Specifically, we recommend the Legislature direct the CDCR to report at budget hearings on (1) how the administration's population projections for the current year compare with actual population levels, (2) whether the infill facilities are on track to be activated on schedule, and (3) the status of negotiations with plaintiffs related to how the court will count the additional capacity resulting from the activation of the infill facilities. Based on this information, the Legislature would be able to assess

the amount of contract bed funding needed and adjust the budget for 2015-16 accordingly.

Direct CDCR to Provide Long-Term Population Projections. In addition, we recommend that the Legislature direct CDCR to resume its historical practice of providing long-term population projections biannually. This information would allow the Legislature to better assess and plan for the long-term implications of Proposition 47, as well as court-ordered population reduction measures, and determine how best to adjust the state's prison funding and capacity accordingly.

Issue 8: Infill Activation

Governor's Budget. The budget proposal requests 252.3 positions and $35.6 million ($35.5 million General Fund and $90,000 Inmate Welfare Fund) in 2015-16 and 518.2 positions and $67.8 million ($67.6 million General Fund and $209,000 Inmate Welfare Fund) for the custody, clinical, and support personnel and operating and equipment expenses associated with activating 1,584 new beds at Mule Creek State Prison (NCSP) and 792 beds at Richard J. Donovan State Prison (RJD).

Background. The 2012 Budget Act included an additional $810 million of lease-revenue bond financing authority for the design and construction of three new level II dormitory housing facilities at existing prisons. Two of these new dormitory housing facilities will be located adjacent to Mule Creek State Prison in Ione, and the third will be located adjacent to Richard J. Donovan Correctional Facility in San Diego. The budget proposal before the Legislature assumes activation will begin in February of 2016.

At the time the Legislature approved the infill projects it was assumed that the cost of operating the facilities would be offset by the closure of the California Rehabilitation Center (CRC) in Norco. That closure would have saved the state approximately $160 million in General Fund per year. However, after the three-judge panel ordering the state to reduce the prison population to 137.5 percent of capacity by February 28, 2016, the Administration decided part of the population reduction strategy would require keeping CRC open.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. What is the justification for growing the institutional buffer from approximately 2,000 to over 4,000?

2. What is the Administration's current plan for the closure of CRC and the return of prisoners from out-of-state contract facilities?

Issue 9: CIW Walker Unit Activation

Governor's Budget. The proposed budget requests $1.069 million General Fund and 9.1 positions in 2015-16, and $1.602 million General Fund and 13.6 positions beginning in 2016-17, to reopen a closed 20-bed unit at the California Institution for Women (CIW).

The proposal notes that the new unit is scheduled to open in December of 2015 or January of 2016. The unit is intended to provide space for inmates who need to be separated from the general population for safety or other reasons. As noted in issue 5 above, women in this situation a currently confined to indeterminate placement in the CIW Segregated Housing Unit.

Background. On March 31, 2015, CDCR's female population was 5,519. The Governor's budget projects that CDCR's female population will be 6,180 by June 30, 2015, and will decrease slightly to 6,144 by June 30, 2016.

CDCR currently houses female offenders at three institutions; California Institute for Women in Corona, Central California Women's Facility in Chowchilla, and Folsom Women's Facility at Folsom State Prison near Sacramento. The following is the population in each facility as of March 31, 2015.

Prison	Population	Capacity	Percent of Capacity
California Institute for Women	1,771	1,398	126.7%
Central California Women's Facility	3,244	2,004	161.9%
Folsom Women's Facility	504	403	125.1%
Total	5,519	3,805	145%

Recidivism. Women are considerably less likely than men to return to prison after they are released. A 2011 study from CDCR found that women have a 55 percent chance of returning to prison. On the other hand, 66 percent of men return to prison within three years of their release. This constitutes an 11 percent difference. First time offenders have a lower recidivism rate than repeat offenders. 47 percent of women return to prison after serving their first sentence while 58 percent of men return. Further, inmates designated as serious or violent offenders recidivate at a lower rate than those who are not. Finally, inmates participating in mental health programs return at a rate that is 6 percent to 11 percent higher than other inmates.

Questions for the Administration. The Administration should be prepared to address the following questions:

1. Will 20 beds in a restricted yard be enough to resolve the concerns raised by the OIG regarding the placement of women in segregated housing for long time periods due to a lack of appropriate housing for women with safety concerns?

2. One of the concerns raised by advocates for women inmates housed at CCWF is that the option for those inmates with safety concerns is to either remain in segregated housing or to be housed with inmates with significant mental health issues. Will this unit also be a similar combination?

Issue 10: CCWF Enhanced Outpatient Program

Governor's Budget. The proposed budget requests 2.5 correctional officers and $300,000 for the operation of a new Mental health Services Delivery System (MHSDS) Enhanced Outpatient Program (EOP) at the Central California Women's Facility (CCWF) in Chowchilla. CDCR estimates that the construction will be complete by July 1, 2015.

Background. As noted earlier in the agenda, CDCR is mandated to provide a constitutional level of health care to all inmates. Under that mandate, CDCR operates an MHSDS, which provides clinical services and therapeutic services to inmates with serious mental illnesses through both inpatient and outpatient treatment.

EOP constitutes the most intensive level of outpatient mental health care provided by CDCR. These patient-inmates have difficulty in the general population environment and are placed in housing, programs, and services settings that provide both clinical and custodial support and limit their contact with inmates in the general population. The objective of the EOP is to evaluate and treat the patient-inmates' mental health conditions so that they are able to operate in the least restrictive environment possible.

The new CCWF EOP building will include group counseling space, recreation therapy space, and individual counseling space. The program will treat women classified as EOP patients who are housed both in administrative segregation and the EOP general population beds.

Legislative Analyst's Office (LAO). The LAO did not raise any concerns with this proposal in their analysis of the Governor's budget.

Issue 11: Registered Nursing Coverage for Contract Facilities

Governor's Budget. The budget proposal requests $2.707 million General Fund for 2014-15, and $3.248 million General Fund for 2015-16, for 24-hour registered nurse (RN) coverage for inmates housed in the six modified community correctional facilities (MCCFs) and one female community reentry facility. The 24-hour coverage has been required by CCHCS, under the direction of the health care receiver, in order to provide 24 hour/7 day per week nursing coverage to inmates housed in contract facilities. This is the same level of coverage currently provided to inmates in the 35 state-run facilities.

Background. As discussed in the previous item, the state currently contracts with six public and private facilities to house approximately 3,800 of the state's male inmate population. Those facilities are Shafter, Delano, Taft, Golden State, Central Valley, and Desert View.

Legislative Analyst's Office (LAO). The LAO did not raise any concerns with this proposal in their analysis of the Governor's budget.