IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA , et al.,

Plaintiffs

v.

ARNOLD SCHWARZENEGGER, et al.,

Defendants,

NO. C01-1351-T.E.H.

APPENDIX OF EXHIBITS IN SUPPORT OF RECEIVER'S REPORT RE OVERCROWDING

APPENDIX OF EXHIBITS

Exhibit #'s

1. CPR, Inc. Prison Medical Care System Reform Plan of Action.

2. CDCR Inmate Population Table 6/30/1997 – 4/04/2007.

3. Independent Review Panel Report on Reforming Corrections, Section 7: "Inmate/Parolee Population Management".

4. January 2007 Little Hoover Commission Report, "Solving California's Corrections Crisis: Time is Running Out".

5. CDCR Facilities Master Plan 1993-1998 – August 12, 1994.

6. CDCR Facilities Master Plan 1995-2000 – August 24, 1995.

7. CDCR Facilities Master Plan 1998-2003 – February 23, 1998.

8. Comparison of Health Care Staff Vacancies Between January 2002 and January 2007.

9. CDCR Second Quarter 2006 Facts and Figures

10. CDCR Inmate Movement Table January 1, 2007 – January 31, 2007.

11. CDCR Inmate Movement Table February 1, 2007 – February 28, 2007.

12. CDCR Inmate Movement Table March 1, 2007 – March 31, 2007.

13. Bed Conversions Occurring from Fiscal Year 2/03 to 6/07.

14. March 30, 2007 Memorandum Re Emergency Revision of the April 2007 Institution Activation Schedules and Issuance of May 2007 Institution Activation Schedule.

15. March 30, 2007 Memorandum Re Conversion of CSP-LAC Facility D to a Reception Center.

16. March 30, 2007 Memorandum Re Conversion of Centinela State Prison Level III to a Level IV.

17. CDCR Prototypical Prison Policy Design Criteria.

18. Kern Valley State Prison Base Staffing Profile.

19. CDCR Capital Outlay Projects Per Governor's Budget Fiscal Years 2002/2007.

20. January 2007 CDCR Infill Bed Plan.

21. January 2007 CRCR In-Fill Bed Plan Table

22. National Commission on Correctional Health Care, 2003.

23. Clinical Space Table

24. Assembly Bill 900 Table

25. Assembly Bill 900 Phase I Comparison of Temporary Beds and In-Fill Beds.

26. Assembly Bill 900 Projected Placement Needs for Total Male Population by Fiscal Year and Level; Comparison of Projected Bed Increases by Level with Proposed In-Fill Beds by Level For Fiscal Year 2007/08 through 2011/12.

EXHBIT 1

California Prison Health Care Receivership Corporation

(CPR, Inc.)

Prison Medical Care System Reform

Plan of Action

May 2007

Filed May 10, 2007

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A. General Introduction

The Plan of Action, set forth below, presents an initial roadmap for the change necessary to bring the delivery of medical care in California's prison up to Constitutional levels. This Plan of Action is not a plan for plan. To the contrary, it encompasses a number of remedial activities begun prior to the Receivership as well as remedial activities initiated by the Receiver to comply with the Court's order in *Plata v. Schwarzenegger*. In addition, the Plan of Action articulates high-level steps to be taken over the next two years.

The Plan of Action is a living, growing document providing overall direction as the Receiver's staff moves forward to tackle the enormous challenges of improving medical care for California's inmate-patients. The November 2007 revision of the Plan of Action will address additional system imperatives, timelines, and stakeholder concerns. It should be clear to the reader that the process of raising the delivery of medical care in California's prisons to constitutional levels, as described in this Plan of Action, will be a daunting challenge, requiring thoughtful planning, careful coordination, and a number of time-phased inter-related remedial programs. The Receiver emphasizes that his Plan of Action is a living document, subject to revision and additional detail as it is developed. At this point in time, it is not possible to set forth a proposed time line for all future remedial actions, nor is it possible to describe all future budgetary impacts of the Plan. This information, however, will be presented in future iterations of the Plan as various elements of the Plan are effectuated.

As explained below, the long-term transformation of California's prison medical care will rely on the combined efforts of the Receiver's staff, CDCR staff, and outside resources, encompassing both custody and health care, to create a system that meets constitutional standards of access and quality.

B. Purpose of the Plan of Action

1. To provide a comprehensive report to the Honorable Thelton E. Henderson, the California Department of Corrections and Rehabilitation ("CDCR"), State officials, key stakeholders, and the public about the Receiver's overall strategy for change and his specific plans for the next two years.

2. To outline a health care delivery system that encompasses a continuum of medical care, ancillary, and support services necessary for optimal outcomes, safety, and cost-effectiveness that will be achieved by the Receiver in collaboration with Court mandated remedial programs in *Coleman v. Schwarzenegger* (mental health care), *Perez v. Schwarzenegger* (dental care), and *Armstrong v. Schwarzenegger* (Americans with Disabilities Act).

3. To define strategies for achieving and sustaining timely, effective, and efficient clinical services as well as responsible overall medical management and operations.

4. To serve as a dynamic framework for prioritizing leadership activities and communicating ongoing progress, successes, and challenges.

C. Background of Stipulated Agreements and Orders

The October 3, 2005 "Findings of Fact and Conclusion of Law re Appointment of a Receiver" sets forth the facts and law which created the Receivership. This order has not been appealed.

Standards – Stipulated Agreements and Orders

Patient care standards under *Plata v. Schwarzenegger* are specified in the Stipulation For Injunctive Relief, June 13, 2002 ("Stipulated Injunction") and Stipulated Order Re Quality Of Patient Care And Staffing, September 13, 2004 ("Patient Care Order"). The specific direct patient care services ordered by the Federal Court are as follows:

1. Health Screening: a process for screening all patients for communicable disease, such as tuberculosis and sexually transmitted disease, and chronic disease, such as diabetes, renal disease, seizure disorders, cardiovascular disease, and pulmonary disease; screening for cancer; review of vital signs, blood pressure, pulse, and weight; review of current medications; and nurse review and referral for patients with urgent or acute conditions; history and physical examination for all patients within 14 days of arrival at Reception Center; and routine laboratory tests, such as serum pregnancy, cholesterol screening, and optional HIV testing.

   Reference to Plan of Action: Initial health screening will be addressed as part of the San Quentin reception pilot intake process. Once the pilot is completed, a standard reception intake process including a comprehensive health screening will be replicated as appropriate at other prisons with reception centers. (Refer to Goal B, Objective B.2.1.)

2. Health Transfer: Process to ensure continuity of care when patients transfer to another institution, transfer between levels of care, or are paroled, including continuity of medications, specialty referrals, and other treatment.

   Reference to Plan of Action: Health transfer will be addressed under Goal B, Objective B.3.1.6.

3. Access to Primary Care (Sick Call): System that allows patients to self-refer for medical treatment, including nurse review to identify the need for immediate referral to urgent or emergency treatment, an urgent walk-in procedure, and follow-up services; policies require face-to-face nurse triage for patients with symptoms within 24 hours, and an appointment with a primary care provider

within 5 days for patients classified as urgent and within 14 days for patients classified as routine.

Reference to Plan of Action: Access to primary care will be addressed under Goal B, Objective B.2 and B.3.

4. Priority Ducat System: System for ensuring that custody staff treat health care appointments as high-priority.

   Reference to Plan of Action: A health care access team pilot is already underway at San Quentin. Once the pilot is completed, the health care access team model will be replicated as appropriate to other prisons statewide. (Refer to Goal E.)

5. Patient Health Care Education: Program to provide patients with instruction in wellness, lifestyle changes, disease prevention, newly diagnosed illness or disease, treatment plans or procedures, pre- and post-operative care, chronic care morbidity reduction.

   Reference to Plan of Action: Patient health care education will be part of primary care and chronic care model implementation. The Plan of Action also includes plan to expand cultural and linguistically appropriate patient education resources by collaborating with community health education programs. (Refer to Goal B, Objective B.2.)

6. Preventive Services: Services to prevent disease and mitigate morbidity and mortality due to existing disease provided to select patient populations based upon risk factors, such as age and chronic conditions, that include cancer screening, immunizations, and health education (education regarding diet, exercise, smoking cessation, etc.).

   Reference to Plan of Action: Preventive services will be part of primary care and chronic care model implementation. Currently a primary care process with a new staffing model pilot is underway at San Quentin. Once the pilot is completed, new processes and models will be replicated as appropriate at other prisons statewide. (Refer to Goal B, Objective B.2.)

7. Outpatient Specialty Services: Program for providing specialty services, including procedures for urgent and routine referrals and required follow-up; policies require that high-priority consultations or procedures occur within 14 calendar days and routine consultations or referrals within 90 calendar days, with follow-up by a primary care provider within 14 calendars days after the consultation or procedure

   Reference to Plan of Action: Before program can be developed for providing specialty services, the infrastructure for provider contracting needs to be developed with trained staff. (Refer to Goal A, Objectives A.4. and A.6.) In the meantime, CPR has initiated interim efforts to establish individual contracts with specialists,

university providers, and telemedicine providers. (Refer to Goal B, Objective B.3.1.2.)

8. Physical Therapy: Program to ensure timely access to physical therapy services, including specifications for the follow-up by primary care providers and provisions for transferring to an institution with these services if the home institution does not provide them.

   Reference to Plan of Action: Programs to ensure timely access to physical therapy will be addressed as part of the health care continuum infrastructure redesign and efforts to address the needs of aging and impaired inmates. (Refer to Goal B, Objective B.1.4.)

9. Diagnostic Services: Program for the appropriate processing of laboratory tests and other diagnostic testing, including procedures for prioritizing the urgency of laboratory orders (STAT, critical, urgent, routine) and required timeframes for review and follow-up of results (routine laboratory tests processed within 14 days of order, x-ray examinations completed within 30 days of order, primary care provider review of lab results within two business days of receipt, notification of patient of results within 14 days of receipt)

   Reference to Plan of Action: Refer to Goal B, Objective B.12. and Goal D, Objective D.2.2.

10. Medication Management: Services to dispense, administer, and distribute pharmacotherapeutic treatments, including provisions for medication error reporting, medication follow-up counseling, medication renewals and refills, medication for parole, and continuity of medication upon transfer; policies require that prescriptions for formulary medications be filled by the following day and that "stat" medications are issued within 1 hour.

    Reference to Plan of Action: Refer to Goal B, Objective B.8. and Maxor National Pharmacy Corporation's "Road Map to Excellence."

11. Urgent / Emergent Response: Program for the provision of urgent care services and 24-hour emergency medical treatment that includes basic life support, emergency response, and physician on-call services; policies require follow-up within five days for patients whose urgent encounter was due to chronic disease.

    Reference to Plan of Action: Refer to Goal B, Objective B.1.

12. Medical Emergency Response Documentation and Review: Process for the review of deaths, suicide attempts, and calls for emergency assistance to determine compliance with existing policies and procedures, adequacy of response time, and appropriateness of custody and medical response and patient treatment, with follow-up actions to address identified deficiencies.

Reference to Plan of Action: Refer to Goal C.

13. Outpatient Housing Unit and Licensed Care: Specialized treatment services for varying levels of acuity, including outpatient services requiring specialized housing (Outpatient Housing Unit care), licensed Skilled Nursing Facility care, Correctional Treatment Center care, General Acute Care Hospital care, and palliative care; policies require physician evaluation within 24 hours of admission to a Correctional Treatment Center and an evaluation by a primary care provider within 5 days for all patients returning from an inpatient acute care facility.

    Reference to Plan of Action: Appropriate levels of care will be addressed in Goal B, Objective B.5.2. Clinical space issues will be addressed under Goal F.

14. Outpatient Therapeutic Diets: Program for the provision of nourishments and supplements for patients who are pregnant, diabetic, immunocompromised, malnourished, or have oropharyngeal conditions causing difficulty eating regular diets and special diets for patients with renal failure or hepatic failure, or who require a Heart Healthy diet, gluten-free diet, or diet to preclude food allergies.

    Reference to Plan of Action: Refer to Goal B, Objective B.9.

15. Medical Report of Injury or Unusual Occurrence: Process for documentation of patients' on-the-job injuries, physical contact with a staff member during an incident, and any self-reported injury due to self-injury or altercation, Administrative Segregation Unit placement, use of force, or other medical emergency situation.

    Reference to Plan of Action: Refer to Goal C.

16. Oleoresin Capsicum (OC) Contraindications: Process for the evaluation and treatment of patients prior to or after the use OC.

    Reference to Plan of Action: There is now a policy and procedure regarding oleoresin capsicum spray. Variation in implementation and performance will be addressed under Goals B and C.

17. Medical Evaluation of Patients Involved in Assaults: Process for the evaluation of patients who have been involved in the use of force, including review of the patient's mental health record.

    Reference to Plan of Action: There is now a policy and procedure regarding medical evaluation of patients involved in use of force. Variation in implementation and performance will be addressed under Goals B and C.

18. Hygiene Intervention: Process for the identification, evaluation, and referral of patients who demonstrate poor hygiene or whose hygiene compromises the sanitation/hygiene of their personal and immediate housing area.

    Reference to Plan of Action: There is now a policy and procedure regarding hygiene interventions. Variation in implementation and performance will be addressed under Goals B and C.

19. Inmate Hunger Strike: Process for the identification, evaluation, and treatment of inmates on hunger strike, including required coordination and reporting between custody and health care staff.

    Reference to Plan of Action: This standard has been met.

20. Comprehensive Accommodation Chrono: Process for the authorization and review of special equipment, housing accommodations, or other accommodations that are medically necessary or are required under the Americans with Disabilities Act.

    Reference to Plan of Action: There is now a policy and procedure regarding comprehensive accommodation chronos. Implementation has been difficult for multiple reasons, including gross inadequacies in information technology. The latter will be addressed in Goal D. The clinical and custody practices will be addressed in Goals B and C.

21. Pregnant Patient Care and the Birth of Children: Prenatal care and post-delivery services, including required screenings, frequency of prenatal treatment visits, vitamin and nutritional requirements, referrals for child placement services, and post-partum follow-up; policies require that patients be seen by an obstetrics provider within 7 calendar days of determination of pregnancy and that each patient be provided post-delivery follow-up care after six-weeks.

    Reference to Plan of Action: Prenatal care and post delivery services will be addressed under Goal B.

22. Nursing Services and Protocols: Clinical protocols for nurses in the appropriate evaluation and treatment of patients presenting with specific systemic conditions or complaints.

    Reference to Plan of Action: Will be addressed under Goal B, Objective B.2.

23. Health Record Services: Provisions for the management, content, and archiving of patient health records, including policies for disclosure of information.

Reference to Plan of Action: Current focus is on organizing the manual paper process and expediting filing of the medical records. Long term solution will be addressed through deployment of the electronic health records. (Refer to Goal D.)

24. Chronic Care Program: Diagnosis and management of chronic disease (diseases lasting longer than 6 months), including identification and treatment of high-risk patients; policies require an initial intake evaluation within 30 days for patients referred to the Chronic Care Program, and ongoing evaluations every 90 days.

    Reference to Plan of Action: Refer to Goal B, Objective B.2.

25. Pharmacy Services: Provisions governing pharmacy operations, including pharmacy licensing, emergency drug supplies, drug storage, consultation with a pharmacist, prescription requirements, and the ordering, stocking, and receiving of medications.

    Reference to Plan of Action: Refer to Goal B, Objective B.8. and Maxor National Pharmacy Corporation's "Road Map to Excellence."

26. Public Health and Infection Control: Program for infection control, communicable disease reporting, and blood borne pathogen control.

    Reference to Plan of Action: Refer to Action Goal B, Objective B.6.

27. Telemedicine Services: Program for the provision of specialty services through videoconferencing.

    Reference to Plan of Action: Refer to Goal D, Objective D.6.

28. Utilization Management: System to facilitate appropriate use of resources for patients requiring higher levels of care and select specialty services and medications, including reviews to determine placement at appropriate level of care and appropriate utilization of specialty care and pharmacy resources.

    Reference to Plan of Action: Refer to Goal B, Objectives B.3. and B.5.

The Receiver supports all of the above patient care standards, and the Receiver's Plan of Action will address each. It is important to point out, however, that many of these standards cannot and will not be achieved until the necessary medical delivery infrastructure is established (for example, competent clinicians and a viable information technology system). The reader should also note that, within the Plan of Action, many of the standards are renamed and/or subsumed, *e.g.*, "health transfer" (number 2 above) has become the care transitions program (Objective B.3.1.6.). Furthermore, the Receiver's implementation strategies are far different than the "phased roll-out" strategy of defendants, and therefore some standards are prioritized differently. For example, the issues of hygiene intervention, oleoresin capsicum spray,

and patient health care education are not as pressing as others and will be addressed once a new infrastructure is in place. Lastly, several standards will be addressed by external entities based on contracts with the Office of the Receiver, *e.g.*, the pharmacy services improvements currently being implemented by the Maxor National Pharmacy Corporation.

As mentioned above, although the care standards set forth in the June 2002 Stipulated Injunction and the September 2004 Patient Care Order exemplify the minimum level of medical care required under the Eighth Amendment of the Constitution, the standards cannot be met and sustained without the appropriate and necessary support provided by a well-functioning, administratively-sound health care organization. Attempts to implement these standards in isolation have proven to be ineffective—indeed prior remedial efforts have wasted time and resources—because nearly every area within the CDCR, *e.g.*, procurement, custody support, population, and personnel, affects and potentially hinders each process of health care delivery. Each function of the organization as a whole, as well as pertinent functions of other State agencies, must be analyzed and modified appropriately to support a redesigned, effective, constitutionally-adequate health care operation. As the Office of the Receiver learned at San Quentin, the inter-relatedness of the problems and processes within the institution, as well as between the institution, CDCR, State overhead and control agencies, the Legislature, and the Governor is an immense barrier. The Receiver's Plan of Action addresses the impact and inter-relatedness of all the pertinent processes within the CDCR and the State.

The June 2002 Stipulated Injunction and the September 2004 Patient Care Order specified a number of worthy patient care standards, but for multiple reasons the defendants had little chance of achieving them. For example, the stipulations stopped short of addressing the requisite custody and support staff, technology, space, and personnel processes. Furthermore, the State attempted to apply innovations in a pre-determined, *en bloc* fashion rather than on a pilot basis, and the delivery system remained dominated by the solo physician model rather than team-based care. These errors will not be repeated. Instead, the Receiver will apply an entirely new method of transformation to the medical delivery system in California's prisons.

The fastest, most cost-efficient way to reach constitutionally-adequate levels of care is to implement a coherent set of intervention strategies that have proven to be successful in transforming other health care organizations. As explained below, these strategies include redesign of care processes, use of information technology, knowledge and skills management, development of effective teams, care coordination, and performance measurement.

Sustaining constitutionally-adequate levels of care after the Receivership ends will require significant infrastructure investments and commitment over a period of years. The Receiver must remove or mitigate external barriers to progress and develop internal drivers of quality, illuminated by reliable metrics, synergistic and strong

enough to withstand political and bureaucratic erosion. The challenges are daunting; however, as the Receiver has emphasized: failure is not an option.

D. Conceptual Basis for the Plan of Action

The overall goals of a constitutionally-adequate prison medical care system are to reduce unnecessary morbidity and mortality, improve inmates' health status and functioning, coordinate care with mental health and dental, and protect public health. The Receiver must create a sustainable, evidence-based, cost-effective system of care that is continually monitored and revised to meet those overall goals.

Institute of Medicine

The conceptual basis for the Receiver's Plan of Action draws heavily from the experience of free-world, mainstream initiatives launched to move American health care from fragmentation and error to safety and reliability. For example, work by the Institute of Medicine (IOM) over the past decade, in response to the quality crisis within mainstream American health care, has led to a widely-accepted conceptual framework that applies within corrections as well (*Crossing the Quality Chasm*, 2001). Just as in the free world, personal health care within California prisons should be safe, effective, patient-centered, timely, efficient, and equitable. To achieve these goals, the IOM recommends six essential organizational supports for change:

1. Redesign of care processes based on best practices.
2. Information technologies for clinical information and decision support.
3. Knowledge and skills management.
4. Development of effective teams.
5. Coordination of care across patient conditions, services and settings over time.
6. Incorporation of performance and outcome measurements for improvement and accountability.

The IOM has demonstrated that these strategies will transform medical care delivery systems. In the 1990s, for example, the Veterans Health Administration used integrated, system-level strategies to move from a culture of low expectations to performance far exceeding the national average. Isolated interventions, such as educating or even replacing groups of physicians or nurses, would not have yielded the same progress.

The IOM's formulation of goals and strategies is reflected in the Plan of Action. The opening sentence of the 2001 IOM report resonates with California's prison medical care crisis: "The American health care delivery system is in need of fundamental change." It is important to remember, however, that the systems described as "dysfunctional" by the IOM have been vastly superior to California's prison medical care system. It is one thing to lack an electronic health record; it is another to try running a patient scheduling system on hundreds of unconnected, unsupported desktop

computers by having staff hand-carry data drives from one computer to another in sequence. It is one thing to bemoan a lack of teamwork among clinicians; it is another to work in a system that has traditionally hired any physician with "a license, a pulse, and a pair of shoes," as described in the Court's February 14, 2006 "Order Appointing Receiver." Even worse, some clinicians of that caliber managed to migrate into positions of local leadership. Because of the abject levels of dysfunction and chaos in hiring, review, promotion, and discipline, for example, the Receiver's team has spent countless hours in its first year on personnel issues, working to establish the infrastructure required for the most basic of quality initiatives.

Baldrige Systems Framework

The seven categories of the Baldrige National Quality Program systems framework complement the IOM framework and also inform the Plan of Action:

1. Leadership
2. Strategic planning
3. Focus on patients and other customers
4. Measurement, analysis, and knowledge management
5. Human resource development
6. Process management
7. Results

The Baldrige framework highlights the leadership and personnel dimensions that have captured so much of the Receiver's attention. Because of the State's dysfunctional clinical oversight and personnel processes, the Receiver has filed a motion to waive state law regarding peer review and physician discipline. In addition, the Receiver has begun to identify, within existing staff and new recruits, the transformational leaders who can focus the system on new goals and strategies.

High Reliability

The right people and systems must be in place to ensure that inmates get the right care in the right place at the right time. Change must be both top-down and bottom-up, with a focus on staff engagement and empowerment and a relentless emphasis on training and communication. The infrastructure must support innovation among front-line clinicians, must facilitate innovations from the "outside" world, and must be able to disseminate evidence-based practices. Responses to error and bad outcomes must move from finger-pointing to an honest, comprehensive critique that includes analysis of individual human factors as well as team factors, communication, and organizational effectiveness.

The interdependence of medical care and custody presents opportunities as well as challenges. Reliability—ensuring that the right thing happens every time—is a goal of custody just as it is within medical care. Some organizations in the military, law enforcement, and emergency services have achieved remarkable improvements in

reliability by developing a strong safety culture, utilizing personnel and equipment back-up systems, promoting inter- and intra-group communication, cross-training personnel, and focusing attention on errors and near-misses without wrongfully blaming or absolving individuals. The CDCR already partners with one such organization, the California Department of Forestry and Fire Protection, in its successful inmate firefighting program. Achieving reliable prison medical care in California will depend upon new levels of collaboration and respect between medical care and custody. Developing shared language and practices for reliability and safety will hasten this collaboration.

E. Potential Barrier and Success Factors

This section lists potential barriers with heavy emphasis on critical success factors drawing upon several key lessons learned to date from the San Quentin pilots. Although the barriers are plenty, the Receiver team is confident that through thoughtful planning and steadfast implementation, barriers can be mitigated.

The programs described in the Plan of Action have been formulated to consider the serious dysfunction which presently exists in California's prisons and the wide range of barriers that have, for many years, worked to defeat all prior efforts to reform prison medical care. Nevertheless, a complete Plan of Action requires a summary of some of the more important barriers the Receivership must overcome to effectuate the Plan.

Barriers

- Continuation of CDCR political and management chaos impeding the Receivership's efforts.
- Oppressive impact of the dysfunctional prison culture on the custody and medical staff expectations, attitudes, and ethical decision-making.
- Poor working conditions and work environments impacting safe delivery of medical care.
- Space limitations due to overcrowding and poor design that continue to thwart efforts for appropriate bed placement, delivery of safe patient care, and ineffective support systems.
- Ineffective regional and local leadership structure to manage 33 prison sites.
- Lack of competent clinical and administrative staff at all levels exacerbated by limited CDCR training capacity.
- Bureaucratic constraints on contracting and hiring/firing.

- Active and passive resistance to the Receivership's efforts from entrenched stakeholders with an interest in maintaining the status quo.

- Prison overcrowding and Assembly Bill 900. The impact of these issues is the subject of separate report to be issued by the Receiver to the Court on May 15, 2007.

Critical Success Factors

- Leadership support at all levels. Based on the San Quentin pilot, the importance of Warden support and collaboration is critical. While relief in the trenches is critical, given the abject disrepair of the system, change must begin with the highest levels of management and proceed from the top to the bottom.

- System-wide synchronization of action plans and operations to support short-term pilots and long-term transformation efforts. The depth and scope of the inter-relatedness of serious problems must be addressed.

- Headquarters, regional, and local senior management support, joint ownership between CPR and CDCR, and clear communication of transformation strategic vision, action plans, pilot progress, and accomplishments.

- Appropriate information system infrastructure, skills, and staffing level to carry out system redesign and implementation efforts.

- Recruitment of industry experts to support the pilot projects and to mentor future CDCR teams in innovation and diffusion of promising practices and processes.

- Meaningful metrics to measure and evaluate the effectiveness of clinical care and transformation initiatives.

F. Plan of Action Goals and Objectives

The Plan of Action is organized into seven domains. Goals A and B emphasize building critical administrative and clinical capacities required as the foundation to support timely, effective, and efficient patient-centered care; Goal C outlines activities required to build a quality and patient safety infrastructure; Goal D focuses on developing information technology (IT) from the ground up. A scalable IT network with adequate local technical support is the requisite foundation for our future electronic health record.

Goal E addresses the interdependency of custody and clinical functions required to transform the health care system and provide effective care. For example, one of the objectives under Goal F is to implement a Health Care Access Team to provide

dedicated custody escort support to the health care team, thus ensuring inmate-patient access to health care services in a timely and safe manner.

Lastly, Goal G speaks to the need to envision the end from the beginning, pointing beyond development of a successful system to its transition from the Receiver back to the State.

Key Plan of Action Goals

Goal A: Establish meaningful and effective financial and administrative infrastructure and processes that are precursors to clinical transformation.

Goal B: Redesign, pilot, and implement an effective prison health care continuum of services utilizing evidence-based, standardized processes and including screening, medical management, care coordination, case management, patient movement, parole, discharge planning, ancillary services, and other clinical support.

Goal C: Design, pilot, and implement a CDCR quality and patient safety infrastructure including measurement and evaluation components to guide system improvement, accountability, and effectiveness.

Goal D: Design, pilot, and implement an integrated health information system(s) including network infrastructure, electronic health records, patient scheduling and tracking, disease registry, medical management including utilization management, decision support, performance measurement, and reporting to support safe, effective, timely, and cost-efficient, patient-centered care based on a thorough understanding of redesigned work and pilot results.

Goal E: Develop, pilot, and implement institution-specific, on-site custody capacity to ensure safe and timely patient access to health care services.

Goal F: Create new clinical and administrative space to provide a safe environment for staff and patients based on the new clinical process redesign and on projections of future bed capacity needs.

Goal G: Develop a transition plan including timelines, knowledge management, and oversight monitoring to ensure successful transition of the new prison health care system from the Receiver back to the State, with continuing mandates which guarantee that medical services meet constitutional standards for access and quality.

Plan of Action Goals and Objectives

Goal A: Establish meaningful and effective financial and administrative infrastructure and processes that are precursors to clinical transformation.

Objective A.1. Develop smaller regions (3-5 prisons each) including clearly delineated leadership roles, responsibilities, and accountabilities among headquarters, regions, and local prisons.

A.1.1. Define regional Chief Executive Officer, Chief Medical Officer, Director of Nursing, and Health Care Administrator roles, responsibilities, and accountabilities.

A.1.2. Define local institutional Chief Executive Officer, Chief Medical Officer, Director of Nursing, and Health Care Administrator roles, responsibilities, and accountabilities.

A.1.3. Define headquarters, regional administrative, and support functions.

A.1.4. Develop and implement a performance management system to align individual and team performance results with organizational mission, vision, goals, and objectives.

Objective A.2: Implement structure, business processes, and metrics for finance, accounting, budgeting, and reporting functions for CPR and CDCR to ensure accountability and transparency.

A.2.1. Define and implement financial structure and processes for CPR.

A.2.1.1. Determine Executive and Legislative protocol for the ongoing funding of Receivership initiatives.

A.2.1.2. Determine Department of Finance (DOF) and Controller protocol for identifying funding provided to the Receivership by the Executive and Legislative branches.

A.2.1.3. Agree to a process for the Receivership's access to and control of identified funds.

A.2.1.4. Determine extent of Receivership's access to and control of the Divison of Correctional Health Care Services (DCHCS) annual spending authority.

A.2.2. Define and implement accounting structure and processes for CPR.

A.2.2.1. Identify authoritative literature to support accounting, reporting, and disclosure of transactions that are unique to the structure of CPR's court ordered authority and maintain CPR's accounting records accordingly.

A.2.2.2. Develop and document a system of internal control to meet the court's requirements for transparency of CPR operations and that is also acceptable to other governmental and non-governmental stakeholders.

A.2.2.3. Develop reports that include financial information and related disclosure that meets the court order's requirements for complete and periodic reporting of CPR's financial operations.

A.2.2.4. Arrange for an annual independent financial audit by a regional Certified Public Accountant (CPA) firm recognized as having public sector expertise.

A.2.3. Define and implement accounting structure and processes for CDCR.

A.2.3.1. Engage an independent consulting firm with recognized public sector financial expertise to review CDCR's current recording and reporting of financial information and produce the following deliverables:

A.2.3.1.1. Prepare flow charts and narratives that document the current state of the CDCR accounting system from transaction recording to reporting.

A.2.3.1.2. Identify bottle necks, weaknesses, and gaps in key processes that have the most significant impact on timeliness and accuracy.

A.2.3.1.3. Identify critical interventions to the management information process that can be immediately implemented through reasonable system enhancements and workarounds.

A.2.3.1.4. Assist CPR and DCHCS management in developing critical, high level financial and management reports that are timely, accurate and compliant with Generally Accepted Accounting Principles (GAAP) as appropriate.

A.2.3.2. Identify resources within CDCR, State Controller

Office (SCO) and Department of Finance (DOF) to provide timely and accurate metrics that include paid hours and other workload indicators that reconcile to and are consistent with financial information.

A.2.3.3. Develop processes to readily extract accurate financial information specific to the Receiver's initiatives, e.g. Registered Nurse (RN) salary enhancement, Licensed Vocational Nurse (LVN) salary and benefit costs, San Quentin planning, and construction costs.

A.2.3.4. Identify key staff positions in the accounting, budgeting and financial reporting processes; assess workload and recommend appropriate staffing and/or skill level enhancement as necessary in light of recording and reporting objectives noted above.

A.2.4. Define and implement budgeting structure and processes for CPR.

A.2.4.1. Identify and develop plans for hiring additional staff, engaging consultants, and initiating capital projects in the 2007-08 budget year in collaboration with CPR Executive Staff.

A.2.4.2. Identify those plans that should be appropriately recorded as an asset, liability and/or expense of CPR and not expected to be transferred to CDCR prior to the end of the 2007-08 budget year.

A.2.4.3 Estimate the cost of such plans and include in the budget proposal to be presented to the Receiver for approval.

A.2.4.4 Project current budget year commitments for salaries, benefits, and other operating expenses specific to operation of the Receivership for the 2007-08 budget years.

A.2.4.5 Prepare budgeted balance sheet, profit/loss, and cash flow statements for the 2007-08 budget year.

A.2.5. Define and implement budgeting structure and processes for CDCR.

A.2.5.1. Continue coordination with Budget Management Branch staff to gain a complete understanding of the budget development, monitoring, and reporting processes.

A.2.5.2. Focus CPR's involvement in preparation of the 2007-08 budget on reviewing the process, assumptions, and current budget year actual information used as the basis to develop the following:

- Personnel Year (PY) and related salary costs, including overtime, vacancies (salary savings) and temporary help.
- Consulting and professional services – medical expenses.

A.2.5.3. Determine that the final 2007-08 budget includes the cost of CPR sponsored initiatives, such as:

- Full year effect of budget year 2006-07 initiatives such as salary increases, Medical Technical Assistant (MTA)/LVN conversion etc.
- Budget year 2007-08 portions of ongoing capital related projects initiated in the 2006-07 budget year.

A.2.5.4. Maintain a shadow budget to monitor the following:

A.2.5.4.1. Develop budgeted consulting and professional services – medical expense on the basis of prior years' historical utilization, by prison facility.

A.2.5.4.2. Monitor actual to budgeted expense and compare to accuracy of current CDCR budgeting technique.

Objective A.3. Establish mechanisms to ensure CPR financial and operating transparency.

A.3.1. Identify a nationally recognized standard of financial operating transparency and model CPR's operating and reporting systems as appropriate. For example, consider voluntary certification as Sarbanes- Oxley compliant.

A.3.2. Develop an internal control document that details CPR's reporting, recording, and management of the Receivership's assets, liabilities, and contractual commitments including input from State oversight agencies. Ensure this document is focused on operational transparency; facilitates knowledge transfer, particularly when responsibilities are reassigned; and includes input from State oversight agencies such as the OIG

Objective A.4. Improve provider contracts and contracting processes to

ensure accountability and transparency. (Refer to A.6.)

A.4.1.Model contract processes on current health care industry practices.

A.4.2. Develop new payment methodology based on Medicare payment system as documented and recommended by Navigant study.

A.4.3. Appoint trained staff member(s) dedicated to the ongoing development and management of CDCR provider contracting activities.

A.4.4. Establish CDCR provider contracting capacity to perform a full complement of services including:

- Provider network selection and development management,
- Credentialing,
- Rate setting,
- Contracting and contract management,
- Quality and utilization monitoring,
- Electronic claims payment and adjudication,
- Contract performance metrics monitoring and reporting.

Objective A.5. Develop a Responsibility-Focused Financial Reporting Process and System.

A.5.1. Identify appropriate metrics as a basis for monitoring CDCR DCHCS financial operations.

A.5.1.1. Focus initial efforts on paid and worked hours.

A.5.1.2. Develop and implement a system-wide training program appropriate to each level of CDCR and DCHCS financial staff.

A.5.1.3. Establish a multi-year goal to decrease the lag in periodic reporting to the health care industry standard of 10 working days.

A.5.1.4 Redesign the Reporting Structure of DHCS' Financial Staff

A.5.2.Create a "Controller" position solely dedicated and responsible to CPR leadership.

A.5.2.1. Identify key staff members to fill top technical/decision making financial positions at CDCR and DCHCS headquarters.

A.5.3. Focus on timely and accurate reporting of financial information useful in decision making to CDCR and DCHCS headquarters and from/to regions, and facilities.

A.5.3.1. Improve and increase quality communication by removing barriers to inter- and intra- department communication, and communication between headquarters, regions, and facilities.

A.5.3.2. Delegate decision-making authority to appropriate management and staff levels.

A.5.3.3. Provide recognized industry standard processes and tools to help staff do their job efficiently and effectively.

Objective A.6. Redesign, pilot, and implement a sound contract negotiation and management process based on industry standard and ethical business practices. (Refer to A.4.)

A.6.1. Design, pilot, and implement a cohesive approach to the contract negotiation of scope and rates for those contracts which are not competitively bid.

A.6.1.1. Establish a benchmark rate system taking into account specific geographic areas and types of service.

A.6.1.2. Establish a training program for all contracts staff on medical services negotiations, diagnoses and procedures, rate analysis, etc.

A.6.1.3. Build interdisciplinary negotiation teams that include subject matter experts such as payment data experts, clinicians, and negotiation specialists.

A.6.1.4. Standardize a contract and processes for specialty services to increase percentage of specialty care performed on-site via local providers or "circuit" physicians; and increase use of telemedicine for specialty services.

A.6.1.5. Establish mechanisms to ensure contract providers are adhering to CDCR utilization management protocols, clinical guidelines, and quality standards.

A.6.2. Design, pilot, and implement an automated contract management and monitoring system including policies and procedures to ensure accurate documentation, adequate monitoring of key information such as licenses, performance, usage, and credentialing.

A.6.2.1.Establish separate units to focus on contract management and internal auditing functions.

A.6.2.2. Establish an external, independent auditing program.

A.6.2.3. Develop policies and procedures and a training program.

A.6.3. Design, pilot, and implement a mechanism, including policies and procedures, to provide timely review, approval, adjudication, and payment for services rendered.

A.6.3.1. Adopt an electronic invoicing process to automatically capture critical information to support contract monitoring, analysis, negotiation and auditing.

A.6.3.2. Implement a standard mechanism to give providers instructions for correctly formatted information needed for invoicing prior to or at the time of service.

A.6.3.3. Review and analyze contract providers' utilization data as one of the contract performance indicators to monitor appropriate utilization patterns.

Objective A.7. Create a pool of at-will, civil service, Career Executive Appointment (CEA) positions in order to populate local, regional, and statewide leadership positions with qualified, responsive leaders.

Objective A.8. Develop a human resources program focused on providing patient–centered health care services based on industry standards that effectively manages staffing, compensation, job descriptions, competency, performance evaluation, professional development, and training in collaboration with clinical teams or other subject matter experts. (Refer to Goals B and C)

A.8.1. Restore and standardize competency levels of clinical staff based on health care industry standards.

A.8.2. Redesign, pilot, and implement clinical staffing model for all levels of care within the prison health care system.

A.8.2.1. Define roles, responsibilities, and clinical accountabilities for mid-level practitioners and advanced practice professionals.

A.8.2.2. Develop, pilot, and implement plan for adequate minimum staffing including physicians, nurses, and ancillary services throughout the system with enhanced staffing to match needs at particular prisons.

A.8.3. Recruit adequate numbers of qualified clinical staff within each discipline.

A.8.3.1. Adjust clinical and support salaries as needed based on competitive industry, market, and community rates.

A.8.3.2. Implement a loan forgiveness program as an incentive to recruit and retain qualified physicians and nurses.

A.8.3.3. Design and implement "24-hour" expedited hiring process to address clinical staff vacancies.

A.8.4. Develop appropriate administrative and clerical support after the redesign of work processes.

A.8.5. Standardize orientation, training, and professional development programs through the prison health care system for employees of all levels in collaboration with clinical team and other subject matter experts.

A.8.5.1. Review and revise orientation programs including appropriate prison health care information and specific orientation for providers, nurses, and ancillary clinical staff.

A.8.5.2. Develop a centralized approach to education and training in collaboration with academic institutions.

A.8.5.3. Develop adequate leadership and support for medical staff credentialing, privileging, and peer review, as well as for other essential committees of all other disciplines.

A.8.5.3.1. Implement an information system to track credentialing and education requirements including Continued Medical Education (CME) and Continued Education Units (CEU).

A.8.5.4. Develop ongoing leadership and managerial training

programs to support clinical professionals in leadership positions as well as direct patient care areas.

A.8.5.5. Develop communities of practice within each clinical discipline with designated leadership and appropriate communication tools.

A.8.5.6. Develop interdisciplinary communities of practice within clinical topic areas with designated leadership and appropriate communication tools.

A.8.5.7. Develop systems for routinely reviewing and revising health care policies and procedures and making them readily accessible to staff.

A.8.6. Develop and implement innovative approaches to address professional staffing needs of remote facilities.

A.8.6.1. Implement an air-force program using chartered airplanes to transport clinical personnel from San Francisco, Los Angeles, and San Diego areas to work three-four days a week in remote prisons.

Goal B: Redesign, pilot, and implement an effective prison health care continuum of services utilizing evidence-based, standardized processes and including screening, medical management, care coordination, case management, discharge planning, ancillary services, and other clinical support.

Objective B.1. Develop, pilot, and implement emergency response staffing models, protocols, and programs to prevent unnecessary patient or staff injury or death.

B.1.1. Develop, pilot and implement a statewide emergency response mechanism through an on-site paramedics pilot program.

B.1.2. Develop and implement emergency response training programs for clinical and custody staff.

B.1.3. Develop an ongoing mechanism to improve interface with local ambulance services.

Objective B.2. Pilot and implement statewide initiatives to redesign and support screening, primary care and chronic care processes and programs. (Refer to Objective D.6.)

B.2.1. Redesign and replicate reception center intake processes and staffing model based on the San Quentin pilot or alternative pilot site.

B.2.2. Redesign and replicate primary care processes and staffing model based on the San Quentin pilot and other pilot sites.

B.2.3. Develop a pain management initiative and implement statewide, building on CDCR's current collaboration with the University of California, Davis.

B.2.4. Expand cultural and linguistically appropriate patient education resources by collaborating with community health education programs.

B.2.5. Develop and pilot appropriate inmate peer education programs, *e.g.*, for diabetes and asthma.

B.2.6. Design and implement structure, process, and staffing to support evidence-based chronic care management including overall vision and leadership.

B.2.6.1. Establish clinical/administrative leadership for chronic care program by condition, e.g., cardiovascular, diabetes, asthma, seizure disorders, HIV/AIDS, hepatitis C.

B.2.6.2. Pilot and implement disease registries for chronic disease management and monitoring.

B.2.6.3. Review and revise Plata chronic care policies and procedures to be consistent with community chronic care standards.

B.2.7. Design and implement structure, process, and staffing to support evidence-based prenatal care and post-delivery services, including appropriate and timely management of high risk pregnancies.

Objective B.3. Design and implement programs and processes to ensure patient-centered continuity of care including care coordination, case management, utilization management, and quality management. (Refer to Goal C)

B.3.1. Design, pilot, and implement care coordination and case management mechanism to ensure continuity of care.

B.3.1.1. Develop position descriptions, recruit, and train care coordinators and case managers.

B.3.1.2. Direct high-risk chronic care patients to qualified providers, teams, prisons (including telemedicine option).

B.3.1.3. Develop a new nursing functional assessment and acuity assessment form based on experience and data from the medical bed assessment sweep conducted in March 2007.

B.3.1.4. Plan and implement case management software as part of an enterprise-wide electronic health record. (Refer to Goal D)

B.3.1.5. Incorporate social worker expertise into care coordination and case management teams by developing new social worker positions and recruiting qualified professionals.

B.3.1.6. Develop care transitions programs to ensure continuity of care from jail to prison, general population (GP) to medical beds and back, prison to prison, and prison to community.

B.3.1.7. Redesign and pilot community hospital utilization management and optimize the use of utilization review nursing knowledge in case management.

B.3.1.8. Redesign and pilot a standardized specialty utilization management process including indicators to monitor specialty utilization and quality of services.

Objective B.4. Improve coordination of medical, mental, and substance abuse services to promote patient-centered care.

B.4.1. Create a designated CPR staff position to be responsible for coordination and integration of programs between medical, mental health, and substance abuse to ensure patient–centered care.

B.4.2. Incorporate behavioral/mental health and substance abuse knowledge competencies into primary care and chronic care programs via interdisciplinary collaboration, staff training, and/or new staff recruitment.

Objective B.5. Optimize placement and care of impaired and/or aging prisoners with chronic conditions by expanding long-term care (LTC) services and bed capacity in the prison health care system.

B.5.1. Increase LTC services and bed capacity to address immediate needs.

B.5.1.1. Develop additional sheltered dorms within CDCR.

B.5.1.2. Acquire additional LTC beds off-site by leasing or purchasing additional facilities if needed.

B.5.1.3. Support aging inmates and inmates with disabilities in general population housing via environmental modifications, inmate helper programs, care management, staff training, and adult day health programs.

B.5.1.1. Develop inpatient neurobehavioral programs with appropriate levels of care.

B.5.1.2. Develop palliative care program for terminal inmates not requiring hospice placement, and optimize use of hospice beds at California Medical Facility (CMF) and Central California Women's Facility (CCWF).

B.5.1.3. Recruit and optimize use of clinical staff with geriatric and LTC nursing expertise.

B.5.1.4. Recruit and optimize use of clinical staff with physiatry and rehabilitation expertise, including expertise in traumatic brain injury.

B.5.1.4.1. Optimize use of physical, occupational, and speech therapies to keep inmates functional at lowest possible level of care.

B.5.2. Design and implement new clinical assessment forms and processes and placement criteria based on Abt Associates project (medical beds assessment sweep and 5000 beds planning).

B.5.2.1. Incorporate new custody risk assessment distinguishing inmates who could be in dorm setting from those requiring cells.

B.5.2.2. Enhance Health Care Placement Unit (HCPU) capacity with information technology support and clinical leadership including medical and mental health services collaboration.

B.5.2.3. Implement new criteria for placement in medical beds such as Correctional Treatment Center (CTC), Outpatient

Housing Unit (OHU), and sheltered dorms.

B.5.2.4. Convert inappropriately used General Acute Care Hospital (GACH) beds to infirmary and long-term care medical beds.

B.5.3. Design new LTC facilities planning (5000 beds project) for physical plants and clinical programming to address future needs.

B.5.3.1. Complete Abt Associates project to estimate future chronic disease burden and long-term care burden.

B.5.3.2. Plan clinical programs for new facilities.

B.5.3.3. Begin working with construction management contractors, CDCR, and other state agencies to oversee facility location, design, and construction.

Objective B.6. Develop a centralized Public Health Unit to be responsible for pandemic preparedness; communicable disease outbreak response; immunization and tuberculosis testing administration; and surveillance, communication, and training to prevent the spread of infectious diseases.

B.6.1. Establish centralized clinical/administrative leadership for public health and infection control.

B.6.2. Develop communication and training infrastructure for regional and local prison health care teams.

B.6.3. Develop outbreak response collaboration and other projects with local public health officers and Department of Health Services (DHS).

Objective B.7. Redesign, pilot, and implement clinical post hours to optimize space and coverage to ensure patient access to care.

B.7.1. Develop, pilot, and implement statewide model hours of operation for yard clinics and central clinics including provider lines, face-to-face RN triage, and specialty clinics.

B.7.2. Develop, pilot, and implement statewide model hours of operation for pharmacies, labs, radiology, and other ancillary and support services.

Objective B.8. Improve CDCR's pharmacy management and operations system by implementing the Maxor's road map to produce sustainable, patient-centered, and outcome-driven processes.

Objective B.9. Develop nutrition programs for inmate-patients who are pregnant or who have chronic conditions or dysphagia requiring modifications in diet.

B.9.1. Recruit and hire a team of Registered Dietitians with centralized leadership to develop statewide nutrition programs.

Objective B.10. Create ethics resources within health care services to support health care and custody staff, inmates, and families.

B.10.1. Develop expertise, resources, and quality metrics for advance care planning.

B.10.2. Provide ethics education for health care and custody staff.

B.10.3. Make ethics consultation available to health care and custody staff, inmates, and families.

Objective B.11. Continue to expand CDCR collaborations with University of California campuses, California State University, other universities, and community colleges to enhance clinical service delivery, system improvement, staff education, staff recruitment, and health services research.

Objective B.12. Redesign, pilot, and implement centrally-managed clinical operations to ensure standardization of data, processes, and costs across the system and to take advantage of economies of scale in driving efficiency.

Objective B.12.1. Design, pilot, and implement a statewide, centrally-managed approach to imaging and radiology, including equipment, supplies, staffing, training, certification, external contracts and information systems.

Objective B.12.2. Design, pilot, and implement a statewide, centrally-managed approach to clinical laboratory services, including equipment, supplies, staffing, training, certification, external contracts and information systems.

Objective B.12.3. Design, pilot, and implement a statewide, centrally-managed approach to materials management, including a modern, just-in-time supply chain, equipment, supplies, staffing, external contracts and information systems.

Goal C: Design, pilot, and implement a CDCR quality and patient safety infrastructure including measurement and evaluation components to guide system improvement, accountability, and effectiveness.

Objective C.1. Recruit and hire a Chief Quality Officer to develop and manage the CDCR Quality and Patient Safety program.

Objective C.1.1. Develop and lead implementation of quality and patient safety programs that integrate clinical quality metrics, complaints and appeals, incident reporting, sentinel event reviews and root cause analysis, and clinical improvement initiatives.

Objective C.1.2. Ensure linkage of interdisciplinary quality improvement and peer review to education and training.

Objective C.2. Design, pilot, and implement clinical quality metrics consistent with appropriate free world health care delivery systems. (Refer to Evaluation, Measurement and Compliance Section)

C. 2.1. Pilot measurement of patient-centered care, e.g., using patient satisfaction surveys.

C. 2.2. Pilot measurement of organizational culture, e.g., using nursing turnover rates.

C.2.3. Collaborate with other correctional systems in efforts to standardize correctional metrics throughout the country.

Objective C.3. Redesign, pilot, and implement a credible complaint and appeal process that is efficient, responsive, and effective in achieving rapid resolutions.

C.3.1. Build on lessons learned from the San Quentin Patient Advocacy model.

C.3.2. Develop adequate staffing and software to track and analyze complaints and appeals.

C.3.3. Continue to maintain an independent response process for complaints to Receiver (*versus* complaints to CDCR) and use findings to inform interventions.

C.3.4. Expand collaboration with CDCR ombudsman program for early resolution of complaints.

Objective C.4. Institute reliable patient safety, incident, and near-miss incident reporting and link reports to improvement initiatives and education.

Objective C.5. Develop sentinel event and root cause analysis policies, protocols, and curricula.

C.5.1 Train clinical, administrative, and custody leadership in sentinel event review and root cause analysis.

Objective C.6. Design and implement organizational structures, staff and technological support, and processes for evaluation, measurement, analysis, and improvement of organizational and clinical performance. (Refer to D.4)

Objective C.6.1. Introduce a culture of ongoing clinical improvement initiatives at all levels of health care delivery.

C.6.2. Develop and implement strategies for utilizing process improvement methodologies in the prison system.

C.6.3. Train clinical and administrative staff in rapid cycle quality improvement and high-reliability practices.

C.6.4. Develop custody/health care collaborations in high-reliability practices.

Objective C.7. Design, pilot, and implement a combined clinical-administrative crisis management team model to provide timely response to address prison crises with potential for adverse impact to access or quality.

Objective C.8. Enhance system-wide clinical accountability through peer review mechanisms.

C.8.1. Expand focus of PPEC beyond review of individual performance to focus on process and system vulnerabilities and link findings to educational and quality improvement initiatives.

C.8.2. Develop custody/health care capacity for joint investigations as needed.

Goal D: Design, pilot, and implement integrated health information system(s) including network infrastructure, patient scheduling and tracking, disease registries, electronic health records, medical management including utilization management, decision support, performance measurement, and reporting to support safe, effective, timely, cost-efficient, and patient-centered care based on a thorough understanding of redesigned work flows.

Objective D.1. Design, pilot, and implement a health care information infrastructure to support health care clinical and business operations with compliance to record retention, privacy, HIPAA, and State law, if applicable.

D.1.1. Conduct health care network assessments including scope of work for engineering, installation, and operations.

D.1.2. Select, test, and implement network-centric clinical technology.

D.1.3. Design and implement a network engineering layout of highly reliable, ubiquitous high speed bandwidth for clinical operations utilizing leading technology such as wide area wireless, multi-protocol layers services, bandwidth management and upon demand bandwidth utilization management.

D.1.4. Design, develop, and implement processes for system operation at clinical service levels including functionality to ensure timely electronic processing of clinical information.

D.1.5. Design, develop, and implement system support operations to support health care service levels including system operation redundancy, change control, customer service surveys, interoperability testing, automatic testing, and clinical help desk.

D.1.6. Design and implement programming standards to allow for industry standard desk top, network and application data housing to allow for minimal acceptable down times through highly redundant and reliable technology.

D.1.7. Implement industry standard project methodology to allow for full project charter compliance to budget, expected results, and post implementation project reviews to allow for system standard Information service costs.

D.1.8. Design, develop, and implement data security systems and

operations to ensure privacy, HIPAA, audit, proactive data intruder diction systems, internet monitoring and management systems, e-mail filters, and records retention are in compliance with Federal and State laws as well as correctional level security.

Objective D.2. Standardize data through verifiable data processes and compile medical data across all compliant data sources into a unified database that can be used to generate information valuable for patient care and health care management.

D.2.1. Develop implementation plan to achieve health care industry clinical data standards for clinical services and operations including standardization of data architecture design, data repository, communication tools, electronic data engine, and master patient, and master provider indexing for statewide adult corrections clinical staff access.

D.2.2. Standardize data models for pharmacy, laboratory, radiology, PACS, medical management, case management, schedule tracking, and encounters including dental, mental health, Americans with Disabilities Act (ADA), and other medical service data records through interoperable data standards, technical data standards, and data engine.

D.2.3. Standardize automatic and ad hoc reporting of metrics required by the Federal Court and ongoing performance monitoring.

D.2.4. Develop and implement a secure clinical web-based portal tool that allows clinical staff appropriate access to verified and standardized patient data at the point of care or clinical work areas.

D.2.5. Develop and implement a data security system to ensure Federal and California State HIPAA and privacy laws pertaining to correctional related health care services.

Objective D.3. Create systems for compiling and managing medical knowledge that will enable clinical service providers to have timely and medically significant data in order to make the appropriate evidence-based decisions for their patients at the point-of-care.

D.3.1.Create and implement a system for developing, documenting, disseminating, and maintaining clinical protocols, guidelines, and algorithms required to manage care of patients throughout the system.

D.3.2. Implement online medical library services to support clinical information, research, and clinical CME requirements.

D.3.3. Implement appropriate clinical decision support tools, both electronically and on paper that provide just-in-time information to clinicians to ensure that patients continually receive the most cost-effective and appropriate care.

D 3.4. Redesign, pilot, and maintain clinical information tools that inform and influence patient care, including clinical documentation forms, flow sheets, and order sheets.

Objective D.4. Improve and streamline care-delivery processes in preparation for automation.

D.4.1. Redesign, pilot, and implement clinical and business processes in preparation for implementation of electronic health records.

D.4.2. Redesign, pilot, and implement a laboratory information system process to allow for point-of-care testing, automated assays and virtual systems to allow for faster point-of-care test turn-around times and accuracy.

D.4.3. Develop and implement a digital radiography central image storage, retrieval, and review through data standard systems.

D.4.4. Develop and implement a pharmacy bar code system for patient safety through unit dose in conjunction with Maxor Pharmacy roll out that will allow for an electronic Medical Administration Record.

Objective D.5. Implement system–wide, standardized clinical transformation change management initiatives and training to ensure clinical staff acceptance and adoption of information technology solutions such as the electronic health record and evidence based medical decision systems.

D.5.1. Design, pilot, and implement processes for health care information management document storage and maintenance, electronic forms workflow, auto routing for "whole system" access, scanned data storage and access.

D.5.2. Design, pilot, and implement information system applications to support business processes such as provider credentialing, continuing education tracking, scheduling, time keeping, contracting for provider services, equipment, and supplies,

materials management, and supply chain. (Refer to Goal A)

Objective D.6. Improve and enhance the existing telemedicine program and integrate it into continuum of inmate medical care to provide primary, emergency and specialty care to allow for greater access to inmates while reducing cost of care as well as custody inmate transportation to outside clinical care locations.

D.6.1. Expand telemedicine clinical processes to all correctional facilities as part of core primary and specialty care operations for inmate health care including medical, dental, and mental health.

D.6.1.1.Conduct a system- wide assessment of the current telemedicine practices by external experts to develop a road map for improvement of CDCR telemedicine services.

D.6.1.2. Upgrade telemedicine technology, including Internet Protocol (IP) infrastructure, to ensure sufficient bandwidth and security and to allow for optimal and flexible location of telemedicine units in correctional facilities as well as contracted specialty clinician offices, in hospitals with a "high availability" technical infrastructure, and for use in emergency conditions at various locations.

D.6.1.3. Redesign telemedicine workflows to allow for clinical visit optimization through ensuring that all needed tests and documentation are completed prior to the visit according to standardized protocols consistent with all other care delivered for a given condition.

D.6.1.4. Provide specialized telemedicine carts to each site that enable tools including remote electronic monitoring, EKGs, point-of-care laboratory test units, electronic whiteboard data sharing, high definition dermatology imaging, and ultrasound.

D.6.1.5 Develop methodology and clinical workflow for multi-care provider conference and specialty consults.

D.6.1.6. Develop "smart" databases that will enhance patient care through proactive monitoring of specific care plans by working with industry vendors.

D.6.2. Redesign and implement facility and telemedicine staff training to ensure competency level to maximize timely use of telemedicine.

D.6.2.1. Implement on-going training and in-services reviews to

ensure the reliable availability of qualified clinical support staff to maximize inmate access to clinical care.

D.6.2.2. Establish programs and protocols for virtual expert visits for remote monitoring, observation, and consultations with centralized and contracted specialty staff through "IP" enabled web conferencing through Data Security Health Care standards.

Objective D.7. Establish a statewide project governance model for integrated health information system(s) and related applications, with representation by multi-disciplinary clinicians to allow for the clinical staff cultural adoption of the electronic health record and evidence based decision support systems.

Objective D.8. Create and successfully implement an enterprise electronic health record that is consistent with current health care information technology trends regarding functionality, paperless workflow systems, security, and interoperability.

Goal E: Develop, pilot, and implement institution-specific, on-site custody capacity to ensure safe and timely patient access to health care services.

Objective E.1. Design, pilot, and implement necessary institution-specific on-site custody components that ensure appropriate patient security, escorting and transporting for health care services.

E.1.1. Analyze, develop, and implement institution specific on-site health care access teams to ensure patient access to health care services.

E.1.2. Conduct analyses of custody requirements for the day-to-day operations and security for each institution's health care services.

E.1.3. Conduct analyses of custody personnel and equipment/vehicles needs for institution access teams.

E.1.4.Conduct analyses of personnel needs for community hospital custody coverage.

E.1.5. Activate San Quentin pilot custody access team and replicate model statewide.

Objective E.2. Redesign, pilot, and implement transportation support for off-site health care teams to ensure safe and timely transport of patients to services in the community.

E.2.1. Analyze current statewide transportation operations to determine necessary resources for providing adequate/timely medical transportation.

E.2.2. Develop, and implement institution-specific off-site custody transportation unit to ensure patient access to community-based health care services.

E.2.3. Develop Regional Medical Transportation Units to move patients from prison to hospital, hospital to hospital, and hospital to prison.

E.2.4. Develop and implement Regional medical guarding units within community facilities in collaboration with clinical leadership.

Goal F Create new clinical and administrative space to provide a safe environment for staff and patients based on the new clinical process redesign and on projections of future bed capacity needs.

Objective F.1. Plan, design, and build clinical space to provide a safe environment for staff to deliver appropriate patient care at all levels.

F.1.1. Review reception center space needs based on reception center process redesign and supplement or redesign the space to match the new processes.

F.1.1.1. Review primary care (sick call, chronic care, TTA) and infirmary space needs at all prisons and supplement or redesign the space.

F.1.2. Plan, design, and build work space to provide a safe environment for staff to provide support to the delivery of safe patient care at all levels.

F.1.2.1. Conduct reviews of clinical space around the state to ensure inmate access areas and holding cell areas are adequate.

F.1.2.2. Identify areas, where clinical space is inadequate, to place new space, e.g., modular buildings, within secure areas of the prison.

F.1.2.3. Establish adequate custody work stations within institution clinics and institution medical housing areas.

F.1.2.4. Implement space additions at the prison sites in

collaboration with contract construction managers.

Objective F.2. Oversee construction of comprehensive new clinical complex at San Quentin to provide medical, mental health, and dental services.

Objective F.3. Plan, design, and build 5,000 new medical beds and 5,000 new mental health beds (estimates) in various regions to provide additional bed space and appropriate levels of care.

Goal G: Develop a transition plan including timelines, knowledge management, and oversight monitoring to ensure successful transition of the new prison health care system from the Receiver back to the State, with continuing mandates which guarantee that medical services meet constitutional standards for access and quality.

G. Organizational Transformation Strategies

On the one hand, the Receiver is committed to using evidence-based organizational change strategies as recommended by the Institute of Medicine. For example, a meta-analysis of 39 controlled trials of diabetes care showed that the following interventions improve outcomes: provider education, provider reminders, audit with feedback to providers, patient education, case management, and team-based changes. Unfortunately, each of these interventions requires infrastructure elements that still do not exist within the CDCR. Cutting-edge interventions or even the most basic educational strategies are futile in the absence of stable staff and functional management. Over the next two years, the steps just outlined within this Plan of Action will guide the Receiver's team and CDCR through infrastructure development into a new world of organizational transformation focused on improving outcomes for California's inmate-patients. The good news is that progress in some domains has already been substantial:

- Recruitment and retention of sufficient qualified clinical staff requires competitive salaries. The Receiver has made significant strides in recruitment by raising salaries and he has plans for developing professional working environments, another critical element for recruitment and retention.

- Adequate support and supervision of frontline clinicians will require smaller regions managed by qualified, responsive leaders. The Receiver has filed a motion to waive state law regarding creation of new at-will, civil service, Career Executive Appointment (CEA) positions in order to recruit these leaders.

- Adequate peer review and clinical accountability requires provisions for terminating unqualified or unscrupulous clinicians, who in the current system may

be reinstated by the State Personnel Board. The Receiver has filed a motion to waive state law regarding peer review and physician discipline.

- Provision of health care requires adequate space. The Receiver has launched major building projects at San Quentin, has facilitated modest improvements elsewhere, and has begun plans for fast-tracking construction of up to 5,000 new medical beds and 5,000 new mental health beds.

- Access to care in correctional settings requires adequate custody escorts. The Receiver is piloting dedicated health care access teams and is ordering much-needed transport vehicles.

- Effective use of outside providers for specialty and hospital services requires coherent contracting procedures. The Receiver's team revised the invoice payment system to pay off debts to providers that were up to four years old, and the Receiver has since taken over all aspects of health care contracting, which was dysfunctional under the former CDCR management.

- The chronic care model, case management, utilization management, and appropriate long-term care all require a modicum of reliable clinical information, none of which is currently available even in hard-copy format. The Abt Associates project includes a pilot model for development of the necessary information sources, and the Receiver's IT team is developing an electronic platform for information distribution.

Leadership and Human Resources

As noted earlier and illustrated in the examples above, in his first year the Receiver has focused heavily on leadership and human resources. The shift from using peace officer MTAs to using LVNs has been a time-consuming challenge, yet one that is essential for aligning all clinical staff with the clinical mission. The Receiver has prioritized restoring a statewide nursing structure and empowering nursing leadership. Nurses must function as change agents and drivers of patient-centered care throughout the organization in order to create and implement new clinical models. Contracting pharmacy management to Maxor National Pharmacy Corporation is another illustration of the Receiver's early emphasis on the leadership and human resources infrastructure.

As the infrastructure elements develop, including leadership, human resources, space, and information technology, the Receiver will be able to implement IOM strategies for process redesign, knowledge management, teamwork, and care coordination, and the pace of change at the patient level will accelerate. Meanwhile, one should not underestimate the clinical impact even now as good clinicians assume care and competent local leaders begin to exert managerial direction.

Takeovers, Interim Fixes, and Pilots

The above initiatives illustrate the Receiver's practical approach to initial reforms, with an emphasis on implementing and then stabilizing infrastructure changes. One principle reappearing throughout is the need to pilot changes before attempting system-wide implementation. The San Quentin project and the Receiver's takeovers of contracting and pharmacy management have piloted new programs, processes, positions, and software prior to full-scale implementation. The Receiver is determined to avoid the pre-determined, entire-system "roll-out" projects that were characteristic of prior State efforts, most of which were cumbersome affairs that fell far short of full implementation. The Receiver has looked for opportunities to turn even interim "quick fixes" into organized pilot projects. For example, the mobilization of CDCR and University of California clinicians and leaders to physician-deprived Avenal in January illustrated the need for clinical and administration "SWAT" teams that can mobilize to points of crisis within the organization. Because the Receiver anticipates that crises will continue to occur within the system, the development of crisis teams has become an objective within the Plan of Action (Objective C.7).

A Toolkit of New Practices

In order to change expectations, performance, and outcomes in CDCR health care, the Receiver will promulgate a toolkit of process improvement skills and practices which are new to CDCR but well-proven elsewhere, including:

- Sentinel event review and root cause analysis
- Rapid cycle quality improvement and small tests of change using "just enough" data
- Human factors analysis for development of safety and high-reliability systems

Sentinel event review and root cause analysis are familiar to community hospital leaders but done poorly or not at all in CDCR prisons. Difficult though it may be, teams must be willing and able to reflect upon their work, relationships, and vulnerabilities in order to develop a culture of improvement. Skills development in process improvement techniques will help clinical, administrative, and custody leaders get beyond preconceived ideas and defensiveness in order to make real changes in the ways they work together.

With adequate support from management and clinical leadership, frontline clinicians will learn how to test small changes in their work processes in rapidly repeating cycles. Small scale in this context can be a few clinicians and a dozen or so patients. The teams need to collect only enough data to provide credible guidance, and then move on to other small changes, week by week.

In addition to process improvement skills, the Receiver will promote specific techniques that have proven useful for patient safety. The SBAR (Situation,

Background, Assessment, Recommendation) technique, for example, is easy to learn and helps communicate essential information in critical situations. In addition to its role in fostering patient safety and teamwork, it has become a marker for professional environments that are supportive of nurses.

Learning Collaborative Model

Once an adequate infrastructure has stabilized, the Receiver intends to pilot use of the Learning Collaborative Model (based on the Break-Through Series developed by the Institute for Healthcare Improvement) for clinical improvement initiatives. The Collaborative Model promotes sustainable cultural change through a dynamic collaborative learning process. Deployment of collaboratives will engage a critical mass of staff members in process improvement, disseminate practical skills, and promote a patient-centered culture.

The pilot sites within each CDCR region will be selected based on leadership commitment, presence of opinion / thought leaders, and willingness to embrace change, among other factors. A steering committee and external subject matter experts will help design, organize, and standardize pilot interventions to minimize variations in care, improve quality, and harvest replicable best practices. The clinical team members will be given protected time away from routine work duties to participate in the project. Regular data collection and reporting of processes and proxy outcome measures will be used monitor effectiveness of the interventions. Technical assistance calls and face-to-face meetings will be scheduled throughout the pilot period to share lessons learned. Effective interventions or processes will be replicated state-wide.

H. 18-24 Month Focus of the Receivership

As pointed out above, the Plan of Action is a living document. This initial version of the Plan must incorporate existing programs, and provide the Court with information concerning the Receiver's priorities. During the next 18 to 24 months, the Receivership will focus on the following projects:

1. Establish programs for appropriate and timely recruitment and hiring programs to increase the number and quality of prison clinician personnel (top priority for the next eighteen months) (*see* Plan of Action Objective A.8). Establish a program for the recruitment and hiring of 250 Receiver's Career Executive Assignment staff (*see* Plan of Action Objective A.7).

2. Commence a program to construct approximately 5,000 prison medical beds (*see* Plan of Action Objective F.3).**[1]

[1] Those programs followed by a * represent programs where the Receiver will manage health care administrative functions that will serve all disciplines (medical, mental health, and dental). Those programs followed by a ** represent programs where the Receiver may, after further coordination discussions with the Special Master in *Coleman* and Court

3. Commence a program to construct necessary clinical space and medical support facilities (e.g. medical records and administrative office space) in existing prisons (approximately 8 to 12 prisons per year) (*see* Plan of Action Objective F.1).**

4. Implement the custody access team program at San Quentin and commence a time phased roll out at three other prisons (*see* Plan of Action Goal E).*

5. Begin with constructing the "foundation" and "walls" of the Receiver's health care system wide IT program (including telemedicine) (*see* Plan of Action Goal D).*

6. Continue the existing system-wide pharmacy restructuring program (*see* Plan of Action Objective B.8).*

7. Continue the existing remedial program re contract re-structuring (specialty care, registries, hospitals) and expand the program to re-structure aspects of contracting that involve negotiations and payments (*see* Plan of Action Objectives A.4 and A.6).*

8. Re-structure existing State medical care support services functions (both the support services staff at 501 J Street and support service staff at 1515 S Street) into a single appropriately organized and managed Plata Support Services Division (*see* Plan of Action Objectives A.1 and A.2).

9. Re-structure the health care credentialing process (*see* Plan of Action Objective A.8.5.3).*

10. Continue several existing pilot projects, including the San Quentin Pilot (*see* Plan of Action Objective B.2) and the LAC/CCI Specialty Care Pilot.

11. Initiate several new pilot projects: including a pilot project to bring emergency response staff and ambulance on-site at eight California prisons (*see* Plan of Action Objective B.1); a pilot project to establish the Receiver's Air Force to deliver full time permanent State physicians from urban locations (e.g. Los Angeles, Sacramento) into rural prisons (*see* Plan of Action Objective A.8.6.1); a pilot project for joint clinical/internal affairs investigations (to be developed cooperatively with the Office of Internal Affairs and the California Inspector General) (*see* Plan of Action Objective C.8); and a pilot project enabling clinical SWAT teams to be dropped into prisons to resolve clinical crisis (*see* Plan of Action Objective C.7).

12. Implement an initial model of an appropriate medical care budget (*see* Plan of Action Objectives A.2.4 and A.2.5).

13. Implement a clinical peer review based program to evaluate physician clinical

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experts in *Perez*, manage health care administrative functions that will serve all disciplines (medical, mental health, and dental).

competency (*see* Plan of Action Objective C.8).*

14. Participate actively in coordinating remedial efforts with the Special Master in *Coleman*, the Court experts in *Perez*, and the Court in *Armstrong*.*

15. Design phase II of the Plan of Action.

16. Establish an Office of Evaluation, Measurement and Compliance (see below).

In providing this list, the Receiver emphasizes two points. First, the list set forth above is subject to change. The Receiver has scheduled two days of meetings with his staff at the end of May 2007 concerning this list because there are indications that resources do not exist to fulfill each of these activities in a careful, complete, and responsible manner. Second, while staff have been assigned to each project and directed to prepare a project roadmap including the time lines for project completion, certain projects may be commenced in a slow paced manner or as limited pilot efforts prior to system-wide implementation.

I. Metrics

In 2001 the IOM identified one of its six essential strategies for health care transformation as "the incorporation of performance and outcome measurements for improvement and accountability." In 2006 the IOM consolidated current thinking from measurement science in a volume called *Performance Measurement: Accelerating Improvement.*

Prior CDCR Attempts to Measure Quality

The Plata Court experts and CDCR leadership recognized the importance of measurement. The June 2002 Stipulation for Injunctive Relief called for monitoring compliance with an extensive new set of policies and procedures using an audit instrument. Quality Management Assistance Teams (QMAT) of physicians, nurses, and support staff were assembled to descend upon individual prisons for a roughly weeklong administration of the audit instrument. The QMAT audit instrument was designed to generate 213 indicators, some from an electronic tracking system, most from manual chart reviews.

While well-intentioned, this measurement strategy suffered from multiple flaws. The electronic tracking system consisted of unconnected, unsupported Access databases that soon varied from location to location and contained unreliable data. In addition to being overwhelming in number, the individual measures were unvalidated and yielded results that often flew in the face of direct observation. The attempt to average all the measures into a composite score was wholly uninformed and misguided. Most critically, the findings, even had they been trustworthy, were not actionable. The available management infrastructure could not support development and implementation of appropriate interventions, for reasons already discussed.

The National Quality Forum evaluates candidate measures based on four sets of standardized criteria: importance, scientific acceptability, usability, and feasibility. Approved measures are deployed by federal, state, and private sector health care organizations. To be worthy of use in accountability and public reporting, a measure should address one or more key leverage points for improving quality. It should be valid, precise, and reliable, yielding consistent and credible results when implemented. The benefit should outweigh the burden of measurement. The results should be useful in making decisions.

QMAT attempted to use the audit instrument in 2004 and 2005, and then abandoned the effort. In 2006 the QMAT physicians were redirected to assist with peer review activities and direct patient care, and the QMAT nurses were reassigned to consultant roles.

Moving Measurement into Corrections

Several state prison systems have made significant progress in developing useful measurement strategies. In 1999 the Missouri Department of Corrections began a measurement collaboration with the University of Missouri–Columbia School of Medicine's Center for Health Care Quality and the Department of Health Management and Informatics. In 2006 these researchers described their initial experience in the Journal of Correctional Health Care. Their initial measurement matrix consisted of 50 indicators, a number that was considered "unmanageable for annual data collection." The final matrix is shown below. The indicators are adapted from free-world sources and from state and national correctional standards.

WOMEN'S HEALTH
Response to an abnormal mammogram
Timeliness of prenatal care
Checkups after delivery
Cesarean section rate
HEART DISEASE
Monitoring hypertension
Response to an abnormal blood pressure test
Myocardial infarction, aspirin when sent out
Myocardial infarction, aspirin at return to facility
Beta-blocker treatment after a heart attack
Cholesterol management after cardiovascular events, LDL screening
Cholesterol Management after cardiovascular events, LDL level
INFECTIOUS DISEASES
Tuberculosis treatment completed
HIV viral load levels
PULMONARY DISEASE
COPD receiving appropriate care
Response to an abnormal chest x-ray
WELLNESS AND PREVENTION
Physical exam in past year
Breast cancer screening
Cervical cancer screening
Yearly influenza immunization
High blood cholesterol levels
High blood cholesterol management
Cholesterol management
ASTHMA
Frequency of preventable acute episodes
DIABETES
Annual eye exams
MEDICATION ADMINISTRATION
Tegretol levels
SCREENING
Physical appraisal exam within 1st week
Dental exam within 1st week
BEHAVIORAL HEALTH
Optimal practitioner contacts for depression
Effective acute treatment for depression
Effective continuation treatment for depression
Follow-up within a week of intake
Suicide attempts after positive screen
DIALYSIS
Adequacy of dialysis
Hemoglobin levels in dialysis patients

Missouri Department of Corrections Quality Performance Indicator Matrix

The Missouri quality measurement initiative is truly groundbreaking for corrections, but it has several limitations as a model for California at this point. The Missouri Department of Corrections uses an electronic health record, so it is possible to identify all the inmates in the state with a given health condition, at least for some conditions. The CDCR Division of Correctional Health Care Services has no reliable electronic databases, with the possible exception of the one used to track invoices from outside hospitals and specialists. Furthermore, the Missouri measures are statewide aggregates generated annually, so their utility in identifying specific problems in a timely fashion is limited.

The University of Texas Medical Branch (UTMB) took a different approach in 2002 when it contracted with the Texas Medical Foundation, a quality improvement organization, to review the quality of care provided by UTMB to state prison inmates. The Texas Medical Foundation performed manual chart audits on 385 inmates and derived measures of utilization and measures of compliance with prevention and chronic care guidelines similar to those above. In addition, the Texas Medical

Foundation assessed UTMB for compliance with managed care organization guidelines and correctional standards.

The burden of manual measurement limits the frequency and therefore utility of this approach for guiding quality initiatives. UTMB also routinely gleans a variety of quality measures from its electronic health record, but again, that approach is presently out of reach in California.

Plans for Rigorous Metrics in CDCR

Over the next several years, however, the Receiver will develop a robust information technology system well-informed by current measurement science, so an increasing number of rigorous measures will be available for quality improvement and accountability purposes.

In the short term, several forthcoming information technology projects present opportunities for generating data. A new enterprise-wide patient scheduling and tracking system will allow routine analysis of delays in requests for clinical services such as chronic care or specialty appointments. The pharmacy information system being provided by Maxor will allow us to confirm that patients with various chronic conditions are receiving appropriate and timely pharmaceutical treatments. We will combine scheduling, pharmacy, laboratory, and imaging data into a clinical data warehouse, once each source of data is verified as reliable. These data can be mined for operational metrics useful for utilization management and population assessments, as well as for valuable clinical information at the point-of-care.

The scheduling and tracking data in the warehouse, to be operational later this year, will begin to yield measures of access to care for most of the metrics embedded in the Plata standards, as shown in the box below. Over time the diagnostic services metrics will also be available.

Plata Standard	Metric
Health Screening	• History and physical examination for all patients within 14 days of arrival at Reception Center
Access to Primary Care (Sick Call)	• Face-to-face nurse triage for patients with symptoms within 24 hours • An appointment with a primary care provider within 5 days for patients classified as urgent • Within 14 days for patients classified as routine
Outpatient Specialty Services	• Policies require that high-priority consultations or procedures occur within 14 calendar days • Routine consultations or referrals with 90 calendar days • With follow-up by a primary care provider within 14 calendar days
Diagnostic Services	• Routine laboratory tested processed within 14 days of orders • X-ray examinations completed within 30 days of order • Primary care provider review of lab results within two business days of receipt • Notification of patient of results within 14 days of receipt
Medication Management	• "Stat" medications be issued within 1 hour
Urgent/Emergent Response	• 24 hour emergency medical treatment • Policies require follow-up within five days
Outpatient Housing Unit and Licensed Care	• Policies require physician evaluation within 24 hours of admission • Evaluation by a primary care provider within 5 days for all patients returning from an impatient acute care facility
Pregnant Patient Care and the Birth of Children	• Policies require that patients be seen by a obstetrics provider within 7 calendar days of determination of pregnancy • Each patient be provided six-weeks post delivery for follow-up
Chronic Care Program	• Policies require an initial intake evaluation within 30 days for patients referred to the Chronic Care Program • Ongoing evaluations every 90 days

A number of the measures available from the clinical data warehouse will meet the National Quality Forum's criteria for importance, validity, usability, and feasibility. Most importantly, as the Receiver develops the infrastructure elements to support quality interventions, the measures will be actionable.

Once clinical data at the individual level are available, it will be easy to aggregate them into measures of population health for specific groups, *e.g.*, for older inmates, inmates with HIV, and women.

Uses of Rigorous and Non-Rigorous Data

The IOM makes a distinction between data for accountability *versus* data for improvement. Non-rigorous quantitative data, as well as qualitative data that may be rigorous or not, have critically important roles to play in the Receiver's quality improvement agenda.

Clinicians and managers need timely data at every level of rigor to guide improvement initiatives. At the microsystem level, frontline change agents need to develop skills in gathering just enough data to provide credible guidance for their improvement efforts, *e.g.*, reviewing six charts before next Tuesday. If it is already clear that a clinical process is broken, then waiting for an annual audit on the topic is unnecessary and unwise. Such measurement strategies are core elements of the rapid cycle quality improvement and high-reliability methodologies discussed above.

It is important to emphasize the critical role of qualitative (non-numeric) data in quality reporting systems. Root cause analysis of a single sentinel event could suffice to drive a statewide system redesign initiative, once we have adequate quality and managerial resources to carry out such an initiative. Research-level qualitative data and analysis may be warranted to provide guidance for more challenging system improvements. Also, just as there is a role for "quick-and-dirty" quantitative data for improvement initiatives, there is also an invaluable role for qualitative anecdotes and personal stories in gathering support for system change.

Death Reviews and Mortality Data

In a 1998 report (*Summarizing Population Health*), the IOM concluded that "Mortality measures, although important, provide incomplete and insensitive information for decision-making." At the same time, the report acknowledged that "Both ordinary people and policymakers are deeply interested in extending life." In its 2006 report on measurement, the IOM acknowledged the multiple controversies that surround mortality measures, but some of the committee members felt that mortality is "too important to ignore."

We will continue to track the aggregate number of deaths per year, but this figure has limited value for assessing the quality of medical care or driving system changes. A measure of preventable deaths would be more useful. Unfortunately, the large literature on preventable deaths and excess mortality is almost entirely epidemiological, that is, it estimates such things as expected versus actual deaths within very large populations. There are few reports of systematic retrospective chart reviews examining the quality of care given prior to death, mostly in the setting of trauma care. Although every death is reviewed in the CDCR as in many other systems, no one has published a validated method for determining preventable versus non-preventable deaths using chart review in a primary care setting. The determination rests on the reviewer's best judgment.

This limitation in measurement, however, does not diminish the value of the death reviews. As noted above regarding qualitative data, a review of even one sentinel event could produce enough cause for concern to launch a statewide system redesign. Close reviews using root cause analysis are invaluable in revealing vulnerabilities in care processes. The Receiver's team will continue to oversee disciplined reviews of deaths within the CDCR.

Measures of Organizational Culture and Satisfaction

In addition to access, quality, and cost measures, the Receiver will begin to develop measures of organizational culture and change. The Centers for Medicare and Medicaid Services (CMS) has begun to use staff turnover rates as a marker for organizational culture, and several state prison systems have begun to explore this use as well. Staff satisfaction surveys can also serve as measures of organizational culture and provide guidance for change.

The Receiver will also explore the use of patient satisfaction surveys. Patient satisfaction measures are increasingly required by managed care oversight organizations and state and federal agencies. Several state prison systems have begun to track inmate satisfaction with health care. These patient-centered measures complement complaint and appeal systems.

Balanced Scorecards

As the Receiver's new information and managerial systems begin to mature over the next two years, his team will develop balanced scorecards for each prison, eventually to be available on a monthly basis. These one-page scorecards will include measures of population health, clinical quality, utilization, financial performance, and management.

Balanced scorecards facilitate transparency and accountability, bridging long-term goals and immediate challenges. They focus attention on organizational initiatives and provide early alerts regarding trouble areas. Showing the disease burden and staffing resources in a prison can put into context that facility's access, utilization, and clinical indicators.

Going forward, California will join with other leading state prison systems in an effort to standardize a measurement portfolio for the correctional setting, drawing heavily from the ambulatory care measures already endorsed by the National Quality Forum.

Office of Evaluation, Measurement and Compliance

Despite serious problems with data collection, the Receiver will begin the process of establishing accurate metric reporting with a three prong intermediate program comprised of the following programs, all of which the Receiver plans to have operational at the time of the filing of his November 15, 2007 modified Plan of

Action:
(1) a system to objectively measure the basics of *Plata* remedial plan compliance at no less than six pilot prisons;
(2) an accurate and objective system of mortality reviews;
(3) a pilot program for institutional inspections and Plata remedial plan compliance developed with California's Office of the Inspector General.

To effectuate this program, as well as to manage the development of the more sophisticated longer term metrics set forth in the Plan of Action Objective C.2, the Receiver will establish a new administrative structure within California Prison Receivership, an Office of Evaluation, Measurement and Compliance. This Office is planned to be operational prior to the filing of the November 15, 2007 modified Plan of Action.

J. References

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EXHBIT 2

California Department of Corrections and Rehabilitation
Inmate Population 06/30/1997 - 04/04/2007

Institution	6/30/1997			6/30/2002			4/4/2007			6/30/1997- 4/4/2007	
	Design	Actual	% of Over-Crowding	Design	Actual	% of Over-Crowding	Design	Actual	% of Over-Crowding	Design Change	Actual Population Change
ASP	2320	5699	245.6	2920	6943	237.8	2920	7611	260.7	600	1912
CCC	3682	5920	160.8	3682	5901	160.3	3883	6027	155.2	201	107
CCI	2781	5918	212.8	2781	5296	190.4	2757	5859	212.5	(24)	(59)
CIM	3078	6460	209.9	3078	6273	203.8	3207	6540	203.9	129	80
CMF	2315	3087	133.3	2315	3282	141.8	2307	3039	131.7	(8)	(48)
CMC	3884	6580	169.4	3884	6594	169.8	3840	6545	170.4	(44)	(35)
CRC	1814	4105	226.3	1814	3920	216.1	1814	4010	221.1		(95)
CAL	2208	4054	183.6	2208	4102	185.8	2308	4122	178.6	100	68
CEN	2208	4377	198.2	2208	4446	201.4	2308	4893	212	100	516
COR	2916	4955	169.9	3016	4898	162.4	3116	5380	172.7	200	425
LAC	2200	4272	194.2	2200	3914	177.9	2300	4705	204.6	100	433
SAC	1728	3271	189.3	1728	2895	167.5	1724	3081	178.7	(4)	(190)
SQ	3283	5763	175.5	3273	5696	174	3109	5191	167	(174)	(572)
SOL	2110	5735	271.8	2610	5775	221.3	2610	6076	232.8	500	339
SATF[1]				3324	6486	195.1	3424	7273	212.4	100	787
CVSP	1738	3579	205.9	1738	3611	207.8	1738	3885	223.5		306
CTF	3281	7189	219.1	2771	5869	211.8	3301	7121	215.7	20	(68)
DVI	1787	3499	195.8	1787	4005	224.1	1787	3906	218.6		407
FOL	2071	3781	182.6	2072	3739	180.5	2236	4076	182.3	165	295
HDSP	2224	4298	193.3	2224	4151	186.6	2324	4642	199.7	100	344
ISP	2200	4606	209.4	2200	4635	210.7	2200	4681	212.8		75
KVSP[2]							2448	4952	202.3		
MCSP	1700	3660	215.3	1700	3652	214.8	1700	3820	224.7		160
NKSP	2692	5095	189.3	2692	5077	188.6	2692	5398	200.5		303
PBSP	2280	3732	163.7	2280	3279	143.8	2252	3480	154.5	(28)	(252)
PVSP	2208	4660	211.1	2208	4665	211.3	2308	5142	222.8	100	482
RJD	2200	4662	211	2200	4577	208	3302	4717	142.9	1102	55
SVSP	2224	4204	189	2224	4170	187.5	2298	4752	206.8	74	548
SCC	3606	5975	165.7	3606	6047	167.7	3736	6175	165.3	130	200
WSP	2984	5879	197	2984	5949	199.4	2834	5843	206.2	(150)	(36)
Average % of Overcrowding:			**196.0**			**191.30%**			**196.40%**		
CIW	1026	1829	178.3	1026	1773	172.8	1326	2650	199.8	300	821
CRC	500	893	178.6	500	631	126.2	500	539	107.8		(354)
CCWF	2004	3328	166.1	2004	3044	151.9	2004	4014	200.3		686
NCWF[3]	400	758	189.5	400	703	175.8					
VSPW	1980	3251	164.2	1980	3030	153	1980	3865	195.2		614
Average % of Overcrowding:			**175.3**			**155.9**			**175.8**		

1. SATF opened August 1997 2. KVSP opened June 2005 3. NCWF closed in 2004

SOURCE: CDCR, Data Analysis Unit Monthly Report of Population (06/30/97-06/30/02) and Weekly Report of Population (04/04/07)

EXHBIT 3

Inmate/Parolee Population Management

California's prison system presently holds more than 162,000 adult inmates, with another 114,000 former inmates under state parole supervision. The cost of that system now approaches $6 billion. The size of the prison population has resulted in part from tough-on-crime sentencing policies of recent decades, but the state has also been widely criticized for fueling the numbers by not doing a better job of preparing inmates to return to society. Approximately 90 percent of state prison inmates are eventually released on parole, and at present, more than half return to prison. A 2003 study by the Little Hoover Commission concluded that inmates are not prepared for their release from prison. Department of Corrections reports show that 43 percent of inmates released from prison in 1999 were sent back to prison within a year and that 56 percent returned within two years. Many of those returned to prison are parolees who are sent back for violating the conditions of parole, rather than for committing new crimes, and many of those go back for relatively short periods of time—an average of 5 ½ months. The vast numbers of parolees returning to prison help drive both the size of the prison population and the cost of the system. In 2001 more than 74,000 (47 percent) of the average daily prison inmate population of 157,000 was made up of parole violators.

To identify solutions to these problems the Corrections Independent Review Panel interviewed dozens of correctional experts, examined published studies, and researched the custody and parole practices of other states. As a result of that analysis, the panel recommends that the new Department of Correctional Services undertake several actions to better manage the inmate and parolee populations. The panel concluded that California can reduce the growing cost of managing its adult prison population by addressing three key factors that influence the size of that population — the length of time inmates serve in prison; the training and treatment they receive during incarceration to decrease the likelihood that they will return; and the services they receive during parole to help them remain crime-free and successfully integrate into society.

Underlying the panel's recommendations is the fundamental principle that the main goal of prison is to protect public safety, but that public safety is best served by a system that not only locks up criminals, but also helps inmates prepare for release and improves opportunities for parolees to stay out of prison. For those efforts to succeed, the custody and parole systems must work in concert, beginning with the first day inmates enter prison and continuing until parolees are released from supervision.

The length of time an inmate serves in prison depends on the sentence imposed by the court and on "time credits" earned by the inmate through in-prison work and program activities. The training and treatment inmates receive in prison includes education and other programs offered in accordance with goals identified for each inmate. And parole services include both surveillance and programs such as job placement and drug abuse treatment.

To address the length of time inmates spend in prison, the panel recommends eliminating the current time-credit system for non life-term offenses and adopting instead a "presumptive" sentencing structure that more effectively encourages inmates to achieve identified goals during incarceration. As an immediate measure to shorten prison terms, the panel recommends enhancing time credits inmates can earn in return for accomplishing specified goals. As a further means of reducing the prison population, the panel recommends identifying older inmates who could safely be released early, consistent with similar programs operating in several other states. To better prepare inmates for release, the panel recommends providing inmates with much greater access to in-prison education, vocational classes, life-skills training, re-entry services, and drug treatment. Those efforts should be guided by a research-based needs and risk assessment of each inmate upon entry into prison and should include a programming plan designed specifically to address the inmate's identified needs.

To reduce the number of parolees who return to prison, the panel recommends changes that will enable parole agents to concentrate the most intensive supervision on parolees who represent the greatest risk to the community and improving services to help parolees reintegrate into society. The changes should include a risk-assessment of each parolee. The risk-assessment tool should be updated regularly to reflect any changes in the demographics of the parole population. Parolees identified through risk assessment as very low risk should be discharged from parole after three months. In addition, the panel recommends increasing the number of substance abuse treatment beds in the community and continuing implementation of the Department of Corrections "new parole model," which includes prerelease planning, electronic monitoring, and residential treatment as an alternative sanction for technical parole violations. The new Department of Correctional Services should also implement effective research and data-collection capabilities to precisely identify the most effective and efficient methods of supervising parolees.

In implementing these reforms, the first order of business should be determining the operable capacity of the state's prisons—the maximum capacity of the prisons to house inmates safely and securely while providing effective education, training, and treatment. The second order of business should be to determine the appropriate staffing needed to operate each prison and to provide inmates with needed programming. To improve strategic planning capabilities, the panel recommends that the new Department of Correctional Services contract with one of the state universities to undertake responsibility for inmate population projections.

Fiscal Impact

The department saves money with each inmate and parolee it safely removes from the prison and parole population. The present average cost of housing an inmate is $28,439 per year, and the average cost of supervising a parolee is $2,930 per year. Some of the recommendations presented here require an initial investment, but can be expected to save money in the future by improving the chances for inmates and parolees to succeed, thereby reducing the numbers who return to prison and shrinking the overall prison population.

Other recommendations may immediately reduce prison and parole populations and thereby produce savings upon implementation.

Laying the Groundwork for Reform

Every day, hundreds of thousands of inmates and parolees are housed, supervised, and moved around within the state prison and parole systems. Managing this population is complex and challenging. In today's environment, prison administrators must contend with severe overcrowding, the potential for violence, court mandates to provide constitutionally adequate conditions of confinement, budget cuts that have reduced staffing, and burgeoning inmate population levels, fueled in large part by former inmates cycling back into prison.

The key to reforming the system lies in reducing the numbers. That effort will require attention to sentencing practices, time-credit policies that allow inmates to reduce sentences, early-release for low-risk offenders, and a commitment to programs that help inmates and parolees reintegrate into society. For programming to succeed, in turn, the system must free up programming space and provide adequate staffing to provide program services and run the institutions. Strategic planning for that task will require accurate population projections, knowledge of the system's basic operable capacity, and a determination of necessary staffing levels.

Background

Operable prison capacity — the maximum capacity of the prisons to securely house inmates and provide effective programming— differs from both design capacity and maximum "safe and reasonable" capacity. "Design capacity" is the term used for the past 50 years to designate the number of inmates a prison is designed to accommodate according to standards developed by the Commission on Accreditation and the American Correctional Association.[1] The number can be based on any combination of single-occupancy cells, double-occupancy cells, single- or double-bunked multiple occupancy rooms, or dormitories. The standards take into account the need for humane conditions, as well as the need to prevent violence and move inmates to and from programs, such as mental health care, education classes, and drug abuse treatment. In California, design capacity is based on one inmate per cell, single bunks in dormitories, and no beds in space not designed for housing. The design capacity of California's male prison system, including the capacity of the state's new prison at Delano, is 76,879 inmates. (See Table 1).[2]

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[1] California's actual prison capacity has never been limited to design capacity due to an ever-growing prison population. Actual prison population is represented here as a percentage of design capacity to provide a conceptual framework to convey the volume of prisoners that must be managed within the existing fixed environment.

[2] This report focuses primarily on the male prison population, which comprises 88 percent of the state's total prison population. According to the Department of Corrections "Monthly Report of Population as of April 30, 2004," compiled by the Offender Information Services Branch, the institution population on that date totaled 161,394, with 141,763 male inmates and 9,638 female inmates in the state's prisons and 9,993 male and female inmates in other types of facilities, such as contracted jail beds, public and private community correctional facilities, and other placements.

Maximum "safe and reasonable" capacity, in contrast to design capacity, refers to the maximum number of inmates who can safely and reasonably be housed in the prison system. That number takes into account the "safe and reasonable" capacity of individual housing units according to inmate custody levels, staffing levels, and the physical structure of the units. Level IV facilities, with a greater potential for violence, for instance, have a lower maximum safe and reasonable capacity than Level II and Level III facilities. The safe and reasonable capacity of each prison can be determined by totaling the safe and reasonable capacities of each housing unit in the prison, and the safe and reasonable capacity of the system can be estimated by combining the totals for each prison. The Department of Corrections has determined the maximum safe and reasonable capacity of the general population and reception center housing to be 190 percent of design capacity, while other housing can be filled only to between 100 and 160 percent of design capacity. Overall, the department has determined that the maximum safe and reasonable capacity of the state's male prisons is 137,764 inmates - 179 percent of design capacity.

Defining operable capacity. Operable capacity, which takes into account space needed for effective programming in addition to safety and security, is greater than design capacity, but far less than maximum safe and reasonable capacity. A group of experienced California prison wardens told the panel at a recent forum that the operable capacity of the state's prisons to support full inmate programming in a safe and secure environment is 111,309 inmates, or 145 percent of design capacity.

The state's prison system presently far exceeds operable capacity. California prisons are presently filled to the breaking point, with populations exceeding both design capacity and "safe and reasonable capacity," and far exceeding operable capacity. With 141,763 male inmates in a prison system designed to hold 76,879, as of April 30, 2004, the state's prisons were operating at more than 184 percent of design capacity. That number exceeds the prison system's safe and reasonable capacity by 4,000 inmates — and it exceeds operable capacity by 30,000 inmates.

Even those numbers understate some of the overcrowding. Accommodating the present inmate population has been accomplished by confining two inmates in cells designed for one, by double- and triple-bunking inmates in dormitories designed for single bunks, and by converting activity space into inmate housing areas. As Chapter 9 of this report notes, more than 9,500 male inmates are presently housed in activity space that was never designed for housing. Because Level IV inmates are generally more violent and cannot be crowded to the same degree as other inmate levels, Level IV celled housing units have now reached 152 percent of design capacity and may not realistically be filled beyond that point. As a result, greater numbers of inmates are forced into other housing, which has raised Level III housing to 201 percent of design capacity, and Level II housing to 220 percent. Consequently, the overall population of male prisons exceeds a safe maximum, and individual housing units in some prisons are so severely over-crowded as to be at a crisis stage. Reception centers, for example, which house all inmates entering prison, are housing a population of 20,000 male inmates in space designed for only 8,500 — putting reception centers at 236 percent of design capacity.

Female prisons are also overcrowded. Female prisons are nearly as crowded as the male prisons although they do not experience the same levels of violence. The population of female prisons as of April 2004 stood at 9,945 inmates, compared to a design capacity of 5,830. The most severely crowded female prisons operate from 173 to 184 percent of design capacity.[3] The effects of crowding in these prisons are as severe as in the male prisons, even with lower levels of violence. While these prisons do not represent the same challenges for security as their male counterparts, the recommendations in the Report for inmate programming apply equally to both.

Staffing reductions have accompanied overcrowding. From fiscal year 1990-91 to 2004-05, more than 5,000 positions were reduced from the state prison workforce through various legislative budget reductions. During the same period, almost 1,200 additional positions were cut from the headquarters and parole staff.[4] The positions cut have extended throughout the system, and have included correctional officer, vocational and classroom teacher and other support staff positions, with a marginal number of correctional officer positions retained to perform essential security functions. Although some positions have been added to accommodate increases in prison population, these have not been sufficient to offset the overall reductions.

Overcrowding and inadequate staffing impedes programming. Staffing reductions, overcrowding, and attendant violence have eroded the ability of the prisons to operate effectively for any purpose other than security. While the prisons attend to the primary objective of safety and security, they are able to pay little attention to inmate programming.[5] As a consequence, programs have been curtailed, which in turn has increased inmate idleness — ironic, in that effective programming would actually enhance internal security. Instead, combined with the reductions in security and non-security staff, the crowded conditions and lack of programming have elevated security risks and increased the probability of violent confrontations. Meanwhile, inmate programs such as education and substance abuse treatment that might reduce recidivism cannot be delivered because space intended to be used for such programs is instead used to house inmates.

The current situation in California prisons is untenable, and changes are required to bring about necessary controls. Before consideration is given to implementing the recommendations in this report concerning inmate programs, the safety and operability of the prisons must be improved. This report substantiates that education and other programs for inmates contribute to public safety. The environment that is needed for these programs to work must first be created and that requires:

- Violence control;
- Opening up program space by reducing prison population;

[3] Monthly Report of Population as of Midnight April 30, 2004. Department of Corrections, Offender Information Services Branch

[4] Summary of Reductions, Department of Corrections, Budget Management Branch

[5] Warden's Forum on Prison Capacity, CIRP, May 26, 2004

- Adding staff necessary to implement specific effective programs; and
- Exploring creative measures for the use of existing resources.

The reduction of prison population may be accomplished through the use of the new parole model (which reduces returns to prison), the initiation of a program of increased credits for time served, and adoption of a new sentencing approach for the majority of inmates who otherwise would receive determinate sentences. These options are discussed below.

Violence must be brought under control to make programming possible. The violence potential of Level IV inmates, especially in crowded conditions, severely challenges the development of a program environment in male prisons. To support programming that emphasizes preparing inmates for re-entry into the community, order and control of potentially violent inmates is necessary.[6] Implementing a violence control program has the potential both to provide this needed order and control and to begin the process of improving inmate behavior through programming. Violence control programs use special support staff and a system of rewards to implement programs known to be effective, such as anger management courses designed to control violence and produce the means for violent inmates to improve behavior. The violence control program is endorsed by the National Institute of Corrections and used effectively in 20 other states.[7] This program will permit the new department to begin to take the initial steps necessary to establish an environment in the prisons that can foster a broader application of inmate programming and the "re-entry philosophy."

Increased staff and program space are needed to support effective programming. Increases in both program space and staff are required to make effective inmate programming possible. Once operable capacity is determined and accurate population forecasts are made, the Department of Correctional Services can use a standardized staffing model to identify when staffing levels must increase or decrease. The new Department of Correctional Services should undertake a project to determine the appropriate staffing required for the operation of each type of institution, including management, custody, health care, and all other programs. Mission and capacities of institutions should be carefully designated so as to distinguish them on the basis of their mission, physical plant, specific inmate/ward supervision and programming requirements, and any other special consideration for a particular institution. Prisons can generally be divided into two types: modern prisons constructed after 1984 and older prisons constructed before 1984.

While standard staffing "packages" were approved for activating the prisons built after 1984, these packages should be used only for reference and should be updated to reflect

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[6] Fifty-eight percent of the current inmate population was sentenced to prison under a determinate sentence and will eventually be released for return to the community, according to *Prison Census Data as of December 31, 2003* provided by the Department of Corrections, Offender Information Services Branch.

[7] Department of Corrections, Violence Control Program Budget Change Proposal for fiscal year 2003-04.

position reductions, redirections, accommodations for "overcrowding," court decisions, and other mandates that have affected staffing allocations. Input from operating wardens should be incorporated in determining the final results of the staffing project to ensure the operability of the institutions. The results should then be reconciled with the current budget for each of the institutions. Other recommendations in this report should be considered with respect to their applicability to the staffing project. The completion of this project can result in a more stable environment for current management and future planning for the continued development of the new department.

Population projections. Projecting future institution population is a matter of extreme importance for the department. Providing effective management of inmates and wards is the fundamental mission of the new Department of Correctional Services and can be done only when forecasts of increasing or decreasing population are as accurate as possible, reflect the types of inmates and wards that will require housing, and support effective programs to encourage successful re-entry to parole or aftercare programs. The current method used to forecast institution populations has been shown to be remarkably accurate over a substantial period of years and appears to provide the best basis for planning to accommodate this population, but even this method cannot be 100 percent accurate and "surprises" or emergencies can occur, as when unexpected numbers of inmates arrive at prison reception centers. This kind of emergency prompts criticism of correctional management that at best alleges an inability to plan effectively, and at worst alleges manipulation of the population forecasts.

Notwithstanding the demonstrable accuracy of the current method of projecting population relative to any other forecasting method for this purpose, uncertainty and distrust undermine the credibility of administrators in carrying out their designated responsibilities. A change in methodology appears not to be required. A change in the manner in which the methodology is used is recommended. The new Department of Correctional Services should consider an interagency agreement with one of the state universities that is active both in corrections education and research to undertake the responsibility for population projections. Management of this university relationship should be assigned to the new Office of Research and Planning. Taking these important steps will move the vital function of population projections to a neutral site that has both experience and interest in the management and research value of this process. This move will provide independent credibility for the results. In addition, cooperative research between the new Department of Correctional Services and the selected university can be used to maintain and improve the current population projection model where warranted, and the information generated through the process can be used for other decision-making purposes. The costs of implementing this change are unknown at this time. The panel expects that the university-based researcher would supplement the current staff of the department.

Reducing the amount of time served in prison. At present, most California Department of Corrections prisoners can reduce the length of their prison terms by staying out of trouble and having a "work assignment" inside the prison. Work assignments are broadly defined

to include education and vocational training as well as more traditional work that supports the operation of the prison, such as gardening, maintenance, or food-service. Most prisoners earn "day-for-day" credit, in which they earn one day off their sentence for each day they have a work assignment. Prisoners who are on a waiting list for an assignment earn one day off for every two days they are unassigned. Beginning in January 2003, inmates housed in the department's conservation camps can earn "two-for-one" credit or two days off their sentence for each day they are otherwise eligible to earn sentence credits.[8]

Methods to reduce sentences. Short-range and long-range methods are available to reduce the average time served in prison sentences. The average length of time served in prison, the number of new admissions, and the number of parole violators returning to the prison system are the three major factors that influence the prison population. If the amount of time served drops significantly or the number of felons committed to prison declines, then the prison population will also decline. The Corrections Independent Review Panel proposes two methods that will motivate inmates to improve themselves in prison and will result in less time served in prison. (The panel also discusses changes to the parole system later in this chapter.) Both methods alter or expand the sentence-reduction credit process, but differ in how quickly the methods can generate benefits once implemented. The first method, called presumptive sentencing, will require a long implementation period and will only apply to newly committed inmates. The second method can be implemented immediately after minor statutory change, and will enhance the amount of sentence-reduction credits that inmates can earn—providing that the inmates accomplish certain goals.

"Presumptive sentencing" focuses prisoners on preparing for release. Inmates serving determinate sentences have a prescribed term imposed at the time of commitment to prison, the actual length of which is subject to change based on the application and removal of sentence-reduction credits for work and other activities. The credit system was originally intended to provide incentives for the inmates to improve themselves and thus reduce the actual time they need to serve in prison by taking advantage of opportunities to work or participate in education programs. It was to serve a dual function of making inmates more manageable in prison while improving their chances for a successful return to the community.

Due in part to the sheer size of the system, the administration of many of its provisions has become automatic, and coupled with its complexities it has become a system in which sentence-reduction credits have become a "right" to be protected. The responsibility of prison officials has shifted from making programs available to making sure the inmates are "programming." Likewise, the focus of inmates has shifted from preparing themselves for parole through treatment and education to simply earning sentence-reducing credits by any means. The system is not the incentive system contemplated but has become instead a constant struggle for obtaining sentence-reduction credits increasingly viewed as a right in a prison structure in which funding for programs has diminished.

[8] Penal Code, Section 2933.3

Numerous corrections officials expressed to the panel growing frustration in trying to safely manage inmates who have no particular incentive to behave under the current system. An alternative, such as a "presumptive sentence," can return both simplicity and incentives to the administration of prison sentences. Under such a system a presumptive term and a maximum term would be established by a sentencing judge. The maximum term would be the same term as would be assigned under the current sentencing laws. The presumptive term would be a smaller portion of the maximum term (perhaps 50 percent). In selecting the presumptive term, the judge considers that it includes "good behavior" so that the presumptive term becomes the actual time to be served *provided that* good behavior is maintained by the inmate. Good behavior is further defined as completing a "program plan" that is assigned to the inmate upon arrival at prison[9]. (The program plan would need to address specific deficiencies or needs of the inmate and prescribe solutions that are flexible enough to work in the department's varied prison settings.) The inmates would be reviewed periodically by a social worker or counselor to determine their progress with the plan.

Under a presumptive sentencing model, the inmate would be eligible for release after completing the presumptive term. However, actual release would require verification that the inmate actually completed the requirements — the presumptive elements — of the sentence. The details of such an approval process would require more specific development by the new Department of Correctional Services, but one recommended method would be to have the Hearings Administration identified in Chapter 1 of this report conduct a review to verify completion. If, after consideration of the inmate's progress, the Hearings Administration determined that the inmate had completed the prescribed requirement, the inmate would be released. Alternatively, if the Hearings Administration determined that the inmate had not completed the requirements, the inmate would be denied release until he or she had completed the requirements (or until the maximum term elapsed.) Other methods of administering this process should also be considered by the new Department of Correctional Services.

Presumptive sentencing supports re-entry programming. A presumptive sentencing model supports a needed shift in the department's philosophy toward a "re-entry" orientation. The concept of a presumptive sentencing model provides a focus on eventual re-entry into the community as well as providing incentives for inmates to behave. It also requires a shift in the capability of the new Department of Correctional Services toward a "re-entry philosophy" that focuses on the eventual release of the inmate. Public safety is served not just by incarceration, but by both incarceration and a prison term dedicated to improving the chances for successful re-entry. Presumptive sentencing will provide an incentive to in-

[9] An option would be to tie this process back to the community by having the sentencing judge approve or prescribe the content of the plan. There are a number of obstacles to implementing this option, including ensuring that the plan is prepared in advance of sentencing and making sure that the judge prescribes a plan that is actually available in the prison.

mates to take the responsibility of completing the program plan and to officials who will have the responsibility of developing and administering it.

It is important to note that the recommendation for a presumptive sentencing model is to replace the current structure of determinate sentences only, as a means of including this sentencing method in a comprehensive correctional approach focusing on successful reentry. It does not include the current structure for life sentences or the "two-strike" and "three-strike" sentences, which are beyond the scope of this recommendation. In December 2003 there were about 90,500 inmates (58 percent) serving determinate sentences. The remaining 42 percent of the inmates were serving life sentences, two-strike, or three-strike sentences.[10] (Programs for these inmates should be developed as a secondary priority and are not considered in this report.)

The Corrections Independent Review Panel expects that once fully implemented, a presumptive sentencing model would generate significant savings as inmates become better prepared for reintegration into society. The presumptive sentencing model would require further development by the new department, and the panel recommends that the new department charter a special commission to fully develop this important sentencing reform.

Goal-oriented sentence reduction credits could be increased quickly. Under the current sentence-reduction credit system, most of the department's inmates are limited to day-for-day credits, although some can earn more. (Fewer than 4,000 inmates housed in conservation camps earn two-for-one credits.) Inmates earn their day-for-day credits by participating in work, academic, or vocational activities; however, there is no requirement that the inmate fulfill any specific goals or even complete the training. The panel proposes that the department create a bonus sentence-reduction credit that would supplement existing credits and reward completion of education, vocational, or drug-treatment programs that are proven to reduce inmate recidivism.

This bonus sentence reduction credit would provide incentives for inmates' work activities by rewarding *completion* of academic, vocational, or drug-treatment goals. For example, an inmate could earn a 90-day sentence reduction for completing a literacy program or a college-level class, or a 180-day reduction for completing a drug-treatment course or a vocational certificate. Larger sentence reductions could be awarded to inmates who complete more rigorous programs, such as a two-year college degree. To implement this concept, the department would need to develop specific policies and procedures, and develop legislation to amend the California Penal Code to grant the authority for inmates to earn additional time credits.

Release of low-risk inmates to community supervision. Other states have successfully formed partnerships with law schools to identify and consider for release low-risk older

[10] California Department of Corrections, "Characteristics of the Inmate Population," Table 10, February 2004.

and geriatric inmates. The California Department of Corrections currently houses more than 3,700 inmates who are between 55 and 59 years of age, and nearly 3,100 aged 60 or older[11]. The Legislative Analyst's Office, in its fiscal year 2003-04 Budget Analysis, recommended that California consider early release of elderly inmates. In its analysis, the Legislative Analyst noted that California does not track the cost of incarcerating elderly inmates, but that several other states do and that these other states have estimated that elderly inmates cost two to three times the amount needed to house younger inmates. The Legislative Analyst further reported that New York, for example, estimated its annual cost of housing elderly inmates to be between $50,000 and $75,000 each. The National Center of Institutions and Alternatives estimated the annual cost of confining elderly inmates at $69,000 – nearly three times the national average of $22,000 to incarcerate other inmates.[12]

The Legislative Analyst's Office noted that housing nonviolent elderly inmates is not a good use of scarce resources when they represent a low risk to society.[13] While the majority of these offenders should remain in custody because of the serious, violent, or sexual nature of their crimes, a small percentage could be considered for early release. Statistics published by the U.S. Department of Justice indicate that recidivism drops significantly as inmates age—from over 50-percent nationally for inmates between ages18 and 29 to about 2-percent for inmates aged 55 or older.[14]

In a December 2003 analysis for the Legislative Analyst, the Department of Corrections estimated that release of non-serious, non-violent inmates aged 55 or older would reduce the inmate population by 657 and result in savings of $10.5 million in fiscal year 2005-06, if these provisions become effective on January 1, 2005. In the first fiscal year, the institution population would be reduced by about 332 inmates, resulting in savings of $5 million. Full-year savings would occur in fiscal year 2006-2007, when institution population would be reduced by 657 inmates, resulting in savings of $11 million. The institution savings would be offset by the cost of supervising these offenders on parole. Also, these savings are based on the average cost of incarceration for all inmates.[15]

In its calculations, the department assumed certain elderly inmates would be excluded from eligibility. Parole violators-returned to custody, inmates with life terms, second-striker inmates, sex registrants, and persons whose current or prior offenses are serious or violent (as defined in Penal Code, sections 1192.7(c), 1192.8, and 667.5(c)) were considered ineligible for early release.

Several states have released elderly inmates under a program created by George Washington University professor Jonathan Turley. Turley is the founder of the Project for Older Prisoners program, which uses a partnership between law schools and corrections depart-

[11] Department of Corrections, "Prison Census Data," December 31, 2003, Table 5.
[12] Legislative Analyst's Office, "Budget Analysis, Fiscal Year 2003-04," p. D-39
[13] *Ibid.*, p. D-40
[14] U.S. Department of Justice, Bureau of Justice Statistics, "Trends in State Parole, 1990-2000."
[15] Department of Corrections, Legislative Estimates Unit, "Legislative Analyst Request 6," December 16, 2003.

ments to assess inmates for early release. To date, more than 200 inmates have been released under the program without a single act of recidivism.[16]

The Project for Older Prisoners program is likely to result in fewer early releases than the 657 figure estimated by the department because of its careful risk analysis and assessment of each inmate. This method is recommended, however, because of its conservative approach and excellent track record. Even if only one-quarter of the 657 inmates identified by the department met the more conservative criteria of the Project for Older Prisoners program, savings of $2.75 million could ultimately be realized.

Contracting with private companies for low-level inmates. The Department of Corrections currently contracts with several private corrections companies for about 2,500 beds for lower level inmates. In January 2004 the department discontinued contracts for about 1,000 beds. Privatized beds provide a high degree of flexibility because the department has no long term investment in the infrastructure or the staffing and can renew contracts on an as-needed basis.

Based on the projected Level I male institution population in 2009, the department will need more than 10,000 additional beds in order to house Level I inmates in a safe environment with programming opportunities.[17] Renewing contracts with the existing facilities and reentering into agreements with the previously closed facilities would help to provide the beds needed for this population, with no capital outlay costs to the state.

Recommendations

The Corrections Independent Review Panel recommends the following actions:

- Begin to create the environment in the prisons that is needed for inmate programs to be effective, which requires the following:
  - Implementation of a Violence Control Program;
  - Opening up program space by reducing prison population through lower returns to custody;
  - Adding staff necessary to implement specific, effective inmate programs;
  - Exploring creative measures for the use of existing resources.
- Develop an interagency agreement with one of the state universities that is active both in corrections education and in research to undertake the responsibility for

[16] George Turley, speaking at a sentencing seminar hosted by McGeorge Law School, April 16, 2004; Web-page viewed on March 25, 2004: www.gwu.edu/~ccommit/law.htm

[17] Table 1: Analysis of Male Institution Bed Capacity, CIRP, June 2004

population projections. Management of this function should be assigned to the new Office of Research and Planning.

- Undertake a project to determine the appropriate standard staffing required for the operation of each type of institution, including management, custody, health care and all other programs.

- Charter a commission with appropriate members from the judicial and corrections fields to develop a presumptive sentencing model. The model would apply only to sentences for offenses that are not subject to "two-strikes," "three-strikes," or other life terms.

- Modify the Penal Code to allow inmates to earn supplemental sentence reduction credits after they complete specified education, vocational, or drug-treatment goals.

- Establish a program to identify older inmates who could be safely released early from prison. The program should be similar to the Project for Older Prisoners program that has successfully released more than 200 inmates in other states without a single instance of recidivism.

- Renew contracts with existing privatized correctional facilities and consider reentering into contract agreements with previously closed facilities to provide the beds needed for the Level I population.

Fiscal Impact

For sentencing reform. The panel expects that once fully implemented, a presumptive sentencing model would generate significant savings as inmates become better prepared for reintegration into society. It is not possible, however, to estimate the fiscal impact at this time. There may be up-front costs to restore vocational and education programs that have been reduced.

Standardized staffing. Until a standardized staffing model is developed, it is impossible to predict whether its use would increase or lower current costs. In the long run, however, use of a standardized staffing model will allow greater accountability, which should result in cost savings.

University-based population projections. Similar to standardized staffing, better population projections will allow better planning and, in turn, provide greater accountability for the new department's operations.

For the early release program. As noted above, estimated savings are $2.75 million. Even greater savings may accrue from savings in health care cost avoidance; however, those savings cannot be estimated.

Education Reforms

Numerous studies show that prison education programs help inmates reintegrate into society and reduce recidivism rates — the rate at which former inmates return to prison. California's recidivism rate is high compared to those of other states, and many of the state's inmates are ill prepared when they return to their communities.

The Corrections Independent Review Panel identified several areas where the new department can improve its educational system and re-entry programs to improve inmates' chances for success. Specifically, the panel recommends on-going assessment and refinement of the education programs. In addition, recently launched programs such as the bridging program, which provides for education in the reception centers, re-entry services, and other programs aimed at increasing inmate employment opportunities should be expanded. Consideration should also be given to using selected inmates in educational programs for other inmates. Rather than seeking entirely to add staff to effectuate programming goals, the new Department of Correctional Services should explore the expansion of existing projects, such as the health care peer educator, teacher aide, and lead vocational trainer projects that identify and train inmates to be used to teach other inmates in programs. There is evidence in other jurisdictions of success with inmates tutoring other inmates in basic reading.

Background

Many inmates released from California prisons do not have the skills needed to obtain and maintain employment. More than 65 percent are unable to read, write, communicate in English, and function on a job. Many are unable to find jobs when they return to society—the parolee unemployment rate is 70 to 80 percent.[18] This situation is aggravated by the fact that re-entry programs designed to provide links to employment opportunities for parolees serve only abut 30 percent of all inmates.[19]

Effective programs reduce recidivism. There is ample evidence that prison education and substance abuse programs have a positive impact on parolee recidivism, whereas researchers agree that incarceration alone does not have a measurable impact on recidivism. In May 2002, the Urban Institute completed a literature review of the effectiveness of prison-based education and vocational programs and concluded that: "In general, participants in prison-based educational, vocational, and work-related programs are more successful—that is, they commit fewer crimes and are employed more often and for longer periods of time after release—than are non-participants."[20] Similar results have been found in other studies, including a Federal Bureau of Prisons study that showed a 33 percent drop in recidivism among federal inmates who were enrolled in vocational and apprenticeship training." [21]

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[18] Little Hoover Commission, "Back to the Community: Safe & Sound Parole Policies," November 2003, p. vi.
[19] *Ibid.*
[20] The Urban Institute, "The Practice and Promise of Prison Programming Report," May 2002, p 8.
[21] State Correctional Education Programs, State Policy Update by Michelle Tolbert, March 2002, p 1.

General evidence of the benefit of prison education programs is also reflected in specific studies at the state level. For example, a January 2001 study by the Florida Department of Corrections found that the recidivism rate for inmates who earn a general education degree (GED) was 29.8 percent, whereas the recidivism rate for inmates without a GED was 35.4 percent (a 5.6 percent reduction.) Even more dramatic reductions in recidivism were observed for inmates who both completed a GED and obtained a vocational certificate. In that situation, the inmate's recidivism rate was 19.9 percent compared to the 35.4 percent rate for inmates with neither a GED nor a vocational certificate. The recidivism rate in Florida was even smaller for inmates who completed a GED and improved their Test of Adult Basic Education score to a 9th grade level. The recidivism rate of those inmates was only 12.2 percent.[22]

A three-state study of education programs conducted by the Correctional Education Association and Management & Training Corporation also showed the benefits of education programming in prisons. Statistics from Maryland, Minnesota, and Ohio showed that their rates of re-incarceration dropped from 31 percent for inmates not participating in education programs to 21 percent when inmates participated in education programs.[23]

The Washington State Institute for Public Policy analyzed numerous evaluations of treatment and education programs in North America conducted over the past 25 years. Their findings showed that prison programs can reduce crime in a cost-effective manner. For example, the study showed that prison vocational programs generate savings of up to $12,000 per participant and reduce crime by 13 percent, and that education programs generate savings of up to $9,000 per participant and reduce crime by 11 percent. The Washington review also found that in-prison therapeutic community substance abuse programs could save $2,365 per participant and reduce crime by 5 percent. (After the cost of the treatment was deducted and including both the direct savings to taxpayers and the benefits to potential crime victims.) When the type of program was followed through to the community (parole), the savings increased to an estimated $5,230 per participant and the crime reduction increased to 8 percent. The study showed an even larger savings from cognitive-behavioral programs, which cost about $300 per inmate but generated more than $7,000 in savings per participant and reduced crime by 8 percent.[24]

Inmates' preparation for release must begin upon entry to the prison. Re-entry planning and a risk assessment tool are being developed as part of the new parole model.[25] However, the current plan is to use these features only during the six- to nine-month period prior to an inmate's release from prison. The Corrections Independent Review Panel con-

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[22] Florida Department of Corrections, "Academic, Vocational and Substance Abuse Program Impacts," pp. 3 and 11.
[23] Correction Education Association, Management & Training Corporation, "Education Reduces Crime – Three-State Recidivism Study," February 2003, p.12.
[24] Aos, Steve, *et.al,* Washington State Institute for Public Policy, "The Comparative Costs and Benefits of Programs to Reduce Crime," May 2001, p.8.
[25] Department of Corrections, draft memorandum - New Parole Model, February 2004.

cluded that this is too late. Instead, risk assessment and re-entry planning should begin when the inmate enters the institution, so that parole and prison staff can plan, along with the inmate, for eventual reentry by offering educational, behavioral, and drug treatment programs from the moment the inmate enters prison. Using this time constructively will both enhance public safety and save money if it can reduce the offender's future criminal behavior. It is important to include the parole division in this process because they are familiar with the community resources and what is needed for a successful re-entry.

The availability of program classes is still limited to a small percentage of inmates. At present, only inmates in the general population may participate in academic, vocation, or work programs; participation is not allowed for inmates in administrative segregation, secure housing units, and hospitals. Inmates in the reception centers participate in the bridging program, but are not considered part of the eligible population for traditional academic programs. The number of inmates participating in academic education programs rose from 7,178 in 1990 to 11,668 in 2004. During the same time period vocational program participation increased from 7,426 to 15,000.[26] However, the 2004 enrollment numbers reflect that only 26,668 (23 percent) of the 116,338 eligible inmates are participating.

The number of inmates who can enroll in academic and vocation programs is calculated by a formula used by the department that designates one filled teaching position for every 27 inmates. The total number of inmates who can receive programming is referred to as the enrollment capacity. A review of enrollment statistics indicates that the department does not accurately assess a true enrollment capacity number. As an example, in October 2003 the enrollment capacity was determined to be 33,371, while only 30,288 inmates were actually enrolled. Factors that affect the enrollment capacity are classroom availability and teacher vacancies for sick leave, vacation, and special assignments. The department should revise the enrollment capacity numbers to project a true number that accounts for site-specific classroom size, availability limits, and projected teacher absences.

Program participation is voluntary. Factors that limit the department from offering programming to a higher number of inmates are further aggravated by the fact that program participation is voluntary. Legislative efforts to mandate programs and incentives that provide day-for-day sentence reduction for class participation have had a limited effect on enrollment numbers. In 1995, Penal Code Section 2053.1 mandated that literacy classes be offered to 60 percent of the eligible inmate population, yet only 35,136 of the available 80,016 eligible inmates participate.[27] The presumptive sentence concept described earlier in this chapter could increase enrollment and provide additional incentives for inmates to participate in education programs. If presumptive sentencing is implemented, the department would need to evaluate and adjust the number of education programs, teaching positions, and program hour needs.

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[26] Vocation enrollment figures obtained verbally from John Jackson, Supervisor of Academic Instruction, Education and Inmate Programs Unit.

[27] Department of Corrections, "Vocational and Academic Program Summary," October 2003.

Education begins in the reception centers. The 2003 Budget Act required the department to implement education programming in reception centers so that inmates could begin earning "day-for-day" sentence-reduction credits pursuant to Penal Code Section 2933. In January 2004, the department began providing academic programs at the reception centers under its "bridging" program. The bridging program allows inmates to receive academic education and day-for-day sentence credits during the average three-month reception center period.

To implement these programs, the department uses an assessment through the Test of Adult Basic Education and Comprehensive Adult Student Assessment System, and education programs in anger management, employment options, life skills, and personal life planning.[28] In April 2004, 215 bridging instructors were in place and another 212 instructor positions were unfilled.[29] Some of the teaching positions were obtained as a result of shifting instructor positions from eliminated vocational programs. Typical academic programs use classroom settings with 27 students and one instructor. The bridging instructor program is designed to allow inmates to use cell study materials. The elimination of a classroom setting allows an inmate/instructor ratio of 54 to 1. This program is designed to provide academic training, which allows day-for-day credits upon entry into the reception centers. The program is new and not fully implemented. The effectiveness of the program will depend on its ability to be fully implemented and evaluations should be conducted to assess the benefits.

College education shows a decrease in recidivism. A 2003 Little Hoover Commission report on the parole system presented findings that inmates with at least two years of college education have a 10 percent re-arrest rate and a significantly better rate of employment (60 to 75 percent).[30] A 1997 report by Education Works reported findings from the state of Ohio that calculated that the recidivism rate for inmate graduates of college level programs decreased by as much as 72 percent compared to inmates who do not participate in prison education programs.[31] Correctional studies in Oklahoma found "the rate of recidivism was 8 percent for inmates who participated in college courses in prison and 3 percent for inmates who earned a college degree in prison."[32]

The Ironwood State Prison Community College Program provides an example of the benefits of college courses. The program provides distance learning to approximately 300 inmates. The estimated cost savings to the institution at $8 million dollars per year, based on lower rates of recidivism and a decrease in disciplinary incidents in the prison.[33] The

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[28] California Department of Corrections, Bridging Program Mission Statement.
[29] Department of Corrections, "Instructor Vacancy Report," April 2004.
[30] Little Hoover Commission, "Back to the Community, Safe & Sound Parole Policies", 2003, p 44.
[31] Mary Ellen Batiuk, "The State of Post-Secondary Education in Ohio," *Journal of Correctional Education,* June 1997, pp.70-72
[32] Davis, Dr. H.C., "Correctional Education: Success and Hope," *Correctional Education Association News and Notes,* October 1999.
[33] Little Hoover Commission, "Back to the Community, Safe & Sound Parole Policies", 2003, p. 45.

program is provided at no cost to the department. The National Institute for Literacy defines distance learning as follows:

> *Distance learning is defined as the delivery of education through electronically mediated instruction such as satellite, video, audio graphic, computer and multimedia technology. Distance education refers to teaching and learning situations in which the instructor and learner or learners are geographically separated and therefore rely on electronic devices and printed materials for instructional delivery.*[34]

Another example of college-level courses available in the prisons is the Incarcerated Youth Offenders Program, which began in 1998. Inmates who are under 26 years of age with five years or less commitment time and who possess a high school diploma are allowed to participate. The program offers three areas of study: continuing coursework, obtainment of postsecondary education degree, and/or vocational certificate. In fiscal year 2002-2003, the program was operating at 12 institutions with 1,040 participants. Approximately 45 percent of the participants complete the program. During the same fiscal year, the 401 Incarcerated Youth Offenders Program participants released from prison showed that 124 (31 percent) were employed and 34 (8 percent) returned to prison within a year.[35] The program is paid for with federal funding through the U.S. Department of Education Office of Vocational and Adult Education.[36] The Incarcerated Youth Offenders Program has had a positive effect on recidivism and employment rates and should be continued and expanded.

In 2004, the possibility of implementing on-line college courses, with the program paid for by grant funding, was presented to the department's Education and Inmate Programs Unit by James Fay of California State University, Hayward. The department concluded that implementation of the program would need approval through the Department of Finance and the department's Information Services Division. Additional barriers include current restrictions that bar inmates from Internet access.[37] Based on its ability to provide postsecondary education using grant funding to reduce cost, this program would be beneficial. The program should be implemented and assessed for its effect on recidivism.

Department of Corrections technology is inadequate to support education programs. The department lacks a computerized system to easily share inmate education program information and promote effectiveness of paper-based programs. Because an inmate's education files are paper-based and are retained at the institution of commitment, it is difficult for the department to share information. For example, it would be helpful for a parole agent to be aware of an inmate's education background, training, and coursework. Even when inmates are transferred between prisons, their education history may not travel with them. This

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[34] National Institute for Literacy, "State Policy Update," February 2004, p 2.
[35] Gary Green, Ph.D., "Incarcerated Youth Offenders Program, 2002-2003 Annual Report."
[36] Department of Corrections, Education and Inmate Programs, Incarcerated Youth Offenders Program statistics sheet.
[37] Memorandum, Yvette M. Page, Superintendent of Correctional Education, Education and Inmate Programs Unit.

happens so frequently that inmates are simply retested when they are transferred to a new institution. This places both the inmate and those trying to assist the inmate with education programs at a disadvantage.

A larger-scale solution is needed to ensure that education programming information is widely available. This solution should include a computer program at each institution that is linked statewide to other institutions, parole offices, department education program personnel, and others.

The Department of Corrections lacks statistical data on program effectiveness. The department lacks statistical information to show whether its education programs reduce recidivism. The department tracks the number of inmates eligible for vocation and education programs, the number of program participants, inmate levels of achievement, and teaching positions. However, it does not track program statistics to determine whether parolees who recidivate were involved in education programs.

As discussed earlier, various studies have shown that education programs reduce recidivism. However, it is important that the department collect specific information about how its programs reduce recidivism in California, so that the department can optimize its programs. One method to accomplish this would be for the department to document education programming for each parolee who recidivates. This information could be used to determine whether education programs or the lack of programs were a factor in the parolee's return to prison. Similarly, the department should debrief parolees who are about to be discharged from parole so that the department can learn what factors and programs may have contributed to the parolee's success. This information could then be used to measure the effectiveness of institutions and programs.

Re-entry programs show success. The New Parole Model of the Department of Corrections includes a bridge between prison education programs and parole needs. The new model has planned for expanded inmate re-entry programs through its Police and Corrections Team program, which establishes a partnership between parole, law enforcement, and service providers in the community. (See Appendix A to this chapter for additional information about the New Parole Model).

During the first two weeks of parole, parolees must attend a mandatory Police and Corrections Team program. The program consist of a 2-1/2 hour orientation meeting where the parolee develops a personal action plan and receives on-site information about housing, food, employment, and substance abuse treatment. A key component of this program is the link to immediate employment opportunities in the community and on-site job training opportunities. Important skills, training, and job opportunities could be enhanced for the parolees if these programs were expanded to a full day instead of the current 2-1/2 hours. In a longer format, additional instruction could be offered for social and interpersonal skills, resume writing, job search, financial literacy, and personal management.

Temporary Assistance for Needy Families. Parolees who have been convicted of a drug felony since August 1996 are not eligible for Temporary Assistance for Needy Families or food stamps. Approximately half of the costs of these benefits are paid by the federal government. Although this restriction affects only the adult portion of the grant and not the portion attributable to children, receipt of these benefits may improve the likelihood that parolees will be successful in reintegrating into society. The federal government allows states to pass a waiver to allow drug offenders to receive these benefits, but this has not occurred in California. Full or partial waivers have been passed in 32 other states.[38]

Police and Corrections Team. One example of how employment opportunities are made available to parolees is the Police and Corrections Team program operating in the Sacramento area. This program provides on-site training through the Skills Center operated by the Sacramento Unified School District. One of the training programs available for parolees is an 18-week, 720-hour training class in truck driving. Since 1998, the recidivism rate for the 250 parolees who graduated from this training program has been 7 percent.[39]

Community Re-Entry Bridging Program. Another example of a successful re-entry program is the Community Re-Entry Bridging Program in Sacramento. This program supplements the institution re-entry programs by having a teacher assist parolees on an individual basis to identify housing, transportation, health care systems, food, and clothing needs. Participation in the program is voluntary. Sixty-one parolees from piloted institutions have participated in the program and all but one (98 percent) have successfully completed training and are now employed.[40]

These programs are examples of the positive impact that re-entry programs can have to reduce recidivism and help parolees integrate back into their communities. Programs such as these, when they produce demonstrable results, should be expanded to other regions of the state.

The Joint Venture Program shows economic benefit. In 1990 a statewide initiative created the Prison Inmate Work Incentive, which mandated the department to recruit private businesses into partnerships using inmate labor. Inmates participating in the joint venture programs are paid a comparable wage with deductions for restitution, room and board, and forced savings.[41] In return for their participation, the inmates receive day-for-day sentence reduction credits. According to the department, since its inception 13 years ago, the program has generated the following benefits:

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[38] National Conference of State Legislatures website: www.ncsl.org/statefed/welfare/program.htm.
[39] PACT program statistics, e-mail communications with Ward Allen, Program Coordinator, Sacramento City Unified School District.
[40] Education and Inmate Programs Unit, memorandum dated May 7, 2004.
[41] California Department of Corrections Joint Venture Program website: www.cor.ca.gov/institutionsdiv/instdiv/programs/programs-jointventure.asp.

- √ $18.7 million wages paid to inmates
- √ $3.5 million in restitution for crime victims
- √ $2.9 million in taxes paid from inmate wages
- √ $2.3 million deducted for support of inmate families
- √ $4 million placed in mandatory inmate savings accounts.[42]

In fiscal year 2002-03, the program costs were lowered and revenue of $35,000 was returned to the general fund. The statistics for 2003 were:

- √ $315,066 program budget
- √ $350,714 reimbursement to the general fund
- √ 206 average number of inmates participating
- √ 10 average number of programs
- √ $1,350 administrative cost per inmate
- √ $1,700,000 wages paid to inmates
- √ $286,944 in restitution for crime victims
- √ $235,924 federal taxes paid by inmates
- √ $59,000 in inmate earnings withholding orders.
- √ $222,855 deducted for support of inmate families
- √ $351,034 placed in mandatory inmate savings accounts
- √ $383,532 placed in inmate trust accounts

Unfortunately, the joint venture program budget for fiscal year 2003-04 was decreased to $103,709, and the budget does not provide adequate funding for the administrative positions and financial firm contract. According to an analysis by the Joint Venture Program, in fiscal year 2004-05 the budget will have to be increased to $410,542.[43]

Based on the low cost to operate the program and the financial benefits in restitution, tax revenue, inmate wages, and savings the department should provide an adequate budget and consider expanding the program. One possibility would be expanding the program to operate outside of the institutions, such as through joint ventures with community-based businesses that employ parolees. That arrangement would create a natural employment opportunity as parolees transition into their communities.

Prison Industry Authority programs increase employment and reduce recidivism. Prison Industry Authority programs show success in increasing employment and reducing recidivism. The Prison Industry Authority was established in 1982 to develop and operate manufacturing, agricultural, and service industries within correctional institutions. The Prison Industry Authority operates more than 60 service, manufacturing, and agricultural industries at 22 prisons, employing 5,823 inmates.[44] According to its fiscal year 2002-03 report, the

[42] California Department of Corrections, Joint Venture Program document prepared by J. R. Griggs, Program Manager.
[43] Department of Corrections, Joint Venture Program analysis by Susan Jacobson
[44] Prison Industry Authority, fiscal year 2002-03 annual report.

Prison Industry Authority provided an annual net cost avoidance to the department of $14.1 million based on programming costs that the department would otherwise incur."[45]

As part of its Inmate Employability Program, the Prison Industry Authority provides certain inmates with industry-accredited certifications in fields such as welding, optical technician, laundry and linen management, and metalworking. Since 2001, 2,346 inmates have received industry-accredited certifications in 13 different fields. These certifications reduce parolee recidivism — the recidivism rate for parolees who obtained accredited certifications is about 13 percent.[46,47] Similarly, Prison Industry Authority-trained inmates have higher employment rates than inmates not trained in its programs. For example, for former Prison Industry Authority workers on parole who had completed six or more months in the program employment rates were approximately 60 percent compared to typical rates of 20 to 30 percent for other parolees.[48] Because of the success of the accredited certification program, it should be continued and expanded where appropriate.

To further assist inmates in finding employment after parole, the Prison Industry Authority will pilot a new job placement service through the Offender Employment Continuum that will begin in July 2004. The program will operate in five institutions and coordinate employment services between the institution and parole.

Recommendations

The new Department of Correctional Services should take the following actions to improve results from education, vocational, and re-entry programs:

- Provide inmate planning and re-entry assessment at the time of initial incarceration.
- Revise enrollment capacity numbers to reflect accurate capacity.
- Expand education and vocational programs.
- Promote education program attendance by implementing presumptive sentencing.
- Fully implement the bridging program and evaluate the academic effectiveness and sentence reduction benefits.

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[45] *Ibid.*

[46] California Department of Corrections, *California Prisoners and Parolees – 2002*, Tables 54 and 54a.

[47] Calculations for recidivism vary depending both on the definition of recidivism and amount of time elapsing between release and the moment recidivism is measured. As a result of these variables, the literature and this report cite various recidivism rates for California depending on the source and the context of the discussion. The panel found universal agreement from those it contacted that California's recidivism rate is high compared to those of other states. [Little Hoover Commission, *Back to the Community, Safe & Sound Parole Policies*, 2003, p. 39].

[48] Prison Industry Authority, Inmate Employability Program report, April 29, 2004.

- Expand college correspondence courses and conduct on going evaluations on their effect on recidivism.
- Continue and expand the Incarcerated Youth Offenders Program.
- Implement on-line college programs.
- Track education program participation against parole success (and recidivism.)
- Debrief successful parolees during their last scheduled parole agent contact to determine whether education programs affected their success.
- Develop a state-wide computer database to track inmate education assessment and classroom achievement.
- Continue mandatory participation in the Police and Corrections Team orientation program and consider expanding it to a full day.
- Provide job training programs at the Police and Corrections Team orientations when possible.
- Expand the Community Re-Entry Bridging Program.
- Expand the in-prison joint venture program and explore creating community-based joint venture programs for parolees.
- Expand the Inmate Employability Program.

Fiscal Impact

Providing greater access to education and vocational programs for inmates will require an investment in additional teachers and other resources, but this investment will generate cost savings through a lower return to prison rate for parolees. This will occur because inmates will be better prepared for reintegration into society.

Reforming Parole

It costs almost ten times as much to maintain an offender in prison as it does to supervise a parolee. Therefore, unless the risk to public safety requires returning a parolee to prison, supervising parolees in the community is a wiser use of the state's limited financial resources. To make that possible, California must make the best use of both the prison and parole options. The number of parolees returned to prison can be effectively and efficiently reduced by better preparing inmates for eventual release, beginning from the moment the inmate arrives in prison and continuing through careful re-entry planning before release. Once released into the community, the parolee must receive an appropriate level of supervision that includes a broad spectrum of possible services and sanctions.

The panel reviewed the state's existing parole process and found that the Parole and Community Services Division has partially implemented promising improvements through its "new parole model." The panel recommends that the new parole model be closely monitored and that successful programs be expanded as quickly as possible. In addition, the panel identified other improvement opportunities, including early discharge of low-risk parolees, expansion of eligibility rules for drug-treatment programs, better data collection and analysis of parole programs, and, perhaps a reconsideration of the present policy of placing all offenders released from prison on parole.

Background

In 2002, the California Department of Corrections released more than 117,000 inmates to parole supervision.[49] These inmates were released with few job skills and with limited treatment for health and drug abuse problems. Ten percent end up homeless and nearly 70 percent return to prison within 18 months.[50] In 2003, 78,056 were returned to prison for either parole violations or new prison terms.[51]

After release from prison, parolees are supervised by parole agents, whose duties include monitoring the parolee's activities, assisting the parolee in obtaining needed services such as drug-treatment or job training, and ensuring that parolees abide by specified conditions of parole. If a parolee threatens public safety by committing a new crime or by violating the parole conditions, the parole agent can arrest the parolee and recommend that the Board of Prison Terms revoke parole and return the parolee to prison. In cases where the parolee is to be returned to prison, the Board of Prison Terms decides the length of time the parolee will serve in prison. In 2001, the Board of Prison Terms revoked the parole of approxi-

[49] California Department of Corrections Data Analysis Unit, Offender Information Services Branch, "Historical Trends 1983-2002," Table 8a.
[50] Little Hoover Commission, "Back to the Community: Safe & Sound Parole Policies," November 2003, pp. i;vi.
[51] California Department of Corrections, Population Projection Unit, Offender Information Services Branch, "Actual vs. Spring 2004 Projections," March 17, 2004.

mately 74,400 parolees. Since then, the number of parole revocations has decreased. In 2002 the number dropped to 71,246 and in 2003, it dropped to 62,358.[52]

Not all parolees who violate conditions of parole are returned to prison. In some instances, a parole agent may recommend drug treatment, more intensive supervision, or some other kind of sanction. When appropriate, the use of these types of interventions is preferable to returning a parolee to prison—which is much more costly. However, a large percentage of parolees ultimately return to prison. According to department reports, 41 percent of the 55,321 inmates paroled in 2001 returned to prison within one year of release. After two years, the recidivism rate increased to nearly 55 percent.[53]

In recent years, the Department of Corrections has developed three programs to address these problems. The programs provide opportunities for parolees to make fundamental behavioral changes and also to refocus parole supervision into less punishment-oriented solutions. Specifically, the Preventing Parolee Crime Program offers employment, drug treatment and education; the Office of Substance Abuse Programs provides drug programs both in and out of prison; and the new parole model includes graduated sanctions for minor parole violations and re-entry planning, drug treatment, and program coordination among various community and law enforcement agencies. These programs are described in more detail in Appendix A to this chapter. The new parole model, which the parole division began developing in 2001, consists of the following:

- ***Pre-release planning.*** Provides for a plan to be developed for the inmate's reintegration into society, based on the inmate's needs and risks. Pre-release planning begins about six months before the end of the prison sentence.
- ***Graduated sanctions.*** Provides a matrix of sanctions for parole violations, matched to the severity of the violation.
- ***Substance abuse treatment control unit.*** Provides in-custody drug treatment for low risk parolees who have returned to drug use. Used in lieu of returning the parolee to prison.
- ***Halfway back.*** Residential treatment facilities that provide life skills, education, and employment assistance for low-risk parolees who have violated the conditions of parole. Used in lieu of returning parolees to custody.
- ***Electronic monitoring.*** For low-risk parolees who have committed minor violations of parole. Used in lieu of incarceration.
- ***Police and Community Corrections Team.*** Establishes partnerships between parole, law enforcement, and community service providers. Requires each newly released parolee to attend an orientation meeting with this team.

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[52] California Department of Corrections, Data Analysis Unit, Offender Information Services Branch, "Historical Trends 1982-2002" Table 5; California Department of Corrections Population Projection Unit, Offender Information Services Branch, "Actual vs. Spring 2004 Projections," March 17, 2004.

[53] California Department of Corrections, Policy and Evaluation Division "Recidivism Rates Within One and Two Year Follow-Up Periods – Released From Prison for First Time in 2001," March 2004.

Programs that address parolees' problems help reduce recidivism. Research indicates that the most effective way to break the costly cycle of parolees returning to prison is to treat the parolees' problems of drug addiction, illiteracy, lack of employability, and criminal thinking. For example, a three-year study of the parole division's Preventing Parolee Crime Program showed that 28,000 parolees who participated in the program were significantly less likely to commit new crimes or abscond from parole supervision. The program has generated $21 million in savings for the department. The study further indicated that participants avoided returning to prison for 54 days longer, on average, than those who did not participate in the program. According to the study, for every dollar invested in the program, the program saved $1.56. [54] In another example, an analysis conducted by the Washington Institute of Public Policy of more than 400 research studies showed that many treatment programs both reduced recidivism and generated savings for every dollar invested.[55] Finally, a study of a 2,000-bed expansion in the department's substance abuse treatment program found that the 12-month return to custody rate was 24 percent for parolees who participated in aftercare and 15 percent for those who received 90 days or more of aftercare services.[56]

The new organizational structure will support preparing inmates for release. Chapter 1 of this report describes a new organization structure for the parole division. Under the reorganization, both the parole function and the custody function will operate under the control of the Director of Adult Operations. Regional directors will each manage five or six prisons and related-parole operations. In turn, the wardens of individual prisons and the regional parole managers will report to the regional directors. The Corrections Independent Review Panel believes that placing responsibility for both prison and parole operations under the leadership and management of the regional directors, will properly align the focus of the regional directors onto preparing inmates for release back into society.

Implementation of the department's new parole model has been slow. The new parole model of the Department of Corrections will address many past recommendations and represents a good start toward bringing California's parole system in line with current research on how to reduce crime without jeopardizing public safety, but its implementation has been slower than expected. The re-entry portion was scheduled to begin in February 2004, and, according to an official from the parole division in charge of the new model, staff has been hired and was scheduled to begin training in May 2004. The pre-release program, which was scheduled to begin in the department's 32 institutions on June 1, 2004, has begun.[57]

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[54] California State University San Marcos Foundation, "An Evaluation of the California Preventing Parolee Crime Program" by Sheldon Zhang, Ph.D., San Marcos, California, 2003, pp. 4,45.

[55] Washington State Institute for Public Policy, "The Comparative Costs and Benefits of Programs to Reduce Crime," Olympia, Washington, May 2001, p. 8

[56] UCLA Integrated Substance Abuse Programs, "Semi-Annual Report on the UCLA-ISAP Evaluation of the 2,000-Bed Expansion of Therapeutic Community Programs for Prisoners," Michael L. Prendergast, Ph.D. July – December 2003, Appendix C.

[57] Shirley Poe, Parole Administrator, Parole and Community Services Division, interview, May 12, 2004

It is important to visualize the model not simply as an experiment, but as an investment toward making the department a national leader in helping inmates and parolees reintegrate into society. It is too early to judge the new model's impact on recidivism or public safety because most components have yet to be implemented, but there have been some promising signs. For example, the proportion of parolees returned to custody decreased by 7 percent between July-December 2003 compared to the same period one year earlier.[58] The decrease is probably due not to the new parole model, but to a new policy implemented earlier, which requires parole administrators to review each return to custody recommendation and consider alternatives to incarceration. Nonetheless, the new policy will dovetail with the new parole model because both encourage agents and supervisors to consider alternative sanctions instead of returning the parolee to custody.

The cornerstone of the new parole model is a risk assessment instrument, which the department plans to use, but has not yet purchased. The risk assessment instrument uses an actuarial approach to identify the treatment needs of the parolee and the likelihood that the parolee will re-offend. The predictions are made using a computerized system that takes into account specific information about the parolee's background, including criminal and social history, and compares that information to statistical risk scales. A research group assembled by the parole division reviewed several different risk-assessment instruments, recommended one for selection, and has submitted that recommendation to the Youth and Adult Correctional Agency for approval.

The risk assessment tool is critical to formalized, consistent decision-making by parole agents. For the instrument to be accurate, it is imperative that the parole division complete periodic follow-up evaluations of its results and update the instrument to reflect any changing demographics in the population being assessed. It is also important to evaluate the assessment tool to make sure that it has predictive validity and that the classification of parolees is in line with the parolees' actual behavior.

The violation matrix is another important component of the new parole model. Still being developed by the parole division, the violation matrix will guide parole agents in making decisions about what sanctions, including treatment alternatives to re-incarceration, to impose for particular violations. Parole agents will use the violation matrix to match a parolee's violation against a graduated range of increasingly strident sanctions. According to officials, changes to the violation matrix are pending approval by the division's deputy director.[59] It is risky to begin less-restrictive sanctions, such as drug treatment in the place of re-incarceration, without first using risk-assessment to determine who is appropriate for various programs.

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[58] California Department of Corrections, "Spring Population Projections 2003," p.13; "Spring Population Projections 2004," p.13.

[59] Shirley Poe, Parole Administrator, Parole & Community Services Division, telephone interview, May 13, 2004

Other components of the new model have only recently been implemented or are similarly awaiting purchase, staffing, and approval. The electronic monitoring component has been submitted for bid offerings and should be solidified by June 2004. The halfway back facilities have been open since February 2004, and the Substance Abuse Treatment and Control Unit component became operational in mid-May 2004. The agents for the Police and Community Team had been chosen and were in place by June 2004, as was the staff for the pre-release component.

The new parole model incorporates many of the recommendations made by both the Little Hoover Commission and the 1990 report of the Blue Ribbon Commission on Inmate Population Management. Specifically, the Little Hoover Commission recommended that the department should prepare inmates for parole while they are still in prison, build strong partnerships with community agencies, use structured decision-making to establish clear guidelines for responding to parole violations, and consider less restrictive, treatment-oriented sanctions for parole violations. As described in Appendix A to this chapter, the new model includes a matrix as a guide for graduated dispositions for parole violations; includes a re-entry component; creates a community/law enforcement/parole team to work with parolees; and provides two new treatment programs to be used in lieu of incarceration for parole violations.

The Corrections Independent Review Panel is optimistic that the new parole model will help the parole division improve its operation and will reduce the number of parolees returned to prison each year. The parole division must implement all features of the new model as quickly as possible, however. Also, the new department must view the new model as an investment, rather than an experiment in reforming its much-criticized parole process.

An inmate's preparation for release must begin upon arrival at prison. As discussed earlier, re-entry planning and risk assessment are being developed as part of the new parole model, but the current plan is to use these only during the six- to nine-month period before the inmate is released from prison. Instead, risk assessment and re-entry planning should begin when the inmate enters the institution so that parole and prison staff, along with the parolee, can plan for the parolee's reentry with educational, behavioral and drug treatment programs available from the moment the inmate enters the prison. If it can reduce the future criminal behavior of the offender, using incarceration time constructively will both enhance public safety and save money. It is important that the parole division be included in this effort, because the parole staff is familiar with available community resources and what is needed for successful re-entry.

Substance abuse treatment in prison should be expanded. Approximately 210,600 prisoners and parolees under custody or supervision by the department need drug treatment. About 132,000 of those needed drug treatment are inmates, yet, according to the Office of Sub-

stance Abuse Programs, only 14,800 are being treated.[60] More than 95 percent of all inmates will eventually be released from prison. To reduce recidivism, save money and protect the public, the number of treatment beds should be increased. Participation in and completion of the treatment program could be tied to the offender's release using the presumptive sentencing model discussed earlier.

Successful parole and re-entry programs should be expanded. The Department of Corrections has made efforts to address parolees' needs for drug, vocational, and education intervention with the Preventing Parolee Crime Program, Office of Substance Abuse Programs, and the new parole model. These programs have demonstrated success, but because they have addressed the needs of only a fraction of eligible offenders, the programs should be expanded with more funding. There is a particular need for residential treatment beds for parolees whose problems cannot be resolved in an outpatient setting. One way to accomplish this would be to change the focus of the existing halfway back program to drug treatment. The department could expand the capacity of substance abuse treatment beds by contracting with existing community-based residential treatment programs. These community-based programs also have secure lock-up facilities available for when that type of program is required. In some instances, these community-based facilities may charge a lower fee than the $59 per day rate charged by the local jail-operated programs currently used by the state.

The Office of Substance Abuse Programs estimates that there are 78,000 parolees with drug abuse problems, but fewer than 25,000 of them receive treatment. A study of the Preventing Parolee Crime Program by California State University found that the rate of return to prison of those who completed the drug and education component was 20-percentage points lower than the non-treated population. For the study period, participants' incarceration rate was reduced by an average of 56.6 days per parolee, saving the state over $21 million after the costs of the program were subtracted.[61]

The Legislature has also recognized the value of providing drug treatment. Penal Code Section 3070 directed the Department of Corrections to develop and present a plan by December 31, 2000, that would ensure that all parolees and inmates "receive appropriate treatment, including therapeutic community and academic programs" by January 1, 2005. According to the parole division, this plan was not prepared; instead, a brief letter was sent to the Legislature reporting that it was not feasible to accomplish the plan now because of fiscal problems and changes in sentencing laws. The Legislature indicated that it agreed. Proposition 36, the ballot initiative that provides drug treatment in lieu of incarceration, passed soon after Penal Code Section 3070 went into effect, but the state's subsequent fiscal

[60] Merrie Koshell, Correctional Counselor III, Office of Substance Abuse Programs, telephone interview, Sacramento, California, April 15, 2004.

[61] California State University San Marcos Foundation, "An Evaluation of the California Preventing Parolee Crime Program," by Sheldon Zhang, PhD, (San Marcos, CA, 2003), p.5

crisis has resulted in uncertainty about whether any substance abuse treatment programs would continue.[62]

Global positioning satellite tracking can bolster electronic monitoring. Global positioning satellites are an advanced form of electronic monitoring that allows real-time tracking of the location of parolees. The devices can be programmed to alert parole agents and local law enforcement when a parolee enters or leaves a particular area. The technology could be useful for high-risk parolees such as armed robbers or sex offenders. Global positioning satellite systems cost about $10 per day to operate —which is significantly less expensive than placing an offender back in prison.

Florida has used global positioning satellite systems since 1997 to target high-risk sex offenders, and other cases of high public interest. Texas also uses global positioning satellite systems to track the highest risk parolees, primarily sex offenders.

One potential drawback to global positioning satellite technology is that it requires parole agents or local law enforcement to respond quickly if an "alert" is issued by the device when a parolee leaves an authorized area. Failure to respond quickly could be a public safety risk, as well as a political embarrassment, if the parolee committed a crime while in an unauthorized area. Another potential drawback is that the increased surveillance that global positioning satellite systems generate can often lead to increased revocations. This increase may counter the money-saving aspect of global positioning satellite systems, but must be considered a necessary public safety benefit.

Early discharge of low-risk parolees will reduce costs. California's existing parole policy focuses treatment time and money on non-serious, nonviolent parolees, yet it is the high risk, serious offenders who commit the most violent offenses and consequently pose the greatest threat to public safety. In 2001, 21 percent of those paroled had originally been sentenced to prison for possession of a small amount of drugs.[63] These parolees take as much time and effort to supervise as do those convicted of violent offenses. Rather than directing resources toward offenders whose crimes are drug-use related and who have no history of violence, the department's emphasis should be placed on serious, high-risk parolees. Low-risk parolees should be required to participate in self improvement programs throughout their prison stay and should be prepared for parole through a rigorous prison re-entry program. Immediately upon release they should be connected with needed community services. This "hand-off" component is critical because parolees tend to fail during the first few months on parole.

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[62] Merrie Koshell, Office of Substance Abuse Programs, interview, April 15, 2004

[63] California Department of Corrections, Policy and Evaluation Division, "Recidivism Rates Within One and Two Year Follow-Up Periods – Released From Prison for First Time in 2001," March 2004.

The Corrections Independent Review Panel recommends that parolees who are employed or self supporting, have a stable residence, and have no violations of their parole conditions after three months on parole be discharged from parole supervision. The discharge would require approval from the hearings administration identified in Chapter 1 of this report. In December 2003, the Department of Corrections estimated annual savings of between $150 and $176 million if all non-serious or non-violent parolees were discharged after three months.[64] To enhance public safety, a portion of the savings realized from early discharge should be redirected to more closely supervising high-risk parolees. The panel assumes that about 50 percent of low-risk parolees will qualify for release after three months and that 50 percent of the resulting fiscal savings would be redirected to supervising high-risk parolees. Under these assumptions, according to Department of Corrections calculations, the department would save about $10 million in the first six months of implementation and $39 million and $44 million in the second and third years, respectively.[65]

To accomplish this change, the parolee's risk level should be determined using the evidence-based risk and needs instrument described earlier. Parolees with a history of violent or serious felony conduct (such as those crimes identified in Penal Code Sections 1192.7 and 667.5) and parolees who must register as sex offenders would be excluded. The goal would be to require that parolees participate in programs in prison, remain crime free and stable upon release, and be rewarded for their participation and success by early discharge from parole supervision. Following these guidelines will improve public safety.

Should all inmates released from prison be placed on parole? In California, 100 percent of those released from prison are placed on parole supervision for three or four years. In contrast, several other states supervise only certain prisoners after release. A few states, including Maine and Virginia, have abolished parole supervision altogether. Michigan supervises parolees for only two years, compared to California's three- or four-year parole supervision period.[66]

Scarce public resources are forcing corrections to make difficult decisions about where to place limited funds. Joe Lehman, Secretary of Washington State Department of Corrections, noted that when both low-risk and high-risk parolees are placed together on a caseload, parole agents don't give enough time to serious offenders. To remedy this, the Washington officials asked the questions: "Why do we (prison/parole) exist? What can the public reasonably expect us to do?" They concluded that the public wants to be protected from dangerous criminals and has tolerance toward treating drug addicts who are not violent.[67] They

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[64] California Department of Corrections, Legislative Estimates Unit, "Legislative Analyst Request 4&7," December 16, 2003.

[65] Department calculations prepared in December 2003 for the Legislative Analyst.

[66] Petersilia, Joan, Ph.D., *Reforming Probation and Parole,* American Correctional Association, 2002, p.115.

[67] Lehman, Joseph D., "A Forum on Current Issues in the Field of Corrections," presented by the Department of Corrections for the California Performance Review, April 27,2004.

further concluded that focusing on more dangerous offenders and not supervising those on parole for less serious offenses would lower recidivism.[68] That sentiment is echoed by nationally recognized corrections expert Joan Petersilia. Petersilia notes that research indicates that the public is becoming more willing to tolerate treatment for nonviolent offenders, particularly substance abusers, and to focus punishment on those convicted of violent crimes. This is especially so when the public is aware of the high costs of incarceration.[69]

Participation in drug-treatment programs is presently too restricted. Studies show that parolees who complete drug treatment programs are less likely to re-offend.[70] Yet many parolees in California are excluded from participation in drug treatment programs because of their past criminal history. For example, parolees whose crimes are defined under Penal Code Sections 667.5 and 1192.7 as "serious" or "violent," or who are required to register as sex offenders are barred from participating in the Substance Abuse Treatment Control Unit program, which has 30-day inpatient and 90-day outpatient components. This restriction is illogical from a public-safety standpoint because the Substance Abuse Treatment Control Unit program is a "lock-up" program typically located in city or county jails. So long as the normal criteria are met for this jail-based drug program and the violation is for drug use only, these currently excluded parolees would benefit from drug treatment as much as a lower risk offender. If these offenders were allowed to participate in the Substance Abuse Treatment Control Unit program, the department would save money because the cost of that program is cheaper than the cost of returning the offender to prison. Moreover, numerous studies have demonstrated that those who complete substance abuse programs are less likely to be sent back to prison, particularly when they complete both in and out patient components.

Private contractors can be used to provide specific treatment. Exploring the use of private contracted facilities to provide treatment can expand the availability of efficient resources to support the new parole model. Private contractors could be used to provide secure facilities for specific kinds of treatment designed to maintain the parolee in the community. These programs have the promise of success at a cost substantially lower than state prisons, and sometimes lower than county facilities. Programs provided include 90-day treatment for drug and alcohol addiction, which has been shown to have a positive effect on preventing new offenses. These facilities and programs can be found especially in large urban areas.

Data collection is critical to measuring program effectiveness. Collecting data and measuring the results of both new and existing programs is critical to on-going improvement. At

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[68] Washington State Institute for Public Policy, "Washington's Offender Accountability Act: An Evaluation of the Department of Corrections' Risk Management Identification System," January 2003.
[69] Petersilia, Joan, Ph.D., *Reforming Probation and Parole,* American Correctional Association, 2002, p.180.
[70] Aos, Steve *et al,* Washington State Institute for Public Policy, "The Comparative Costs and Benefits of Programs to Reduce Crime," May 2001.

present, there is no comprehensive, integrated data system in the department to even provide information about trends or the success or failure of policies. This lack of data collection and analysis prevents the department from showing lawmakers and the public the effectiveness of its programs. The lack of data mirrors a similar lack of research to evaluate parole programs nationwide. Petersilia notes,

> *It is safe to say that parole programs have received less research attention than any other correctional component in recent years. A congressionally mandated evaluation of state and local crime prevention programs included just one parole evaluation among the hundreds of recent studies that were summarized for that effort.*[71]

For years the department has been focused on incarceration over rehabilitation programs, in spite of the research statistics that show rehabilitation programs help offenders and simultaneously reduce the skyrocketing prison populations and costs. As California's new parole programs are implemented, it is important that they be monitored to determine both whether they are affecting return to custody rates and whether they compromise public safety. A measurement component should be built into the programs, and adequate funding should be provided to the department so that decision making and public policy is based on valid analysis of what programs and policies are effective.

The following are suggested outcomes that the new Department of Correctional Services should measure to demonstrate the success of its prison and parole programs. Each of these outcomes should improve as the department becomes more effective at preparing inmates for reintegration back to society.

- Reduction in risk and needs scores, as measured by the risk and needs assessment instrument;
- Rate and duration of parolee employment;
- Program attendance rates;
- Improvements in reading levels;
- Reduction in the number of fugitives from parole; and
- Recidivism rate.

Effectively supervising parolees requires parole agents to have a balance of skills. Most agents now working in parole were hired and trained when the department's focus was on surveillance and detection of criminal behavior. This focus was reinforced by department training, which included arrest procedures and use of force. The department provides no training in casework issues, such as patterns of recovery from drug addiction or mental illness and its impact on relapse.

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[71] Petersilia, Joan, *Reforming Probation and Parole in the 21st Century,* American Correctional Association, 2002., p.190

Furthermore, hiring practices and requirements impede hiring individuals with social services background. Agents are rarely hired from social service disciplines, such as child protection agencies, treatment programs, or even probation, largely because of the lengthy background investigations required of applicants not already employed as peace officers by the department. It can take up to a year to hire an individual from other disciplines such as social services or probation, whereas current department correctional officers can be hired almost immediately. This is because correctional officers seeking parole agent positions have already gone through a Department of Corrections background investigation, so the investigator need only examine the period in the applicant's career subsequent to the original background investigation. To hire an applicant from outside the department, conversely, the investigation must start from scratch—a time-consuming process. Consequently, most new agents are chosen from the prison correctional officer ranks. To develop a more balanced force of parole agents who bring a combination of law enforcement and social work skills to parole operations, the new Department of Correctional Services should remedy these hiring barriers and provide on-going training in social service skills to its parole agents.

Recommendations

To improve parole operations the new Department of Correctional Services should take the following actions:

- Continue implementation of the Department of Corrections new parole model.
- Consider the use of private contractors to provide specific kinds of treatment in secure facilities designed to maintain the parolee in the community.
- Begin preparation for re-entry when the offender enters prison.
- Increase the number of substance abuse treatment beds in prison.
- Increase the number of substance abuse treatment beds in the community by increasing funding for programs that are proven successful. This could include halfway back, Substance Abuse Treatment Control Unit, or other community-based facilities.
- Use the needs and risk assessment tool when the inmate first enters prison and design a programming plan that addresses those needs.
- Discharge parolees who are determined to be very low risk from parole three months after they are released from prison.
- Consider the use of global positioning satellite tracking for certain high-risk offenders.

- Allow both high- and low-risk parolees to participate in treatment and training programs.

- Add a quality control feature to the new parole model programs to measure effectiveness.

- Increase focus on casework skills when recruiting new agents and in agent training.

- Develop a comprehensive data collection and analysis system that measures the effectiveness of the department's parole programs. This system must also link with other department data analysis systems.

Fiscal Impact

The Little Hoover Commission estimated that changes outlined in the commission's November 2003 report on parole could save the department $151 million by reducing the percentage of parole violators returned to prison. The commission further estimated that an additional $300 million could be saved by reducing the length of revocation sentences for "low end" offenders from an average of 140 days to 100 days.[72] The Department of Corrections has estimated that the new model will reduce the parolee return to prison rate by 5 percent in 2004.[73] Already, as agents seek alternatives to incarceration, there has been a decrease of 5,765 parolees in prison for violations from January 2003 to January 2004 as compared to the same period a year earlier.

Many of the recommendations of the Corrections Independent Review Panel require an initial investment, but are designed to save money in the future as they increase inmates' chances for success on parole.

The Corrections Independent Review Panel estimates the following savings would occur from implementation of the recommendations presented in this report:

- **Early discharge from parole – after 3 months of successful parole**

  Fiscal Year 2004-05 - $10 million
  Fiscal Year 2005-06 - $39 million
  Fiscal Year 2006-07 - $44 million

[72] Little Hoover Commission, "Back to the Community: Safe & Sound Parole Policies," November 2003, p. iii.
[73] Arthur Chung, Chief, Offender Information Services Branch, California Department of Corrections, interview,March 22, 2004

Appendix A

Preventing Parolee Crime Program

In 1998 Assembly Bill 2321 provided funding to expand the Department of Corrections pilot program known as the Preventing Parolee Failure program. As codified in Penal Code Section 3068, this program was renamed Preventing Parolee Crime Program and includes the following components.

- Offender Employment Continuum. This is a 40-hour mandatory employment workshop for parolees focusing on identifying and correcting long term barriers to employment. It includes job preparation, resume writing and interviewing skills, as well as employment referral and continued counseling to ensure that the parolee stays on the job.

- Residential Multi-service Centers. These facilities provide a therapeutic environment primarily for homeless parolees to help them transition into independent living. The program offers substance abuse treatment, literacy training, and individual and group counseling. Parolees can live in the program for up to 180 days. There is a 60- to 90-day aftercare period.

- Computerized Literacy Learning Center. This a computer-assisted instructional program staffed by credentialed teachers. The programs are located in parole offices at 21 sites throughout the state. (as of August 2003)

- Substance Abuse Treatment and Recovery. This is a 20-day education-based substance abuse program located in at least 28 parole offices. Parole agents refer parolees who have tested positive for drugs. Approximately 8,060 parolees are using this program.

In its February 1998 analysis of the fiscal year 1998-1999 budget, the Legislative Analyst's Office stated that, according to the department, the Preventing Parolee Failure program resulted in net state savings of $74 million over a four-year period. The Legislative Analyst recommended expanding the Preventing Parolee Failure program, noting that the program would save between $2 and $3 for every $1 invested.[74]

Office of Substance Abuse Programs

The Office of Substance Abuse Programs estimates that there are 210,000 inmates and parolees with drug abuse problems. The office estimates that approximately 16,500 parolees are receiving treatment in one of its programs. The Office of Substance Abuse Programs coordinates the following prison and community based programs:

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[74] Legislative Analyst's Office, "Analysis of the 1998-99 Budget Bill," February 1998, pp. D-25, D-33

- Substance Abuse Program. There are 8,500 therapeutic community slots in 35 substance abuse programs in 19 prisons. The length of stay is from six to twenty-four months. Each slot serves an average of 1.33 inmates annually.

- Transitional Treatment Team Program. At Folsom State Prison, 200 inmates participate in this four-month program that includes intensive pre-release planning. Parolees who go back to prison briefly for drug violations and who have completed a substance abuse program in prison are also eligible for this program.

- Parole Services Network. This program is for parolees who have not been in a prison substance abuse program but need drug/alcohol treatment. The average length of stay for a residential program is 30 to 90 days, followed by outpatient services. The Office of Substance Abuse Programs coordinates with the California Department of Alcohol and Drug Programs to manage the service networks. The Department of Alcohol and Drug Programs transmits funds to the counties, which in turn contract with treatment providers. These programs offer up to 180 days of services, which include assessments, detoxification, and residential and outpatient treatment.

- Drug Treatment Furlough. This is an in-prison substance abuse program for 1500 nonviolent, non-serious offenders. Inmates participate in this residential community aftercare treatment program during their last 120 days in prison.

- Family Foundations Program. A 70-bed program for women with small children who have been convicted of low-level felonies. This program is used in lieu of state prison.

- Community Mother Infant Program: This is also a 70-bed program for low-risk female inmates who are pregnant or give birth in prison. The 70 beds are divided between three facilities.

The Community-Based Aftercare Programs are included under the Office of Substance Abuse Programs. Merrie Koshell of the Office of Substance Abuse Programs indicated that according to a study, (R.J. Donovan In-Prison and Community Substance Abuse Program: Three-Year Return-to-Custody) 24 percent of those who complete both the prison and aftercare drug portions of the R.J. Donovan program return to prison, compared to 78 percent of those who complete only the prison component. The programs are much more successful if the inmate/parolee completes all components.

The Substance Abuse Services Coordination Agency is also included under Office of Substance Abuse Programs. The Substance Abuse Services Coordination Agency manages the aftercare portion of the drug programs. The agency has offices in each of the four parole regions and purchases services from community-based providers. These are 30- to 90-day residential care programs followed by outpatient drug treatment.

- Female Offender Treatment and Employment Program. This program was established by Penal Code Section 3054, as enacted by SB 491, Chapter 500 in 1998. Female parolees who graduated from a prison-based substance abuse program are eligible to receive up to 15 months of Female Offender Treatment and Employment Program services. For parolees who choose to use the program, the average length of stay is 135 days. Services include substance abuse treatment, employment/educations programs, and life skills development. Child care and transportation is provided. Some of the residential programs allow children to live with their mothers.

- Enhanced Substance Abuse Treatment Control. This is a 200-bed treatment program located at Folsom Prison. After completion of this program the parolee is eligible to use the other community-based programs of the Office of Substance Abuse Programs.

The New Parole Model

In September of 2001 the Parole and Community Services Division created its new parole model to address recidivism issues. The model focuses on non-serious/non-violent offenders as they are thought to pose the least risk to the community if they are offered alternative sanctions to incarceration. The basic components of the model are the following:

- Violation matrix. This is a structured system for providing clear guidelines to decision making for parole violations.

- Pre-release planning. Inside prison, a Parole Agent II, social worker and parole service assistant will assess the inmate using a computer-based tool that identifies the inmates' needs and the risk they present to others. Agents will continue to use this tool throughout the parole period and will modify parole conditions and supervision levels accordingly.

- The Police and Corrections Team. The team establishes a partnership between parole, law enforcement, and service providers once the offender is released. Every newly released parolee will be required to attend an orientation meeting with this group of professionals. A Parole Agent II will run this program with the help of a social worker. The department plans to have a team in each of the 24 parole divisions.

- Electronic monitoring will become available for non-violent/non-serious offenders. This will allow agents to impose home detention as an alternative sanction for parole violations. It costs $43.00 a day to house an inmate in prison and approximately $5.00 a day to monitor a parolee at home with an electronic device. There will be 1,000 of these devices, which will provide about five per parole unit.

- The Halfway Back program offers residential treatment as an alternative sanction for parolees who have committed a technical violation and who need a more structured setting to both address their problems and monitor their behavior. The Halfway Back units focus on life skills, education, and employment. Statewide there are 18 facilities with a total capacity of 792 beds. These facilities were being used as work furlough beds for inmates during the last six months of their term. As the work furlough inmates parole, the beds are being filled with parolees. This program began in March 2004. Currently it is 74.5 percent full; however inmates are still in the process of transitioning out of the facilities.

- The Substance Abuse Treatment Control Unit will provide a 30-day, in-custody drug treatment program for parolees whose drug addiction is too advanced to be addressed in the community. It is designed to serve up to 1306 parolees. 1770 beds have been contracted in various jails throughout the state —600 beds are now available at the Los Angeles County Detention Center, with another 20 beds at Humboldt County Jail.

TABLE 1

Male Institution Bed Type (Includes Civil Addict Program)	Design Capacity (DC) updated on 6/2/04[1]	Actual Male Institution Population April 2004[2]	Actual Percentage of Design Capacity April 2004	CDC Defined Maximum % of DC	Male Institution Population Equivalent of CDC Maximum	Bed Changes Req'd to Reach CDC's Maximum Percentages	Warden's Proposed Operable Capacity (OC) as % of DC[3,4]	Male Institution Population Equivalent of Warden's Proposed OC	Projected Male Institution Population on 6/30/09[5]	Population Reductions Needed by 2009 to Meet Warden's OC[6]
CAMP BEDS	**3,588**	3,752	105%	100%	3,588	164	**100%**	3,588		
General Population:										
Level I - MSFs	4,759									
Level I - old design	5,091									
LEVEL I TOTAL	**9,850**	15,751	160%	190%	18,715	-2,964	**150%**	14,775	29,054	-10,691
Level II - new design	6,406									
Level II - old design	9,622									
LEVEL II TOTAL	**16,028**	35,306	220%	190%	30,453	4,853	**150%**	24,042	31,334	-7,292
Level III - standard	13,252						160%			
Level III - over/under	2,122						100%			
LEVEL III TOTAL	**15,374**	30,912	201%	190%	29,211	1,701	**152%**	23,325	38,245	-10,048
Level IV - 180 design	7,510						140%			
Level IV - 270 design	6,520						140%			
LEVEL IV TOTAL	**14,030**	21,293	152%	190%	26,657	-5,364	**140%**	19,642	28,030	-3,591
Reception Center cells	5,646						150%			
Reception Center over/under	256						150%			
Reception Center dorms	2,608						190%			
RECEPTION CENTER TOTAL	**8,510**	20,055	236%	190%	16,169	3,886	**162%**	13,808	17,628	-3,820
Administrative Segregation/III	2,262						150%			
Administrative Segregation/IV	1,152						120%			
AD SEG TOTAL	**3,414**	7,092	208%	150%	5,121	1,971	**140%**	4,775		
SUBSTANCE ABUSE TX	**1,056**	1,467	139%	140%	1,478	-11	**140%**	1,478		
SECURITY HOUSING UNIT	**2,436**	2,780	114%	120%	2,923	-143	**100%**	2,436	3,165	-729
CONDEMNED	**604**	604	100%	100%	604	0	**100%**	604		
YOUTHFUL OFFENDERS	**82**	82	100%	100%	82	0	**100%**	82		
EOP	**1,691**	2,397	142%	150%	2,537	-140	**150%**	2,537		
PSU	**192**	248	129%	100%	192	56	**100%**	192		
PHU	**24**	24	100%	100%	24	0	**100%**	24	25	-1
TOTAL SYSTEM	**76,879**	141,763	184.4%	179.2%	137,754	4,009	**144.8%**	111,309	147,481	-36,172

Notes for Table 1

[1] "Design Capacity" (DC) is based on the following assumptions:
(1) one inmate per cell,
(2) single bunks in dormitories, and
(3) no inmates housed in spaces that were not designed for housing, such as dayrooms, hallways and gymnasiums.
The numbers used here provide a basis for expressing the actual capacity of the prisons as a percentage of design capacity.
Includes new beds at the Delano II facility.

[2] The population reflected here is the male felon and civil addict population housed in CDC institutions and camps. This population does not include (1) women, (2) inmates housed in various community correctional centers, (3) inmates housed in the Department of Mental Health state hospitals, and (4) inmates housed in county jail beds.

[3] "Maximum Operable Capacity" (MOC) is determined through an assessment of experienced Wardens and is expressed as the percentage of design capacity of the various housing units within the institutions wherein the prison can be operated both safely and can provide programming for every inmate, consistent with the inmate's ability. Programming means the provision of education, vocational education, drug and alcohol prevention and other programs especially for inmates serving a determinate sentence or PV-RTCs, which is consistent with a renewed emphasis on preparation for re-entry. For the purposes of the process of determining Operable Capacity, it is assumed that (1) all "bad beds" are closed, thus freeing up program space, and (2) staff with requisite experience are available to manage an effective program.

[4] Ad Seg and Level III maximum operable capacities are a weighted average based on the number of beds and the recommendations by bed type for the different designs.

[5] Based on Table 6 in the the Spring 2004 Population Projections, which has fewer breakdowns for inmate/bed types. Campers, Administrative Segregation, Substance Abuse Treatment, Condemned, Youthful Offenders, EOP, and PSU inmates are included in the projections for Levels I through IV.

[6] Camp beds are included in Level I figures. Ad Seg beds are broken out between Level III and Level IV. Substance Abuse treatment beds are included in Level III. Condemned, Youthful Offenders, EOP and PSU beds are included in Level IV.

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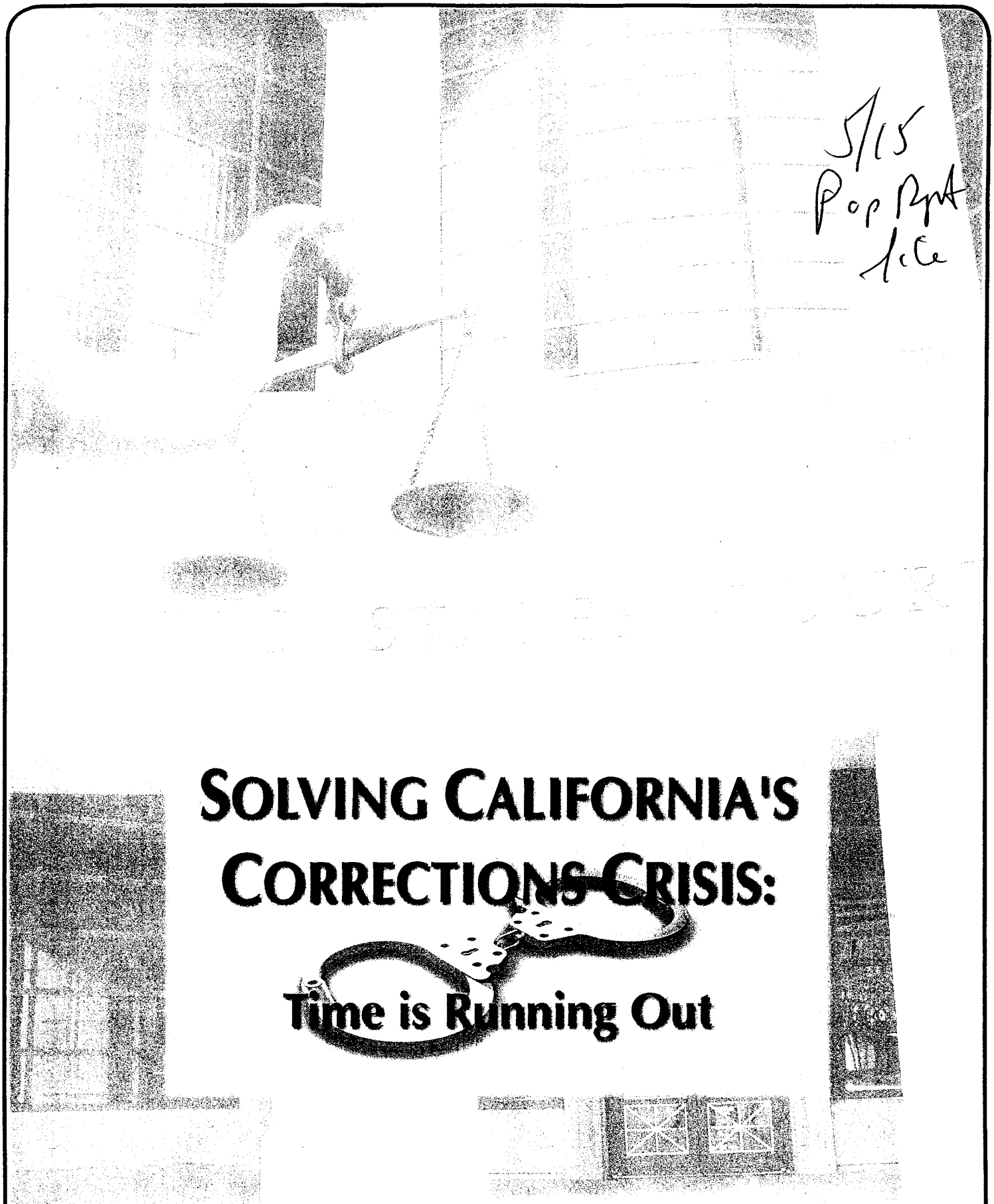
EXHBIT 4



SOLVING CALIFORNIA'S CORRECTIONS CRISIS:

Time is Running Out

LITTLE HOOVER COMMISSION

January 2007

State of California

LITTLE HOOVER COMMISSION

January 25, 2007

The Honorable Arnold Schwarzenegger
Governor of California

The Honorable Don Perata
President pro Tempore of the Senate
and members of the Senate

The Honorable Dick Ackerman
Senate Minority Leader

The Honorable Fabian Núñez
Speaker of the Assembly
and members of the Assembly

The Honorable Michael Villines
Assembly Minority Leader

Dear Governor Schwarzenegger and members of the Legislature:

California's prisons are out of space and running out of time.

The State already has ceded control to the federal courts for prison mental health, juvenile justice and the prison health system. In December, a federal judge ordered the State to fix the overcrowding problem within six months, or face the prospect of a prison population cap.

The State is past the point for assigning blame. The urgency of the crisis demands we look now to those who can produce a solution. That responsibility lies with the Governor and the Legislature. You have the authority and, as California's leaders, must share the duty of fixing California's failed corrections system.

A default strategy of waiting until federal judges order needed changes is not governing. The Governor and Legislature need to take the initiative away from federal courts by demonstrating you have a better plan. That way, the Governor and Legislature can regain the confidence of the courts as well as the Californians they govern.

You must assess your options frankly and move forward together on a solution. The Governor has taken a first step with proposals that acknowledge the key issues and signal willingness to engage in the process of developing solutions. But proposals have been made before only to stop short of full implementation. The Governor and Legislature need to lay out plans that include strategies and timetables for major milestones. And you need to deliver on your commitments.

The Governor and Legislature must find the political will to move past rhetoric and address ways to solve the prison population crisis and make good on promises to improve public safety. "Tough on Crime" sentencing laws have to be judged by outcomes and matched with fiscal responsibility. To ensure public safety, reforms will have to jettison posturing to make room for smart on crime policies.

You must act decisively on the problem or turn it over to an independent body, insulated from politics, that can. Our recommendation and preference is for you to do it yourselves.

The problem does not need further study. The State knows what the answers are, thanks to nearly two decades of work by such groups as the Blue Ribbon Commission on Population Management, the Corrections Independent Review Panel and a series of reports by this Commission. Despite ample evidence and recommendations, policy-makers have been unwilling to take on the problem in a purposeful, constructive way.

The consequences of failing to act aggressively now leave the State open to losing control of the State correctional system and with it, control of the state budget. The debacle developed over decades. Solutions, likewise, will be years in the making. But making a start now is essential.

The bare facts have earned California's Department of Corrections and Rehabilitation an ignoble distinction for systemic failure. Inmates have swelled prisons far past capacity. With cells already full, new inmates camp out in hallways, gyms and classrooms. The goals of punishment and confinement have left little room, or budget, for rehabilitation. The bulk of the State's prisoners are not succeeding once released. California's recidivism rate, at 70 percent, is near the highest in the nation. The ranks of correctional officers have not kept pace with the rising prison population. The department has thousands of openings, resulting in huge overtime bills and mounting stress for correctional officers.

These are some of the problems you must solve.

During the past five years, the Department of Corrections and Rehabilitation budget has surged 52 percent. California taxpayers legitimately can ask what return they are getting in increased public safety and question the trade-offs the State implicitly makes in spending an increasing portion of its general fund dollars on corrections.

The status quo is not acceptable. But even federal court intervention, a special legislative session and a Governor's emergency proclamation have yet to generate a level of alarm that reflects the size of the crisis.

The choices are stark. The price of failure is unimaginable. It is not too late to act.

Sincerely,

Michael E. Alpert
Chairman

The Commission approved this report with a vote of 7-1. A dissenting opinion accompanies the report.

SOLVING CALIFORNIA'S CORRECTIONS CRISIS

TIME IS RUNNING OUT

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Executive Summary

California's correctional system is in a tailspin that threatens public safety and raises the risk of fiscal disaster. The failing correctional system is the largest and most immediate crisis facing policy-makers. For decades, governors and lawmakers fearful of appearing soft on crime have failed to muster the political will to address the looming crisis. And now their time has run out.

State prisons are packed beyond capacity. Inmates sleep in classrooms, gyms and hallways. Federal judges control inmate medical care and oversee mental health, use of force, disabilities act compliance, dental care, parolee due process rights and most aspects of the juvenile justice system. Thousands of local jail inmates are let out early every week as a result of overcrowding and court-ordered population caps. The State may soon face the same fate.

The Governor declared a state of emergency. But even that didn't bring action, only more reports to federal judges that underscore the fact that the State's corrections policy is politically bankrupt. As a result, a federal judge has given the State six months to make progress on overcrowding or face the appointment of a panel of federal judges who will manage the prison population.

For years, lawmakers and government officials have failed to do their jobs. This failure has robbed the State of fiscal control of the correctional system and placed it in the hands of federal courts.

The court-appointed receiver for inmate medical care has threatened to "back up the truck to raid the state treasury" – if that is what it will take to bring the system into constitutional compliance.[1]

The receivership has set up a parallel management structure between the courts and the California Department of Corrections and Rehabilitation (CDCR) that impedes the State's ability to attract and retain the exceptional leadership required to guide the State out of the quagmire. In 2006, the department saw two secretaries resign abruptly before the current secretary was appointed in November. In testimony before a federal judge, both former secretaries stated that politics trumped good policy in correctional reform efforts. A nationally recognized correctional administrator told the Commission that no one

with the competency and leadership skills required to succeed as secretary would be willing to take the job under these circumstances.

Unlike other states, California relies almost completely on CDCR to improve correctional outcomes. It fails to tap the resources of other agencies that could assist in reducing crime and improving chances for offenders to improve themselves before they are released.

Despite the rhetoric, thirty years of "tough on crime" politics has not made the state safer. Quite the opposite: today thousands of hardened, violent criminals are released without regard to the danger they present to an unsuspecting public.

Years of political posturing have taken a good idea – determinate sentencing – and warped it beyond recognition with a series of laws passed with no thought to their cumulative impact. And these laws stripped away incentives for offenders to change or improve themselves while incarcerated.

Inmates who are willing to improve their education, learn a job skill or kick a drug habit find that programs are few and far between, a result of budget choices and overcrowding. Consequently, offenders are released into California communities with the criminal tendencies and addictions that first led to their incarceration. They are ill-prepared to do more than commit new crimes and create new victims.

Not surprisingly, California has one of the highest recidivism rates in the nation. Approximately 70 percent of all offenders released from prison are back within three years – mostly due to parole violations, many of which are technical in nature. California's parole system remains a billion dollar failure.

If the problems are not fixed, the consequences will be severe. While many Californians and their policy-makers have heard or read about the corrections crisis, few are aware of how serious the crisis has become and what the consequences will be. The fiscal ramifications will affect funding for virtually every other government program – from education to health care.

Governor Schwarzenegger proposed an ambitious plan in December 2006 to increase the number of prison cells, expand space in county jails and establish a sentencing commission. That is an encouraging start, but insufficient given the seriousness of the situation that requires immediate action and demonstrable results.

Once, policy-makers had ample opportunities to make choices that could have put the State on a different path. Now, policy-makers are down to just two:

- The Governor and the Legislature can summon the political will to immediately implement reforms to improve the corrections system to ensure public safety and eliminate federal involvement.
- Or, they must turn over the task to an independent commission – free from political interference – with the authority to fix this broken system.

It will not be easy and change will not happen overnight. It will require cooperation and courage on the part of the Governor and the Legislature. And the solutions will require skillful and determined implementation.

The top priority should be to take back control of the prison medical system, by developing a plan to work with an organization such as Kaiser Permanente or a university that can run the system for the State. This is a critical step in restoring confidence that the State can run the entire system and demonstrate the professional competence needed to attract top managers.

The State must immediately take action to improve its management of the correctional population and implement the recommendations made by this and other commissions, including expanding in-prison programs, improving prisoner reentry, and reallocating resources to community-based alternatives. The State must use all of its human resources, not just the personnel of the Department of Corrections and Rehabilitation.

The State must re-invent parole, moving to a system of post-release supervision for certain prisoners to ensure public safety.

At the same time, the State should begin a comprehensive evaluation of its sentencing system by establishing an independent sentencing commission to develop guidelines for coherent and equitable sentencing guided by overarching criminal justice policy goals. This is not a short-term solution, but a way to create rational long-term policy. Critics who suggest that a sentencing commission is code for shorter sentences are misinformed. Other states have used sentencing commissions to lengthen sentences for the most dangerous criminals, develop community-based punishment for nonviolent offenders and bring fiscal responsibility to criminal justice policies.

As they start the process, the Governor and Legislature should set goals and targets and insist on performance management to meet them. These reforms must not be allowed to fail in implementation, as they have

before. From start to finish, policy-makers must provide consistent support and oversight. In doing so, they can demonstrate progress to the public and the courts and begin to rebuild confidence in the State's ability to manage this critical responsibility.

Each of these proposals presents opportunities to fix a portion of California's corrections system. But they must be undertaken together, guided by a comprehensive strategy. Each reinforces the others as California embarks on changing the culture of its corrections system and restoring its status as a national model of success.

Recommendation 1: The Governor and Legislature should immediately implement a comprehensive strategy to reduce prison overcrowding and improve public safety in California communities. Specifically, the Governor and the Legislature should:

- ***Implement prior reform recommendations.*** Policy-makers do not need to further research solutions. They must immediately implement the evidence-based recommendations made by this Commission and others over the past two decades in order to regain control of major areas of prison operations where court intervention exists and avoid additional court intervention. To improve the performance of the correctional system, policy-makers must re-invent parole; expand educational, vocational and substance abuse treatment programs in prisons; reallocate resources to expand local punishment alternatives; and, expand judicial discretion.

- ***Establish a corrections inter-agency task force.*** The State should establish an inter-agency task force to develop partnerships with CDCR to bolster in-prison and reentry programs with a goal of reducing recidivism and improving public safety. The inter-agency task force should include all government entities that currently or potentially could assist offenders in improving their education, getting a job, finding housing, getting photo identification or a driver's license or treating an addiction or mental health problem.

Alternative Recommendation: If the Governor and Legislature are unwilling or unable to advance these critical correctional reforms, they should turn the job over to a board of directors with the power and authority to enact reforms. Specifically:

- The board should be an independent entity modeled after the federal Base Realignment and Closure Commission with members appointed by the Governor and legislative leaders.

- ❑ The board of directors should have the authority to enact criminal justice policies that become law unless rejected by the Governor or two-thirds of the Legislature.
- ❑ The secretary of CDCR should report to the board of directors and should be accountable for implementing the policies of the board.

Recommendation 2: To improve public safety and make the best use of correctional resources, the State must immediately implement evidence-based policies to reduce overcrowding and hold offenders accountable for improving themselves. Specifically, the State should:

- ❑ ***Re-invent parole.*** For determinately sentenced offenders, the State should eliminate parole and implement a system of post-release supervision for certain offenders based on a validated risk and needs assessment tool. Specifically, the State should:
  - ✓ Apply the greatest resources in post-release supervision to those offenders who pose the greatest risk of re-offending and who are the most serious, violent and dangerous.
  - ✓ Waive post-release supervision for certain low-risk offenders with no history of violence.
  - ✓ Provide opportunities for former offenders to earn discharge from supervision by maintaining employment, going to school, completing drug treatment or achieving other goals that reduce recidivism.
  - ✓ Authorize a grid of community-based sanctions, including jail, for offenders who violate the terms of post-release supervision.

Expanding Community-based Punishment Options

The State should reallocate resources to assist communities in expanding community-based punishment options for offenders who violate the terms of post-release supervision. Working with communities, the State should reallocate resources to establish a continuum of alternatives to prison, including electronic monitoring, day reporting centers, drug treatment, jail time and other community-based sanctions.

- ❑ ***Try offenders who commit new crimes.*** Offenders on post-release supervision who commit a new, serious crime should be charged and tried in court, and if found guilty, sentenced to a new term.

- ❑ ***Shift responsibility.*** The State should shift post-release supervision and responsibility, and accountability for offender reintegration, to communities. It should begin with three or four willing counties and develop agreements and provide funding for sheriffs or probation departments in those counties, in partnership with community agencies, to provide supervision, services and sanctions for parolees.

- ❑ ***Expand programs and create incentives for completing them.*** The State should expand programs that research shows reduce recidivism. As programs are increased, the State should establish incentives for offenders to participate, including:

- ✓ Linking credits toward early release to completion of education and job training programs, as well as plans for a job and housing.
- ✓ Requiring inmates to make progress toward educational or drug treatment goals before becoming eligible for work assignments.

- ❑ ***Expand local capacity.*** The State should reallocate resources to assist counties in expanding local capacity including jail space, drug treatment programs, day reporting centers and other locally-based punishment options. The State also should reallocate resources to assist counties in expanding intensive probation as an alternative sanction to jail or prison and to enhance crime prevention.

- ❑ ***Expand the role of judges.*** Guided by an offender risk assessment tool prior to sentencing, judges should be empowered to set goals that offenders should achieve, whether they are put on probation or sentenced to jail or prison. Additionally, the State should assist willing counties in establishing reentry courts where judges oversee the reentry of selected offenders back to the community.

Recommendation 3: California should establish a sentencing commission to guide the State's criminal justice sentencing policies to enhance public safety. Specifically, the sentencing commission should be:

- ❑ ***Protective.*** The Governor and the Legislature should establish a sentencing commission whose primary goal should be to enhance public safety and use public resources wisely. A sentencing commission is not a vehicle to revisit indeterminate sentencing, but a way to ensure sentencing laws match sentencing goals. Consideration should be given to successful strategies of sentencing commissions in other states.

- ❑ ***Independent.*** The sentencing commission should be permanent and independent from all branches of government with dedicated funding to support a small staff that would include criminologists, statisticians, legal experts and policy advisors.

- ❑ ***Diverse.*** The sentencing commission should be geographically and culturally diverse and its members must have demonstrated leadership capabilities. Members could include judges, district attorneys, public defenders, local law enforcement officials, academic experts, including an expert in gender responsive strategies for female offenders, victims' rights representatives, correctional leaders, former offenders or families of offenders and members of the public.

- ***Authoritative.*** The sentencing commission should have the authority to develop sentencing guidelines, as well as post release supervision and revocation guidelines that become law unless rejected by a majority vote of the Legislature.

- ***Data-oriented.*** The sentencing commission should be the State's clearinghouse for all sentencing and offender data. Policy-makers should immediately task and fund one or more California universities to perform this function for the commission.

- ***Accountable.*** The sentencing commission should assess all proposed sentencing law changes for their potential effect on criminal justice policies and correctional system resources.

Time Is Running Out

California's correctional crisis has been brewing for years. But time is running out for the State to solve it. Solutions will not be quick or easy. But the problems can be solved if policy-makers can muster the political will.

If policy-makers are unwilling or unable to address the crisis, the federal court will step in to fill the void.

Lawsuits filed in three federal courts alleging that the current level of overcrowding constitutes cruel and unusual punishment ask that the courts appoint a panel of federal judges to manage California's prison population. U.S. District Judge Lawrence Karlton, the first judge to hear the motion, gave the State until June 2007 to show progress in solving the overpopulation crisis.

Judge Karlton clearly would prefer not to manage California's prison population. At a December 2006 hearing, Judge Karlton told lawyers representing the Schwarzenegger administration that he is not inclined "to spend forever running the state prison system." However, he also warned the attorneys, "You tell your client June 4 may be the end of the line. It may really be the end of the line."[2]

The Governor and the Legislature must take this crisis seriously and resolve to fix it or they should turn it over to an independent body to do so. The State must take the initiative to gain control of the system and to regain the confidence of the courts and the public.

The Governor called a special legislative session in the summer of 2006 to address the crisis, yet not one new law or policy shift came out of it. The Governor declared a State of Emergency in October 2006, and still the crisis continued. On December 21, 2006, the Governor unveiled a proposal which builds on the prison bed expansion proposed by the Administration in the special session. It also would expand local jail space and establish a sentencing commission.

On the following pages the Commission offers comprehensive recommendations. If implemented, they will result in correctional policies that research shows are effective in improving public safety and managing public dollars.

Lack of Political Will

It is clear that substantive reform cannot go forward without the combined effort of the Governor and the Legislature – this means political support as well as the necessary resources.

Absent such backing, the State's correctional system has been in a downward spiral for decades. Well-intentioned correctional administrators have attempted the reforms that experts agree are required, but none have materialized. Policy-makers have paid lip service to reform, but withheld the political support and funding required to get the job done.

At a Commission hearing, former CDCR Secretary Roderick Hickman testified that corrections reform has been stalled by internal and external forces. "Corrections is still years away from sustainable change," Hickman said. "The environment needed to truly reform corrections is still overly influenced by special interests wedded to the status quo."[3]

Appearing before a federal judge to explain their abrupt resignations in 2006, Hickman and former CDCR Secretary Jeanne Woodford testified that election-year politics had thwarted their efforts to fix the corrections crisis.[4]

With the 2006 election behind us, the Governor and the Legislature have the opportunity to look beyond scoring quick political points to focusing on solutions. A look at the most recent significant attempt at reform shows pitfalls to be avoided.

In November 2003, Arnold Schwarzenegger was elected Governor and vowed to make prison reform a top priority. He took several promising steps to tackle the problem. He authorized his newly appointed corrections secretary, Roderick Hickman, to implement a "new parole model," which expanded alternatives to prison for parole violators. He also established the Corrections Independent Review Panel (IRP), chaired by former Governor Deukmejian, to evaluate the correctional system and make recommendations.

Attempts to implement the "new parole model" began in early 2004. The plan was designed to expand alternatives to prison for low-level parole violators, including jail time, residential substance abuse treatment and other community-based punishments. The department projected cost savings of approximately $150 million over two years and even closed the correctional officer training academy, anticipating a reduced need for new officers.[5]

However, the department stumbled in its efforts to implement the new parole model. After more than a year of only limited implementation, Crime Victims United, an organization funded by the California Correctional Peace Officers Association, began airing television advertisements charging that the Governor's parole reform policies put communities at risk – that the parole policies "kept murderers, rapists and child molesters on our streets."[6]

In reality, the parole reform policies targeted non-violent, non-serious offenders, but the political ramifications from the opposition to the parole reforms proved to be too much at a time when the Governor was defending his 2005 "Year of Reform" against numerous other special interests, including nurses, teachers, firefighters and others.

In April 2005, the new parole model was abruptly terminated. Roderick Hickman issued an official explanation stating there was no evidence the new parole policies were working. However, the shift in policy was thought by many to be an expedient, easy way to squelch a political hotspot. Hickman asserted at the time that the department would have the opportunity to re-evaluate and re-introduce parole reform policies.

The Governor's other major corrections initiative, the establishment of the Independent Review Panel, was more successful. In June 2004, the IRP published 239 recommendations for reforming corrections. Using the IRP recommendations as a guide, the Governor submitted a plan to this Commission in January 2005 to reorganize what was then the Youth and Adult Correctional Agency into the California Department of Corrections and Rehabilitation. In its review of the plan, the Commission noted several areas of concern, but stated the reorganization overall was an important step in the right direction. The Commission recommended that the Legislature allow the plan to go into effect, but also recommended that the Legislature continue to work with the Administration to address the flaws.

Civilian Corrections Commission

The first recommendation made by the Corrections Independent Review Panel (IRP) was to "create a Civilian Corrections Commission at the highest level of the organization and assign the commission authority to approve policy and provide direction to the correctional administration."

The commission would report to the Governor and would perform the following functions:

- Adopt integrated plans and policies for CDCR
- Conduct performance oversight
- Approve the overall department budget
- Issue directives to the secretary of CDCR
- Perform other duties as may be appropriate

The panel recommended the commission consist of five members, each to be appointed by the Governor and confirmed by the Senate for staggered five-year terms. The commissioners would serve at the pleasure of the Governor for a period no longer than 10 years. No commissioner would be eligible for appointment if he or she had been affiliated with CDCR or its predecessor entities prior to his or her appointment.

The commission would recommend a CDCR secretary to be appointed by the Governor who would serve at the pleasure of the commission.

Source: Final Report. June 2004. Corrections Independent Review Panel.

One of the Governor's critical departures from the IRP recommendations was the omission of an independent civilian oversight panel which was to have functioned as a board of directors for the department. At the time, then-Secretary Hickman said that the Administration did not believe the civilian commission was necessary and that concerns about public scrutiny are addressed by the Little Hoover Commission, the Bureau of State Audits and the Legislature.[7]

However, in testimony to the California Performance Review Commission, former Governor Deukmejian and the panel's executive director emphatically stated that the agency does not have the capacity to "correct" itself and without independent oversight, meaningful reform would not occur.[8]

Their testimony illuminates the imbedded cultural challenges that have thwarted meaningful progress. The deep-seated resistance to change requires more than support from the Governor and the Legislature, but also close, focused oversight which they have not shown the capacity for.

In July 2005, the Governor's reorganization plan went into effect creating the California Department of Corrections and Rehabilitation. While no one expected an organization that had been headed in the wrong direction for several decades to shift course overnight, conditions in the months since have deteriorated further.

In June 2006 the courts continued to signal that the system remained at risk for further court intervention and John Hagar, the special master overseeing one of the court cases issued a report expressing his concerns over the Governor's "retreat from prison reform."[9] Shortly after, Governor Schwarzenegger called an August 2006 special legislative session to review a package of reform proposals that focused heavily on new prison construction. Although a highly revised version of the plan was adopted by the Senate, the Assembly failed to act on the proposal. In October 2006, the Governor declared a state of emergency in the prison system and called for the voluntary transfer of inmates to facilities in other states. As of January 17, 2007, 278 inmates had been transferred to Arizona and Tennessee.[10]

On December 21, 2006, the Governor unveiled a new $11 billion prison reform package, which included many of the measures that the Administration proposed in the special session, but added new elements. Highlights of the plan include 16,000 new prison beds on existing sites, 5,000 to 7,000 new secure re-entry beds, 10,000 medical and mental health beds and 45,000 local jail beds. The plan also includes resources to implement Jessica's law, which voters overwhelmingly supported in the November 2006 election, creates a sentencing commission and

modifies California's parole structure to focus on offenders at the highest risk for committing another crime.[11]

The Governor is to be commended for embracing a plan that includes more than just building new prisons, and which also addresses sentencing and parole reform. However, CDCR has a dismal track record for turning talk into action. To fully implement the Governor's ambitious agenda, the department will have to employ more consistent leadership, management and communication than it has in recent years. It will need to establish performance measures and track and report progress on reaching goals, such as lower recidivism rates and program completion.

And it will need the consistent and vocal support of a united Governor and Legislature.

The Leadership Void

A key condition for reform is consistent state leadership. The Governor and the Legislature must create the conditions for CDCR to successfully fend off attempts to dull or deflect its efforts to move forward. This is particularly crucial to helping CDCR to mount bureaucratic hurdles that can unintentionally stall or thwart change.

To the extent that CDCR has not enjoyed such leadership, its efforts to change have been eroded. The departures of secretaries Hickman and Woodford in quick succession undercut efforts to communicate and push a consistent reform agenda through the department.

Hickman and then Woodford were thwarted by external forces in their attempts to hire senior managers who could advance the reorganization reforms. In his testimony to the Commission, Hickman stated that the corrections reorganization was essentially the only major government reform to come out of the California Performance Review (CPR). None of the changes recommended by the CPR relating to the fiscal control agencies or oversight bodies were advanced by the Administration. As a result, he stated that "we had this new structure modeled after the recommendations that came from CPR...attempting to communicate, operate and change within a government structure and Governor's Office that were operating from a different model. Consequently, the goals and objectives articulated in the strategic plan, organizational design and reorganization were not recognized or adequately funded."[12]

"Stability in a corrections agency is of the utmost importance. Of course...it's important to have sustained leadership at the Secretary level, but it also is important at other executive level posts. When there isn't stability, leadership is often disregarded...Stability alone isn't enough. Support, especially from the Governor's office and the Legislature, must be provided. The best managers and leaders will ultimately fail without assistance from policy-makers."

Dr. Reginald Wilkinson, former Director, Ohio Department of Rehabilitation and Correction. November 16, 2006. Testimony to the Commission.

That cannot be allowed to happen again. If the Governor and the Legislature agree on a plan, they need to provide the political support and resources for it to succeed.

This is not the first or only example of external forces stopping reform efforts. In the 2003-04 budget, the Legislature directed the department's parole division to implement the reforms outlined in the "new parole model." But the Department of Finance denied the deputy director of the parole division the staff and management team required to successfully implement the reform.[13]

When there is political support at the top, things can get done quickly. Current Secretary James Tilton has been at the helm since April 2006, first as an interim secretary and now in a permanent capacity. His first order of business was to eliminate the vacancies in senior management that hobbled the abilities of his predecessors to execute a plan. In his first six months, he appointed more than 50 officials to management positions. Mr. Tilton told the Commission that his success was facilitated by an expedited appointment process within the Governor's office. He also said, compared to other state agencies, positions that require a Governor's appointment go much deeper in the CDCR organizational structure. While his ability to appoint top managers has been facilitated by the current crisis, the large number of appointees in the organization could impede the ability of future secretaries to fill positions quickly.[14]

"Trained Incapacity"

Tilton's new management team, in addition to grappling with half-implemented reforms, has the challenge of establishing its credibility with U.S. District Judge Thelton Henderson and other parties. In his October 2005 findings prior to establishing the medical receivership in the Plata lawsuit, Henderson coined the phrase "trained incapacity" to describe what he called the "can't do" attitude of corrections staff toward implementing reforms. Citing multiple failures to comply with court orders for reform, Henderson found "that the CDCR leadership simply has been – and presently is – incapable of successfully implementing systemic change or completing even minimal goals toward the design and implementation of a functional medical delivery system."[15]

Robert Sillen, the court-appointed receiver over inmate medical care, in his July 2006 report to the court, stated that the "trained incapacity" was understated and presented a major cultural obstacle to implementing reform. Sillen asserted that the "trained incapacity" is "both a vertical and horizontal issue, i.e., it involves not only CDCR but all other state agencies and departments whose performance significantly

affects CDCR's ability to perform adequately and appropriately." Sillen took aim at, among others, the Department of Finance and the State Personnel Board for making the hiring process overly complex.[16]

Failed Implementation

In 2003, the Little Hoover Commission recommended the department implement a risk and needs assessment tool to evaluate offenders upon entry into prison. This has not happened. However, one of the objectives of the department's 2005 strategic plan was to "provide offender risk and needs assessment at the time of initial incarceration and at designated time periods," by January 2006.[17] Queried on the progress in late 2005, the department said that it had begun to use risk and needs assessment as part of pre-release planning for offenders nearing parole release. In a September 2005 meeting, the deputy director of the parole division said that 45,244 offenders had been assessed using the COMPAS North Point risk assessment tool and that the department was validating the tool for California's correctional population.[18] Some meeting participants questioned whether staff had been adequately trained with the tool and whether offenders were being matched with programs once assessed. When queried again in October 2006, the department told the Commission that the tool had been implemented in March 2006 and that 16,916 inmates had been assessed between March and August 2006. Additionally, the department was evaluating the possibility of using the tool at intake.[19] However, at a roundtable meeting the Commission held in November 2006 on parole reform, a parole agent told the Commission that she and her colleagues had not seen any data from parolee risk assessments.

Assessing Risks and Needs

Many correctional organizations in the United States, Canada and other countries use offender information to develop correctional policies, cost-effectively target correctional strategies and improve public safety. In its 2003 report on parole policies, the Commission recommended that CDCR implement a proven, validated risk and needs assessment tool to assess inmates when they enter prison.

Information developed through structured risk and needs assessments allows correctional administrators to distinguish among offenders who present real risks to public safety and those who do not and to target resources effectively. These assessments can help prison administrators strategically allocate available education, job training, treatment and pre-release opportunities.

Assessments also can guide transition planning and be used to link offenders with critical post-release services. With reliable information, more resources can be targeted to higher-risk offenders released to parole, while fewer resources can safely be spent on lower-risk offenders.

Signs of Hope

The department has achieved some success since the July 2005 reorganization, particularly in the areas of gender responsive strategies. While female and juvenile offenders make up less than 7 percent of the state prison population, lessons learned from the strategies successfully

being implemented in this area could be applied to the overall population.

In December 2004, the Commission recommended that the department develop a strategy to hold female offenders accountable for their crimes, but also make it easier for them to reintegrate into their communities. The Commission recommended that the State create a continuum of community correctional facilities to prepare female offenders for success on parole. Shortly after, the department established the position of associate director of female offender institutions, camps and community correctional facilities. In February 2005, CDCR established the Gender Responsive Strategies Commission to advise the department on the development of a gender-specific strategic plan.

A key part of the plan is to move approximately 4,500 low-level, non-violent female offenders into community-based correctional facilities with a continuum of support services. The plan was introduced in the Legislature in 2006 and then came under consideration during the special session. Though it failed to gain approval from the Legislature, a bill has been introduced in the 2007-08 legislative session and the department has sent out requests for proposals for the community correctional facilities.[20] Other progress includes the elimination of male correctional officer pat searches of female offenders; a new law that limits the practice of shackling pregnant offenders during childbirth; the establishment of a mother-baby wing at the California Institute for Women; gender-responsive training throughout the CDCR organization; and, ongoing efforts to develop and implement evidence-based gender-responsive programs.[21]

Changing the Culture

Communication will be key. Success will depend on department managers effectively expressing concrete sets of goals and objectives throughout the department – in the institutions and in the parole offices. But management must also be open to input coming from below the top ranks and from outside the organization. This likely will require a significant cultural change.

Correctional reforms often have been doomed because corrections managers do not seek input from, nor effectively communicate with, staff members on the front line who ultimately must implement new policies or programs. The failure to effectively implement the risk and needs assessment tool is one example of failed communication between headquarters and the field.

Another recent example involves the abrupt closure of a Los Angeles psychiatric crisis clinic that served high risk parolees and sex offenders. In letters to the Governor and to the Commission, the clinicians detailed the negative ramifications of this policy decision. They said they were not consulted on the closure decision and that the management staff in the parole division at headquarters has no one with counseling experience to understand the ramifications. Staff was dispersed to parole units, duplicating mental health services already available, while leaving behind a high risk transient parole population who found it difficult, if not impossible, to get to counseling.[22]

When correctional reform goals are communicated to staff in the field, the needed training often is lacking. Many long-term corrections employees simply choose to "wait out" implementation of new policies until the next leader drops the initiative or unveils their own higher priority plan. In testimony to the Commission, former Secretary Hickman said that one of the challenges he faced in implementing the reforms outlined in the department's strategic plan was that "managers were unwilling to really step forward and challenge the status quo" because of the "organizational thought that nothing will change." Additionally, Mr. Hickman said, even those who supported the changes, "took a wait and see approach. Concerns led to them entering into the pool of change with only one toe."[23] It is a problem nationwide, according to Dr. Reginald Wilkinson, who added, it is related directly to stability and consistency of leadership.[24]

Ceding Management to the Courts

Absent action by policy-makers, inmate lawyers and the federal courts have become de-facto managers and reformers of the system. Many observers assert that the only meaningful correctional reforms that have occurred in recent years are those that result from court intervention. And those reforms have come at a staggering price.

- ✓ In the Plata lawsuit, the court appointed a medical receiver, whose projected annual budget for operating and capital expenses for 2006-07 is $8.38 million, primarily for salaries and contractors. The biggest budgetary impact, however, will be financing the improvements the receiver orders, which are expected to run in the billions of dollars over the course of the next several years.[25]

- ✓ Approximately 18 percent of the $440 million budget for the CDCR Division of Juvenile Justice for fiscal year 2006-07 is in response to the Farrell v. Tilton consent decree. The State spends

approximately $120,000 per ward and the 2006-07 budget authorized more than 4,200 positions to manage approximately 2,700 wards and 3,100 juvenile parolees.[26]

While the court's intention in the Plata case is to save lives by bringing the State into constitutional compliance for inmate medical care, in testimony to the Commission, Robert Sillen, the receiver, indicated it would be 18 months before a plan was in place and many years before the State could expect to reassume control of the inmate medical system.[27] That could be time during which the State will be unable to plan or budget for its inmate medical expenditures.

Court intervention has resulted in more than just unnecessarily large costs. Court intervention has created a parallel management structure with a chain of command that is separate from the CDCR chain of command. While the receiver has expressed a willingness to work in sync with CDCR, there is no mechanism to make sure that implementation of reforms is coordinated or that the two systems even have common goals.

The State and the Secretary of CDCR have lost control over a significant portion of corrections operations and budget. Observers assert this parallel management compromises the State's ability to attract the caliber of leadership that is required to turn around this complex organization.[28]

To be able to attract the leadership it needs and to save taxpayer dollars, the State must do whatever it takes to speed the process to regain control of areas where the court has intervened and to avoid future court involvement.

Court Ordered Correctional Reform

Disability rights

Armstrong v. Davis (2001) – Federal Court ordered the State to comply with the Americans With Disabilities Act during parole hearings.

Prisoner treatment

Madrid v. Gomez (1995) - Federal Court ordered the State to end the use of excessive force at Pelican Bay State Prison.

Wilson v. Deukmejian (1983) – State Court ruled the conditions at San Quentin State Prison constituted cruel and unusual punishment and ordered immediate improvement.

Prisoner health rights

Perez v. Tilton (2006) – Federal Court ordered the State to provide adequate and timely dental care to all state inmates.

Plata v. Schwarzenegger (2005) - Federal Court placed California's prison medical system under federal receivership.

Farrell v. Tilton (2004) – State Court ordered CDCR to improve virtually every aspect of the State juvenile justice system.

Coleman v. Wilson (1995) - Federal Court ordered the State to provide efficient mental health treatment to mentally ill inmates.

Due process for parole revocations

Valdivia v. Davis (2002) - Federal Court ordered the State to provide due process protection to parolees returned to custody.

Source: Prison Law Office, www.prisonlaw.org.

Alternative Management Models

Other states have tackled and solved these and other tough problems. And management models exist at both the state and federal level for resolving seemingly intractable issues. One successful model is the federal Base Closure and Realignment Commission. This independent and authoritative commission assists the President and Congress in making decisions on closing military bases which otherwise would not be politically feasible.

Defense Base Closure and Realignment Commission (BRAC)

Faced with the arduous and politically charged task of closing military bases, the United States Congress in 1990 established the Defense Base Closure and Realignment Commission, commonly referred to as BRAC. The commission was charged with providing an objective, accurate and non-partisan review and analysis of a list of base and military installations which the Department of Defense (DOD) recommended be closed or realigned.

The President appoints a chair of the commission and eight additional members with the advice and consent of the Senate. Using selection criteria established by Congress, the commission can modify or reject DOD recommendations and also add military installations to the list. The commission tours sites and holds meetings and public hearings to gather public input.

The commission publicly reports its findings and recommendations to the President, who can either forward the report to Congress or return it to the commission for further evaluation. If the report is returned, the commission can modify and resubmit the report to the President. If the President submits the report to Congress, Congress has 45 days to enact a joint resolution rejecting the report in full, or the report becomes law. If the President does not submit the report to Congress, the BRAC process is terminated.

Sources: Defense Base Closure and Realignment Act of 1990. Also Charter of the Defense Base Closure and Realignment Commission. www.brac.gov. Web site accessed December 15, 2006.

Other Players Could Help

CDCR is not solely responsible for the corrections crisis, nor can it solve it alone. CDCR, for example, has no control over which or how many offenders the courts send to prison. Nor does it control, for the most part, when offenders get out. Sentencing laws that send offenders to prison and determine how long they will stay are established not by CDCR but by the Governor, the Legislature and, increasingly, by ballot measures.

There are other state agencies that could play a role in helping prisoners and parolees succeed, but they would need to expand their capacity and vision, as well as partnerships, to measure up to the level of cooperation seen in some other states. Dr. Reginald Wilkinson, former director of the Ohio Department of Rehabilitation and Correction, told the Commission,

"You can't succeed with just CDCR staff. You need the expertise of the departments of health, mental health, aging...all the resources already in place." He added that if the correctional system is failing, "it is not only the fault of CDCR, but the fault of California state government."[29]

It will be critical for the Governor to communicate to all departments that could and should have a role in offender re-entry, that they too will be held accountable for the success or failure of the State's efforts; certainly all departments would bear the cost of the failure should the State lose control of the prison system.

CDCR currently has several partnerships with other state agencies, but could do more. CDCR partners with the California Department of Forestry and Fire Protection to manage the California Conservation Camp program. More than 4,000 low-level male and female offenders join the fire line during fire season and assist with flood control, search and rescue operations and other community services. However, thousands more are on waiting lists for the program. CDCR partners with the Employment Development Department to provide employment services in some, but not all parole offices. CDCR also partners with the Department of Alcohol and Drug Programs for community-based drug treatment provided through the Parolee Services Network. CDCR manages the in-prison treatment programs and drug treatment furlough programs, when it could collaborate more closely with ADP for these programs. The State has expanded its partnership with community colleges so that college coursework is available in all prisons, however, only 2 percent of the inmate population participates.[30]

CDCR also participates on 10 councils, work groups or committees with various missions from conquering homelessness to expanding collaborative courts. In 2006, the Legislature established a Re-entry Advisory Committee to bring together state and local agencies that can assist CDCR in improving offender re-entry and also established an Expert

Expert Panel on Reentry and Recidivism Reduction

The Legislature included $900,000 in the Budget Act of 2006 for CDCR to contract with correctional program experts to perform a comprehensive evaluation of all adult prison and parole programs designed to reduce recidivism. CDCR has convened an expert panel co-chaired by the chief deputy secretary of CDCR adult programs and nationally-recognized criminologist Joan Petersilia, director of the Center for Evidence-Based Corrections at the University of California at Irvine. The panel's 15 other members include academic experts, current and former correctional department leaders and successful re-entry program managers. The expert panel is charged with three overarching tasks:

- Evaluate all adult prison and parole programs to assess whether these programs are likely to have a significant impact on recidivism and to estimate the number of offenders not currently participating in these programs who could benefit from them.
- Design a model system to serve as a guide for building an effective multi-year strategic plan for programs that reduce crime and recidivism.
- Recommend specific legislative and policy changes that could lead to a reduction in crowding and intake numbers.

CDCR is to report the findings and recommendations of the panel to the Legislature by June 30, 2007.

Sources: Budget Act of 2006. California Department of Corrections and Rehabilitation. "Adult Programs – Expert Panel on Adult Offender Reentry and Recidivism Reduction Charter."

Panel on Reentry and Recidivism Reduction.[31]

Other agencies could be doing much more. The Department of Motor Vehicles could better assist offenders in getting photo identification cards and drivers license cards prior to release from prison. CDCR could partner with the Department of Housing and Community Development to identify transitional housing. As the bond measures passed in 2006 are allocated for road construction and levee repairs, the inmate labor force could be trained and tapped for these projects.

California could learn from other states who are succeeding in collaborative efforts. Several states have successfully implemented inter-agency teams to improve the transition from prison to the community. Inter-agency teams in three states – Michigan, Missouri and Indiana – are recognized by the National Institute of Corrections and by other correctional system experts as models of collaborative efforts to improve prisoner re-entry. In these states, inter-agency collaboration takes place at multiple levels and has at least three phases: institutional, re-entry and community.

Additionally, Michigan, Missouri and Indiana use evidence-based tools to measure progress. The most important component of the inter-agency collaboration is a clear mission shared by all of the participating agencies to improve public safety through effective re-entry.[32]

Solutions Close at Hand

In moving forward, the Legislature and Governor can draw upon a wealth of research and evidence-driven policy recommendations made over the past two decades. In 1987 the Legislature established the Blue Ribbon Commission on Inmate Population Management, which submitted its recommendations in 1990.

The Little Hoover Commission has conducted studies and published recommendations on corrections reform in 1994, 1998, 2003 and 2004. The IRP made its comprehensive recommendations in June 2004. The National Council on Crime and Delinquency convened a Task Force on Prison Crowding with state, local and national experts and issued its recommendations in August 2006. The key recommendations of these prior efforts are summarized in Appendix D.

The ideas are there.

What has been lacking is the political will to solve the problem. Lawmakers afraid of being labeled "soft on crime" have allowed the

correctional system to decay and as a result of their negligence, California spends more on corrections than most countries in the world, and reaps fewer public safety benefits.

Successful Inter-Agency Corrections Task Forces

Indiana Road to Re-entry Initiative

Inter-agency team leadership structure: Department of Correction, Bureau of Motor Vehicles, Department of Veterans Affairs, Attorney General's Office, Family and Social Services Administration, Department of Education, Criminal Justice Institute, Department of Natural Resources, Department of Transportation, Housing and Community Development Authority, Department of Workforce Development, and the Council of Community Mental Health Centers Inc.

Mission: To enhance public safety through improving the successful transition of offenders to the community.

The Plainfield Re-entry Educational Facility: In 2006, the Indiana Department of Correction created a reentry facility primarily focused on providing services to offenders returning to the greater Indianapolis area. Offenders spend their last 6 to 24 months of incarceration at Plainfield and receive intensive education and job training through local partnerships.

Michigan Prisoner ReEntry Initiative (MPRI)

Inter-agency team leadership structure: Department of Corrections, Department of Community Health, Department of Labor and Economic Growth, Department of Human Service, and the Department of Education.

Mission: Reduce crime by implementing a seamless plan of services and supervision developed with each offender – delivered through state and local collaboration — from the time of their entry to prison through their transition, reintegration, and aftercare in the community.

Local governance: The reentry initiative is structured with 18 local implementation sites governed by a steering team, administrative agency, board of directors, advisory council, prison facility coordination team, field operations coordination team and a community coordinator. The purpose of the local governance structure is to provide statewide consistency in the implementation of the plan and to ensure community oversight and participation in key decisions about the design and implementation. The local governance team also educates the public about the initiative.

Missouri Reentry Process (MRP)

Inter-agency team leadership structure: Department of Corrections, Social Services, Mental Health, Revenue, Health and Senior Services, Economic Development, Elementary and Secondary Education, and the Office of the State Courts Administrator.

Mission: Integrate successful offender reentry principles and practices in state agencies and communities resulting in partnerships that enhance offender self-sufficiency, reduce re-incarceration and improve public safety.

Transitional Housing Unit (THU): The Missouri Department of Corrections has established transitional housing units in 12 correctional institutions where offenders serve the last 180 days of their sentence. While in the unit, offenders receive job training, education, parenting classes, substance abuse treatment and other services to prepare them for reentry. Additionally, every offender in the unit is enrolled in the "GreatHires" system to help them find employment and services in the community where they will be released.

Sources: National Institute of Corrections. Offender Transition and Community Reentry. Available at the NIC Web Site: http://www.nicic.org/WebTopic_454.htm. Missouri Reentry Process Executive Order 05-33. Available at the Missouri Department of Corrections Web site: http://www.doc.mo.gov/reentry/PDF/ExecutiveOrder05_33.pdf.

Recommendation 1: The Governor and Legislature should immediately implement a comprehensive strategy to reduce prison overcrowding and improve public safety in California communities. Specifically, the Governor and the Legislature should:

- ***Implement prior reform recommendations.*** Policy-makers do not need to further research solutions. They must immediately implement the evidence-based recommendations made by this Commission and others over the past two decades in order to regain control of major areas of prison operations where court intervention exists and to avoid additional court intervention. To improve the performance of the correctional system, policy-makers must re-invent parole; expand educational, vocational and substance abuse treatment programs in prisons; reallocate resources to expand local punishment alternatives; and, expand judicial discretion.

The Commission's detailed recommendations for population management policies are included in the next section of this report.

- ***Establish a corrections inter-agency task force.*** The State should establish an inter-agency task force to develop partnerships with CDCR to bolster in-prison and re-entry programs with a goal of reducing recidivism and improving public safety. The inter-agency task force should include all government entities that currently or potentially could assist offenders in improving their education, getting a job, finding housing, getting photo identification or a driver's license or treating an addiction or mental health problem.

Inter-Agency Task Force

The State should establish an inter-agency task force to develop partnerships with CDCR. The State should ensure that all its available resources are used to assist offenders in successful re-entry to reduce recidivism and improve public safety. Possible task force participants include, but are not limited to:

- Department of Education
- Department of Motor Vehicles
- Employment Development Department
- Department of Social Services
- Department of Alcohol & Drug Programs
- Department of Mental Health
- Department of Health Services
- Department of Forestry and Fire Protection
- Department of Transportation
- Department of Housing and Community Development
- Department of Veterans Affairs
- Community colleges and the state university system

Alternative Recommendation: If the Governor and Legislature are unwilling or unable to advance these critical correctional reforms, they should turn the job over to a board of directors with the power and authority to enact reforms. Specifically:

- ❑ The board should be an independent entity modeled after the federal Base Realignment and Closure Commission with members appointed by the Governor and legislative leaders.

- ❑ The board of directors should have the authority to enact criminal justice policies that become law unless rejected by the Governor or two-thirds of the Legislature.

- ❑ The secretary of CDCR should report to the board of directors and should be accountable for implementing the policies of the board.

Managing the Population

California's correctional system is failing in its primary mission to protect public safety. Overcrowded conditions inside the prison walls are unsafe for inmates and staff. Packed beyond capacity, the State's correctional institutions provide few opportunities for willing offenders to turn their lives around and prepare for their release.

Each year, California communities are burdened with absorbing 123,000 offenders returning from prison, often more dangerous than when they left.[33] Two-thirds of them will commit another crime, create another victim or simply violate a condition of parole.[34] They will return to prison and repeat the cycle of crime.

Protecting public safety should be the top goal of policy-makers. Yet for decades, policy-makers have neglected the correctional system that spawns this dangerous cycle of crime.

As recommended in the previous chapter, the Governor and the Legislature must act immediately to improve public safety or empower another entity that can and will. The strategy must attack both the immediate crisis of overcrowding as well as the underlying causes of this perilous situation. The following pages describe ways to address the immediate crisis. The next section of this report describes broad sentencing policy reforms the State can undertake to reverse the decades-long correctional system decline and better plan for those who are sent to prison.

Unsafe and Overcrowded

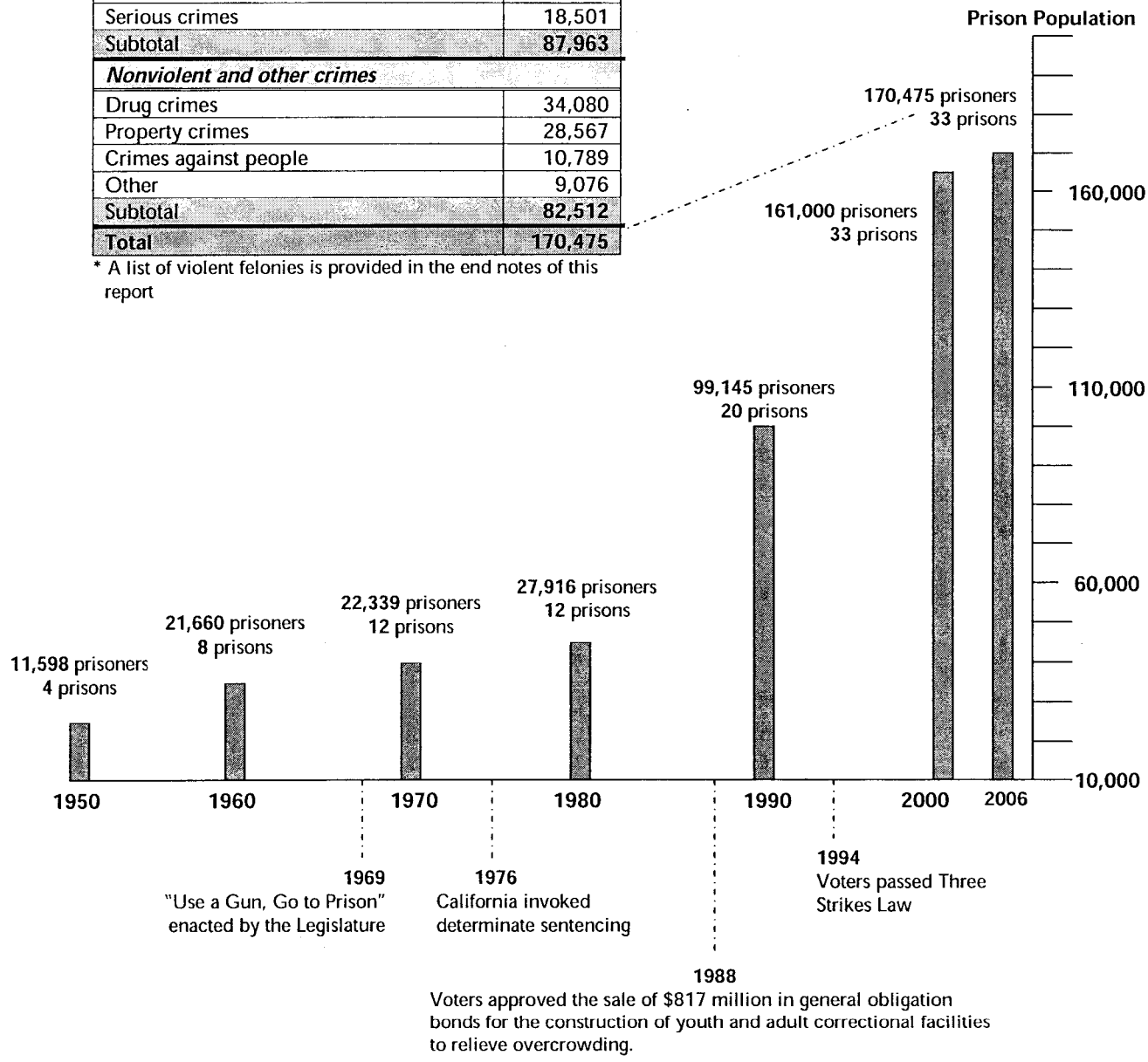
California's prison population currently is at an all-time high with more than 173,000 inmates housed in facilities designed to hold half that. Growth in the State's prison population unfolded in two distinct phases. Until the 1980s, California's inmate population grew at a relatively slow pace, its prison population growing by an average of 500 inmates a year. But from 1980 to 2006, the inmate population surged more than 600 percent, adding an average 5,500 inmates a year.[35]

Milestones in California Corrections

Commitment Offenses of the CA Prison Population, August 2006

Violent and serious crimes	
Violent crimes*	69,462
Serious crimes	18,501
Subtotal	**87,963**
Nonviolent and other crimes	
Drug crimes	34,080
Property crimes	28,567
Crimes against people	10,789
Other	9,076
Subtotal	**82,512**
Total	**170,475**

* A list of violent felonies is provided in the end notes of this report



Sources: California Department of Corrections and Rehabilitation, July – August 2006; the California Department of Justice, "California Criminal Justice Time Line, 1822-2000." Sacramento, CA. California Department of Corrections. May 2003. "Correctional Facilities." Available at the CDCR Web Site: www.cdcr.ca.gov/Visitors/docs/facility_map.pdf.

To keep up with the growth, California in 1980 embarked on a building boom that lasted through 1997. The State added 21 prisons and more than 120,000 inmates.[36] One additional prison opened in June 2005, adding nearly 3,000 beds. It wasn't enough. As of November 30, 2006, California's 33-prison system was operating at 200 percent of the design capacity.[37] Approximately 19,000 offenders are double- and triple-bunked in dorms, hallways and classrooms.[38] Overcrowding threatens the safety of prison staff and inmates and obstructs the efficient delivery of services needed to prepare inmates for parole and prevent recidivism.

California Prison Capacity

Design capacity is a term used to designate the number of inmates a prison is designed to accommodate based on standards set by the Commission on Accreditation for Corrections and the American Correctional Association. The number can be based on any combination of single-occupancy or double-occupancy cells, single or double-bunked multiple occupancy rooms or dormitories. The standards reflect the need for humane conditions, as well as the need to prevent violence and safely move inmates to and from programs.

In California, design capacity is based on one inmate per cell, single bunks in dormitories, and no beds in space not designed for housing. Based on this, the CDCR design capacity is 83,219. However, offenders can be safely housed much beyond the design capacity. CDCR officials assert that the institutions could safely house approximately 150,000 and that it is the approximately 19,000 offenders tripled-bunked and housed in hallways and classrooms that are the cause of the current overcrowding.

Sources: Corrections Independent Review Panel. June 2004. Final Report. CDCR, Monthly Report of Population. November 30, 2006. Also, Bill Sessa, Deputy Press Secretary, CDCR. Personal communication December 29, 2006.

Mike Jimenez, President of the California Correctional Peace Officers Association, told the Commission that the current overcrowding, coupled with the current understaffing, seriously hampers CDCR's ability to provide programs to inmates inside the institutions. He said that in his 20-year career as a correctional officer, he has never seen conditions as oppressive as they are today. Correctional officers are unable to safely move offenders between their cells and programs. "We are stretched so terribly thin at this point in time," Jimenez said, adding that the department was short approximately 3,900 correctional officers. He also expressed concern about losing control of a prison to an inmate riot, stating that all the warning signs are "in our rear view mirror." He added, "We are sitting on the edge of what NASA calls catastrophic failure."[39]

Violence behind bars has declined across the nation and in California in the past two decades.[40] However, California prisons are more violent than other similarly sized correctional systems. California prisons have nearly twice as many assaults as the Texas prison system and almost three times as many assaults as the federal prison system. Inmates not only assault other inmates, each year hundreds of staff are seriously assaulted by inmates. During a recent three-year period, the Legislative Analyst's Office reported that 1,700 staff health and workers' compensation claims were filed for injuries resulting from inmate violence.[41]

California also has higher prison homicide and suicide rates than the U.S. average. This in part is attributed to California's overcrowding, but also is a result of its violent prison gang culture. Additionally, data indicate that suicide and homicide rates increase when an inmate population ages and lengths of sentences increase, both factors which characterize California's inmate population.[42]

While the initial surge in inmate growth in the 1980s was likely due to an increase in drug-related crimes, changes in sentencing laws over the past two decades, as well as changes in incarceration and parole policies fueled further growth. Those policy changes established punishment as the primary goal of incarceration and fundamentally changed the nature of parole.

Major Prison Disturbance in Chino

On December 30, 2006 a major altercation erupted at the California Institute for Men in Chino, resulting in one inmate suffering serious stab wounds and 27 others being taken to hospitals for medical treatment. Fortunately, no CDCR staff was hurt during the disturbance. Although the incident is under investigation, early reports indicate the fighting began between two individuals on the prison yard, then quickly spread to five of the eight dorm rooms in the Reception Center West Facility. Approximately 800 inmates were involved.

Correctional officers were commended for quickly containing the disturbance and for preventing it from spreading further. Staff secured the facility within four hours of when the fighting began, and effectively implemented an emergency plan which led to the rapid deployment of additional correctional officers from nearby facilities and local law enforcement.

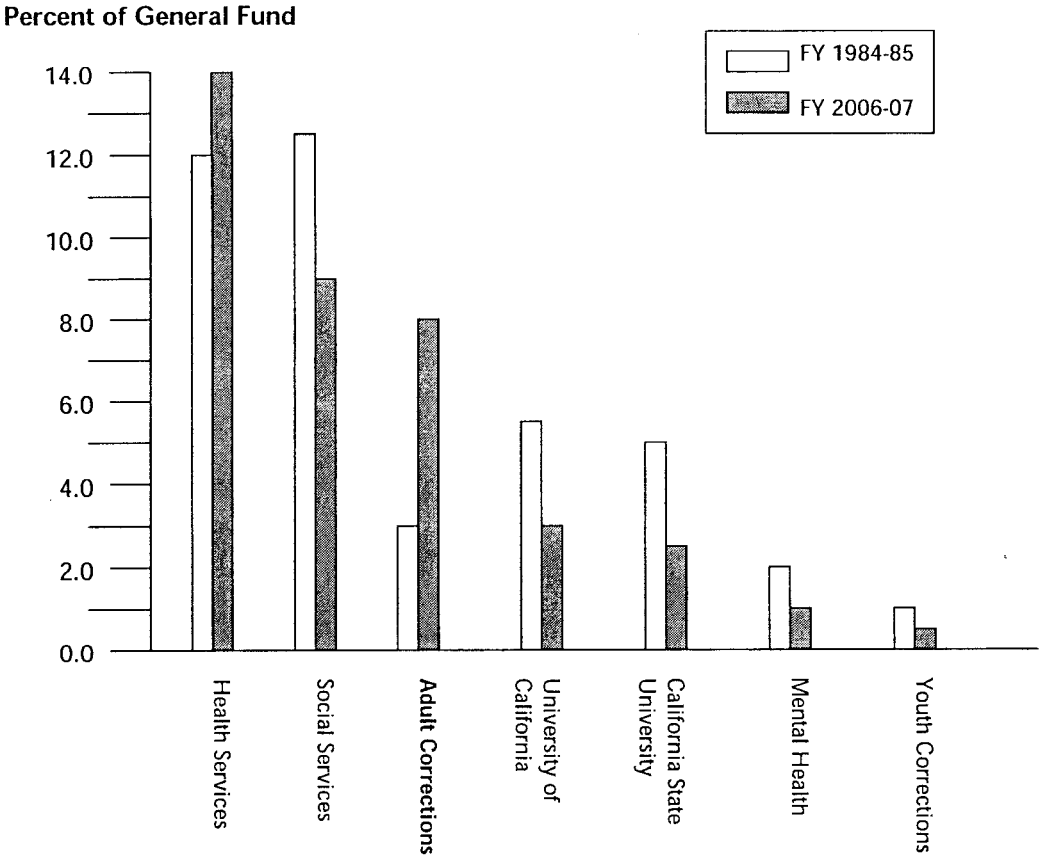
The California Institute for Men is severely overcrowded. Overall, the facility is operating at 202 percent of design capacity, with 6,483 inmates in a facility designed for 3,207. Crowding in the Reception Center West Facility, where the disturbance occurred, is even greater, with 1,464 inmates housed in space designed for 640, meaning it is operating at 229 percent of design capacity.

Sources: California Department of Corrections and Rehabilitation. Press Release. December 30, 2006. "Major Disturbance at the California Institution for Men in Chino." Also, "Weekly Report of Population as of Midnight December 27, 2006.

Incredibly Expensive

This expansion of the prison population has come at a significant cost. At the beginning of the building boom in the early 1980s, adult and youth corrections accounted for 4 percent of California's General Fund expenditures at $1 billion per year.[43] Today, it represents 8 percent of the total General Fund, approximately $9 billion, and continues to grow. Governor Schwarzenegger has proposed a budget of approximately $10 billion for 2007-08.[44]

Comparison of California Corrections Spending, 1984-85 and 2006-07



Source: The Legislative Analyst's Office. July 2006. "State of California Expenditures, 1984-85 to 2006-07." See Endnotes Page 82 for chart values.

Parole is Broken

On any given day, 6 out of 10 admissions to California prisons are returning parolees.[45] The failure of the State's parole policies are well-documented in the Commission's 2003 report, *Back to the Community: Safe and Sound Parole Policies.* Its recommendations are as relevant today as they were three years ago and more urgently needed.

California's parole system is unlike any other in the nation. At 70 percent, California's recidivism rate is one of the highest in the nation.[46] California is one of just two states that places every felony offender on parole and the only state where parole can last three years – in some cases longer than the actual prison term served.[47]

Prior Parole Policy Recommendations

In its November 2003 report on parole policies, the Little Hoover Commission made the following recommendations:

- To protect the public, the correctional system must use proven strategies to prepare inmates for release, supervise and assist parolees in California communities, and intervene when parolees fail. The State should create the means to improve the performance of the correctional system by changing laws, budgets and programs to increase success among parolees.
- To increase public safety, state and local correctional agencies, community organizations and the inmates themselves should prepare for the predictable release of inmates from prison.
- To maximize public safety, communities must assume greater responsibility for reintegrating parolees, and the State should provide the leadership and funding to make those efforts successful.
- The State should make better use of the resources currently spent re-incarcerating parole violators – and provide more public safety – by developing a range of interventions for failing parolees.
- To ensure public safety and fairness, the State should scrutinize its responses to parolees charged with new, serious crimes.

Source: Little Hoover Commission. November 2003. "Back to the Community: Safe & Sound Parole Policies." Sacramento.

The concept of parole as a reward for good behavior and preparation for release for determinately sentenced offenders has not been valid in California since the 1970s. By most accounts, when California enacted the Determinate Sentencing Act, little, if any discussion occurred about what it meant for the State's parole policies.[48]

Under the previous indeterminate sentencing system, parole in California was a reward for inmates who were deemed ready for release. As defined, parole is a conditional release of a prisoner serving an indeterminate or unexpired sentence. Offenders who did not get into trouble and could convince what was then called the Adult Authority that they had changed their behavior and had lined up housing and a job, could be granted early release to parole once they had served their minimum sentence. Policy-makers eliminated discretionary parole release under determinate sentencing and offenders now are released from prison when they have served their term – ready or not.

The exceptions are a small percentage of the most serious and violent offenders, and those sentenced under the three strikes law, who are sentenced to an indeterminate term – usually 15 or 25 years to life in prison. They still must go before the current Board of Parole Hearings,

which determines whether or not to recommend parole. For the vast majority of California offenders who are serving determinate sentences, parole does not exist in the same form it does in other states and as it is used for indeterminately sentenced offenders in California. Parole in California, for offenders with determinate sentences, is a one to three-year community supervision sentence applied automatically to virtually all offenders released from prison, regardless of whether they pose a danger. This unusual hybrid of determinate sentencing and mandatory parole supervision for all offenders is used by just one other state. As a leading criminologist has stated, it "maximizes both risks to the community and state expenses."[49]

By using its limited resources to supervise all parolees, the system hinders the State's ability to closely supervise the most dangerous parolees and results in the return to prison of many low-level "technical" parole violators. By placing all offenders on parole and setting numerous conditions, the State has greatly increased the chances that many will violate parole. In 2005, 62,000 parolees were returned to prison for parole violations and served, on average, a four-month prison term.[50]

Although parole violators cycle through the system quickly, they further burden an already stressed intake system and add to the prison overcrowding crisis, particularly in the State's reception centers which are some of the most dangerous and severely overcrowded facilities.

Failed Implementation of the New Parole Model

One of the earliest strategies to manage the correctional population under the Schwarzenegger administration was the "new parole model." The program was designed to expand alternative sanctions for low-level parole violators to reduce the number of parolees returning to prison. The department expected to implement the new program in January 2004 and erroneously based savings estimates on the program being fully implemented at that time.

The new parole model modified some existing programs and added others. The "Halfway Back" program converted existing work and drug treatment furlough facilities into facilities for parole violators. The Substance Abuse Treatment Control Unit (SATCU) program revised and expanded a program that included drug treatment and short jail stays. But both were underutilized in part because of eligibility constraints. The department also had problems contracting with counties for jail space, due to the $59 per day rate and the lack of space. Also, the Administration had imposed a statewide contracting and hiring freeze, which limited the ability of the department to negotiate contracts and hire additional staff to help implement the programs. The electronic monitoring program was delayed due to protests in the contracting processes. When it was finally implemented, parole agents discovered numerous equipment failures.

The department was required to negotiate implementation of the new or modified programs with the labor union, which also delayed implementation. Stakeholders also contended that parole agents were reluctant to use the sanctions instead of returning parolees to custody, in part because the department failed to implement a risk assessment tool to guide their decision-making. As a result, population reductions never materialized nor did the projected $150 million in savings.

Sources: Bureau of State Audits. November 2005. California Department of Corrections and Rehabilitation: The Intermediate Sanction Programs Lacked Performance Benchmarks and Were Plagued With Implementation Problems. Little Hoover Commission. September 25, 2005. Roundtable Meeting on Parole Reform.

Because parole violators serve such short sentences, many never move out of the reception center before being released again. As a result, reception centers no longer serve their original purpose – to quickly process and classify incoming felons and recommend placement in an appropriate facility. Reception centers should return to their original purpose.

The decision to send a parole violator back to prison for an additional sentence is made not by a judge, but by a correctional official – a parole agent, a parole supervisor or a deputy commissioner at the Board of Parole Hearings. Criminologists and academic experts have coined the term "back-end sentencing" to describe the parole revocation process. And not only are back-end sentences determined by corrections officials instead of judges, the standard of evidence used is much lower than would be required in a court of law.

Most frightening, the parole revocation process is frequently used to respond to new and serious criminal behavior by parolees. In 2000, the most recent year for which data is available, more than 47,000 parolees were returned to custody on a parole violation for serious criminal activities. These serious parole violators served an average of five months for criminal activities that included homicides, robberies and rapes.[51]

Some states abolished parole completely when they eliminated indeterminate sentences. In its place they use post-release supervision to apply the greatest resources to the offenders who pose the greatest risks. Some states established reentry courts where judges, instead of correctional officials, control the outcome of a post-release supervision violation. And many states do much more than California to help inmates prepare for their inevitable release.

Just Doing Time...

Part of the reason for California's high rate of parolee failure is that prison time is not used to prepare inmates for their return to the community. Educational programs, job training and substance abuse treatment programs that could help an offender succeed upon release are available only to a small percentage of the prison population. Prison programs have not been a priority in California since the state shifted the primary purpose of incarceration to punishment. The Legislature, when it changed sentencing from indeterminate to determinate in 1976, made that shift explicit, enacting an addition to the Penal Code that states, "the purpose of imprisonment for crime is punishment."[52]

The lack of programs in prisons is well-documented in the Commission's previous reports, by the Blue Ribbon Commission on Inmate Population, the Independent Review Panel and others. The Governor, in his correctional reorganization plan, emphasized the importance of programs when he named the new department the Department of Corrections and Rehabilitation. However, most observers agree that little has been done in the two years since the reorganization to support the "R" in the CDCR. Until the population crisis is under control, the programs that can improve public safety by reducing recidivism will continue to take a back seat to custody-driven population management strategies. But the two strategies are linked and efforts must be made to plan and implement both.

...With No Incentive for Change

Even if programs were more available, the current system creates no incentive for offenders to participate. That too, is a change brought by determinate sentencing. Under the old system, all inmates had to prove they were ready for release by participating in educational programs, gaining job skills, completing treatment programs and by demonstrating that they had a job and a place to live in the community.

Today, all determinately sentenced offenders entering prison know exactly when they will be released, giving them little incentive to change their behavior or prepare for a more successful life on the outside. Good time credit frequently cuts a prison term down to one half or even one third of the original sentence, but the credit system is used more as a population management tool than an incentive for anything other than staying out of trouble.

Good time credits are not awarded for achieving a goal, they are given to any offender who works to keep the prison running or who signs up

Earned Discharge from Parole

In 2006, the Legislature enacted and the Governor signed SB 1453 (Speier), a law that mandates that certain nonviolent offenders who participate in substance abuse treatment while in prison, when possible, receive aftercare treatment in the community once released from prison. Offenders who successfully complete 150 days of residential aftercare treatment will be discharged from parole supervision. Nearly two-thirds of California inmates have a serious need for drug treatment, but just 2 percent participate in professionally run treatment while incarcerated. Under the State's current policy, aftercare is funded for only half of those who have participated in treatment while in prison. SB 1453 did not include additional funding for the anticipated increase in demand for aftercare, although the Governor's 2007-08 Budget included nearly $1.3 million for SB 1453. Additionally, it is anticipated that SB 1453 will save money by reducing parole and re-incarceration costs. Research has proven that the aftercare component of drug treatment is key in reducing recidivism. The Little Hoover Commission has previously recommended that the State, in coordination with communities, should expand the availability of aftercare treatment for parolees who participated in drug treatment while in prison.

Sources: Governor's Budget 2007-08. Also, Joan Petersilia and Robert Weisberg. May 2006. "California's Prison System Can't Solve Prison Crisis Alone: Sentencing Reform Urgently Needed." Also, Harry K. Wexler. 1999. "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." The Prison Journal. Also, Michael Prendergast, Ph.D., April 2003. "Outcome Evaluation of the Forever Free Substance Abuse Treatment Program: One-Year Post-Release Outcomes.

for a program – even if they are just on a waiting list. The Prison Literacy Act requires that inmates who do not have a 9th grade reading level participate in educational programs. However, these offenders are often given work assignments – precluding their participation in educational programs. For many offenders, it is much easier to mop the floor or work in the kitchen than to attempt to recover from years of addiction, learn to read or learn a marketable job skill.

Additionally, where resources do exist, sentences, once good time credits are figured in, often are too short to allow prisoners to complete an effective program, such as drug treatment. As a result, many offenders are released to the community with no more ability to succeed than when they arrived. Not surprisingly, they fail and return to prison.

In the Commission's 2003 report on parole reform, it recommended that early release credits be linked with the completion of education and job training programs, as well as plans for housing and employment. The Commission also recommended that the State require inmates to make progress toward educational or drug treatment goals before becoming eligible for work assignments.

Local Correctional Resources and Judicial Discretion

While judges have very little discretion when sentencing offenders convicted of serious felonies, they do have sentencing options for many of the State's low-level offenses. These options include probation, county jail or state prison.[53]

If mandatory sentencing laws and sentence enhancements explicitly define what a judge can do, a judge's discretion also is implicitly limited by the resources available at the local level, which varies widely by county. Experts, judges and local law enforcement say this is one result of a lack of systematic state investment in community correctional programs and one that makes itself apparent in California's surging prison population.

In testimony to the Commission, former Sacramento Superior Court Judge Roger K. Warren wrote that "the principal reason...judges are sentencing too many non-violent offenders to prison is the absence of effective community corrections programs providing intermediate punishments and necessary and appropriate treatment and rehabilitation services to non-violent offenders."[54]

The situation is exacerbated by court-ordered or self-imposed population caps at jails in 32 counties around the state.[55] In 2005, these counties

released more than 155,000 sentenced offenders early because of the shortage of bed space.[56]

Lacking local alternatives, many offenders who could be sentenced to county jail, probation or other community-based punishment alternatives are sent to prison. In doing so, the State squanders its most expensive resource on low-level offenders who could be more effectively supervised by local authorities.

A look at how four counties have handled felony convictions shows the disparities that can result. As illustrated in the table, in 2002, Lassen County sentenced 30 percent of its convicted felons to prison, which compares with 24 percent of convicted felons in Los Angeles County. Only 8 percent of those convicted of felonies in San Francisco County received prison sentences.

Percent of Felony Convictions Sentenced to State Prison by County: 2002

County	County Population	Felony Arrests	Felony Convictions	% of felony arrests that lead to convictions	Sentenced to Prison	% of felony convictions sentenced to prison
Los Angeles	9,817,400	62,528	37,062	59	9,016	24
San Francisco	789,100	11,269	3,797	33	313	8
Lassen	34,250	244	178	73	52	30
Inyo	18,250	42	30	71	1	3

Sources: California Attorney General Web Site: http://ag.ca.gov/cjsc/statisticsdatatabs/DispoCo.php. California State Library, Counting California Web Site: http://countingcalifornia.cdlib.org/pdfdata/csa03/B04.

Often, the low-level offenders sent to state prison serve fairly short terms. With good time credit, some serve just six months. In 2005, of approximately 64,000 felons released to parole for the first time, the median time served for nearly 45,000, or 69 percent, was less than a year in prison.[57] Most experts agree that these short prison stints do little for public safety, while they do disrupt families and communities where these offenders come from and return to, and diminish the potential for offenders to get and keep jobs, maintain housing and become law-abiding citizens.

At one time, the State subsidized counties to encourage them to sentence offenders to local punishment programs instead of state prison. Under the Probation Subsidy Act of 1965, the State paid counties up to $4,000 for every offender that remained at the county level who otherwise would have gone to prison. The California Research Bureau estimated that more than 45,000 offenders were diverted from state facilities under the program. The State eliminated the subsidy in the late 1970s, primarily

due to increasing costs associated with an increasing offender population.[58] Public hearing witnesses and advisory committee members told the Commission that the State should consider establishing an incentive system similar to the probation subsidy.

The number of juveniles sent to state facilities dropped dramatically after the State increased the fees charged to counties for wards sent to the State in 1996. At the time, counties paid $25 per month for each ward. The State increased the fee to $150 per month for the most serious offenders and introduced a sliding scale fee that required counties to pay the most for the lowest level offenders, up to a maximum of $31,200 per year. The fees have since been raised slightly and counties pay $176 per month for serious offenders and a maximum of $36,500 per year for low-level offenders. The state youth offender population dropped from an all-time high of more than 10,000 in 1996 to approximately 2,700 in November 2006. While the sliding scale fee is not the only reason for the decline, experts assert that the financial incentive to keep juvenile offenders out of state facilities was key to the sharp decline in the state juvenile offender population.[59]

Citizen's Option for Public Safety (COPS) / Juvenile Justice Crime Prevention Act (JJCPA)

COPS / JJCPA provide grants to counties and cities to expand community-based services, and add law enforcement, district attorneys and corrections staff. This year, the Governor has proposed allocating $238 million for COPS / JJCPA grants. Counties receive a portion of the allocation based on population.

In 2004-05, JJCPA grants supported 168 programs to address locally-identified issues concerning juvenile justice and crime, such as:

- ✓ Los Angeles County's After-School Enrichment Program
- ✓ Nevada County's Outreach School Truancy Program
- ✓ San Diego's Community Assessment and Working to Insure and Nurture Girls' Success

Similarly, COPS grants are used to support locally-identified "front-line" law enforcement needs such as hiring additional police officers or buying new equipment to support law enforcement activities.

Source; California Department of Corrections and Rehabilitation. March 26, 2006. "Partnering to Promote Public Safety: Juvenile Justice Crime Prevention Act Annual Report."

In 1990, the Blue Ribbon Commission on Inmate Population Management recommended adoption of a Community Corrections Act to provide state funds to significantly expand community-based intermediate sanctions. As a result, the Legislature enacted the Community-Based Punishment Act of 1994, which established a partnership between state and local governments to create alternative punishments at the local level for prison-bound non-violent offenders.[60] However, the collaboration has never been funded.

In a pilot project being implemented in San Diego County, California is testing the concept of involving local probation departments and judges in identifying offender risks and needs at the time of sentencing, and connecting offenders to local programs and services upon release from prison to improve reentry

outcomes. The law creating the pilot project authorized CDCR to assist three counties and $3.42 million was allocated to the program for 2006-07.[61]

Additionally, the Governor's 2007-08 budget proposes $50 million in funding to target at-risk 18 to 25 year-old probationers. The Governor also has proposed $4.4 billion in lease revenue bonds to build additional jail beds.[62]

Judges testifying before the Commission stated that they use the correctional resource that is best suited to the offender and the crime and do not base sentences on available jail space or associated costs. However, judges also told the Commission that they would sentence more low-level offenders to community punishments if more local options were available.

Involving the Courts in Re-entry

In 2005, the Legislature passed and the Governor signed SB 618 (Speier), a law that authorizes CDCR to assist three counties in developing and implementing a multi-agency plan to prepare offenders for successful reentry upon release from prison.

The San Diego Reentry Project is the first of three pilot programs authorized by the bill. San Diego county probation will conduct offender needs assessments to create a "life plan" which will determine education, job training and any drug treatment needs. At sentencing, judges will review the life plan and recommend the offender participate in appropriate programs while in prison. Six months prior to release, a county case manager will begin to work with the offender to determine program needs in the community and to assist the offender in gaining access to local community service providers. Upon release from prison, the case manager, working with a parole agent, will monitor the parolee.

Other counties that have expressed an interest in the pilot program include Orange, Riverside, Fresno, Yolo, San Mateo and San Francisco.

Recommendation: The State should consider expanding this pilot program to all interested counties. Additionally, the State should expand the role of judges in managing these offenders once they are released from prison.

A Fragmented System

Many states manage their correctional populations in one seamless system. The absence of an integrated state-local corrections program in California is exacerbated because probation is treated almost solely as a local responsibility, although the Governor has proposed $50 million in probation funding in his budget for 2007-08. California is one of just two states in which local government is the primary source of money for probation services.[63] California's trial court system was similarly plagued by fragmentation and financial insecurity until lawmakers

consolidated court funding in 1997 and voters later unified the county courts into a state-run system.

In the court consolidation model, the State provided funding and support to improve the function of the court system. In the Commission's study process for its 2003 parole report, local law enforcement representatives told the Commission they would be willing to assume the responsibility and accountability for offender reentry if adequately funded. The State could consider applying the lessons learned in the court consolidation model to streamline parole and probation into a seamless local function with state support.

Trial Court Consolidation

The Lockyer-Isenberg Trial Court Funding Act of 1997 consolidated all court funding at the state level and gave the Judicial Council the authority to allocate resources to all California courts, including trial courts. Previously, trial courts received the bulk of their funding from local boards of supervisors and were consistently under-funded. In 1998, California voters approved Proposition 220 to allow the consolidation of county municipal courts into a single superior court.

The unification allowed courts to expand programs such as drug courts, domestic violence courts and services to juveniles. Also, unification dramatically decreased the caseloads of judges and narrowed the types of cases heard by superior court justices. In 2001, the State's Administrative Office of the Courts gained responsibility for all former municipal court employees. The following year, the lawmakers enacted the Trial Court Facilities Act which shifted the governance of California's 450 courthouse facilities from the counties to the State, completing unification of California's court system.

Sources: The California Constitution, Article VI, Section 6. Also, the Judicial Council of California, www.courtinfo.ca.gov.

Recommendation 2: To improve public safety and make the best use of correctional resources, the State must immediately implement evidence-based policies to reduce overcrowding and hold offenders accountable for improving themselves. Specifically, the State should:

- ***Re-invent parole.*** For determinately sentenced offenders, the State should eliminate parole and implement a system of post-release supervision for certain offenders based on a validated risk and needs assessment tool. Specifically, the State should:
  - ✓ Apply the greatest resources in post-release supervision to those offenders who pose the greatest risk of re-offending and who are the most serious, violent and dangerous.
  - ✓ Waive post-release supervision for certain low-risk offenders with no history of violence.
  - ✓ Provide opportunities for former offenders to earn discharge from supervision by maintaining employment, going to school, completing drug treatment or achieving other goals that reduce recidivism.
  - ✓ Authorize a grid of community-based sanctions, including jail, for offenders who violate the terms of post-release supervision.

Expanding Community-based Punishment Options

The State should reallocate resources to assist communities in expanding community-based punishment options for offenders who violate the terms of post-release supervision. Working with communities, the State should reallocate resources to establish a continuum of alternatives to prison, including electronic monitoring, day reporting centers, drug treatment, jail time and other community-based sanctions.

- ***Try offenders who commit new crimes.*** Offenders on post-release supervision who commit a new, serious crime should be charged and tried in court, and if found guilty, sentenced to a new term.

- ***Shift responsibility.*** The State should shift post-release supervision and responsibility, and accountability for offender reintegration, to communities. It should begin with three or four willing counties and develop agreements and provide funding for sheriffs or probation departments in those counties, in partnership with community agencies, to provide supervision, services and sanctions for parolees.

- ***Expand programs and create incentives for completing them.*** The State should expand programs that research shows reduce recidivism. As programs are increased, the State should establish incentives for offenders to participate, including:
  - ✓ Linking credits toward early release to completion of education and job training programs, as well as plans for a job and housing.

- ✓ Requiring inmates to make progress toward educational or drug treatment goals before becoming eligible for work assignments.

- ❑ ***Expand local capacity.*** The State should reallocate resources to assist counties in expanding local capacity including jail space, drug treatment programs, day reporting centers and other locally-based punishment options. The State also should reallocate resources to assist counties in expanding intensive probation as an alternative sanction to jail or prison and to enhance crime prevention.

- ❑ ***Expand the role of judges.*** Guided by an offender risk assessment tool prior to sentencing, judges should be empowered to set goals that offenders should achieve, whether they are put on probation or sentenced to jail or prison. Additionally, the State should assist willing counties in establishing reentry courts where judges oversee the reentry of selected offenders back to the community.

Judicial Empowerment

The State should give judges the authority to sentence offenders who would otherwise be headed to prison, to a community-based sanction. Judges should use a validated risk and needs assessment tool to identify these offenders. Intensive case management could be handled by probation. The State should reallocate funding equal to one-half the cost of state incarceration to pay for expanded services and probation at the local level. Judges should oversee the progress of the offenders in the assigned community sanctions.

Making Sense of Sentencing

California lacks a coherent criminal justice sentencing policy as well as a system of accountability for the impact of sentencing laws on public safety and correctional resources. Unlike many other states who rely on credible independent sentencing commissions to guide policy, California has created a haphazard jumble of sentencing laws enacted incrementally over three dozen years.

Critics often suggest that a sentencing commission is a code word for shorter sentences or for limiting correctional capacity. This is not supported by evidence in other states. Sentencing commissions frequently lead to longer terms, particularly for the most dangerous and serious offenders.

Sentencing commissions in both North Carolina and Virginia increased sentences for violent criminals. North Carolina increased sentences for violent crimes and simultaneously increased spending on probation and drug treatment programs to try to keep low-level offenders from becoming more dangerous. The result was a decrease in crime and savings of billions of dollars.[64] Virginia tripled sentences for some of the worst offenders, but also diverted low-level offenders to community-based punishment. The result also has been cost savings and a decrease in crime.[65]

Prior attempts to establish a sentencing commission in California have failed. These efforts and the lessons learned are summarized in Appendix E. But today, California faces unprecedented challenges and the momentum for establishing a sentencing commission is snowballing. Its time has come.

A sentencing commission does not mean a return to indeterminate sentencing and to the consequences that all stakeholders agree were unacceptable. The Determinate Sentencing Act, enacted 30 years ago, dramatically changed criminal sentencing in California. The law addressed egregious inequities that existed under California's indeterminate sentencing structure and put certainty in the sentencing process for most offenders. While this significant

"California sentencing policy is currently neither dynamic, nor grounded on a policy-making process that provides a thorough, balanced, and informed consideration of all of the relevant evidence and factors. Nor is the policy-making staffed by an independent, credible, professional non-partisan entity with the skills and ability to accurately forecast the fiscal, managerial and programmatic consequences of alternative policy decisions."

Honorable Richard Warren, former California Superior Court Judge, Scholar-in-Residence, Judicial Council of California and Project Director, National Sentencing Reform Project, National Center for State Courts. June 22, 2006. Written testimony to the Commission.

achievement brought necessary reform, it also produced significant unintended consequences that reduced public safety and laid the groundwork for the current corrections overcrowding crisis.

These public safety consequences include:

- ✓ The release of thousands of ill-prepared and often dangerous offenders into California communities every month.
- ✓ Over reliance on the most expensive sanction – state prison – instead of local correctional alternatives that could provide more effective and efficient punishment for many low-level offenders.
- ✓ The absence of incentives for offenders to improve themselves in prison or while on parole.

Complex and Confusing

What initially was a fairly straightforward determinate sentencing structure has been radically rewritten – law by law – over a 30-year span with no consistent or informed evaluation of the laws for their effect on public safety and the state treasury. Today, there are more than 1,000 felony sentencing laws and more than 100 felony sentence enhancements across 21 separate sections of California law.[66]

Impact of Sentencing Laws on Women

Women are the fastest growing segment of the California prison population. In a prison system as large as California's, it is easy to overlook the nearly 12,000 incarcerated women. The vast majority of female inmates are not a threat to public safety. Two-thirds were convicted of property or drug-related crimes. More of them have been victims of violent crimes than were convicted of violent crimes.

Like thousands of men, many of these women were caught by the sentencing laws enacted to catch violent drug dealers in the mid 80s. In 1980, nearly half of all women incarcerated in California had committed a serious crime against another person, while just 13 percent were convicted of a drug offense. Today, the percentage of women incarcerated for non-violent drug offenses is greater than the percentage incarcerated for crimes against persons. As a result, the State has four over-packed prisons filled primarily with nonviolent low-level female offenders.

The cost is immense. Each year, the State spends nearly a half a billion dollars for their incarceration alone. And because of their roles as mothers, the costs and consequences go far beyond the criminal justice system. Many of these women were single parents before their incarceration. Their children are either raised by other family members or are sent to the State's foster care system. Children who have incarcerated parents are more likely to follow the path of their parents and become the next generation of prisoners continuing the perpetual cycle.

In its 2004 report on women and parole policies, the Commission recommended that the State develop coherent strategies for female offenders. The State also should consider gender in its sentencing policy decisions.

Sources: CDCR. Weekly Report of Population as of Midnight January 3, 2007. Also, California Department of Corrections and Rehabilitation, Historical Trends 1985-2005 and Historical Trends 1980-2000. Also, U.S. Department of Justice, Bureau of Justice Statistics. April 1999. "Prior Abuse Reported by Inmates and Probationers."

Legal scholars have dubbed the incremental changes "drive-by" sentencing laws – often enacted as knee-jerk responses by lawmakers to horrific, high-profile and frequently isolated crimes. The result is a chaotic labyrinth of laws with no cohesive philosophy or strategy.

Some participants in the Little Hoover Commission's advisory committee process maintained that hundreds of sentencing laws and enhancements have been enacted to increase incarceration time, while others suggested that the only sentencing-related legislation enacted in the past decade increased "good time" credit, thereby shortening incarceration. Advisory committee members differed about whether longer sentences increase or decrease public safety. The advisory committee agreed that additional research and analysis in this area would be particularly useful to an informed discussion.

As a result, this Commission asked the Stanford Criminal Justice Center (SCJC) to analyze amendments to California's sentencing structure. The Stanford researchers focused solely on penal code amendments to sections 1170 and 12022, two of the more substantial sections of criminal justice sentencing code. They immediately found that a review of just these two sections was labor-intensive and time consuming. The final report states, "as most experts have already concluded, California's sentencing system is unbelievably complex and in dire need of simplification." The report also concluded:

1. There have been countless increases in the length of criminal sentences since the enactment of the Determinate Sentencing Act. The analysis of the two sections of penal code revealed 80 substantive increases in sentence lengths for specific crimes since the enactment of determinate sentencing.

2. Statutes also "increased" sentences in other ways. While the Legislature occasionally increased the number of years to be imposed upon conviction of a particular offense or imposition of a particular enhancement, it also frequently increased sentences by limiting the discretion of sentencing judges to make determinations with respect to the imposition, aggravation, or enhancement of a sentence.

The complete report, *Increases in California Sentencing Since the Enactment of the Determinate Sentencing Act*, is included as Appendix F. Although the focus of the review was limited due to time constraints, the work not only illuminates how many changes have been made to the Determinate Sentencing Act since 1976, but also the need for broader analysis of this and other sections of code containing sentencing laws.

Disparity Still Abounds...

Though determinate sentencing was designed to create uniformity, today sentences for similar crimes can vary significantly by county and by courtroom depending on the charges and enhancements filed by the district attorneys and the sentencing choices made by judges regarding probation, jail or prison. Outcomes for offenders also vary depending upon the availability of correctional resources at the local level, creating inequities along county lines. As a result, many offenders who could be more effectively punished at the local level are given the most expensive sanction – prison, at an annual cost of $36,000 per year.[67]

Judges also have discretion in determining strikes under the Three Strikes Law. As a result, similar crimes can produce wildly different sentences. Placer County Superior Court Judge Richard Couzens described to this Commission a hypothetical situation in which, under the State's current laws, a judge would have multiple sentencing options.[68]

Couzens presented the hypothetical case of a 40-year-old man with two prior felony convictions accused of stealing a $350 chainsaw from Sears. Upon finding the man guilty, a judge could:

a) Find the man guilty of a misdemeanor and sentence him to probation and local jail time;

b) Dismiss the two strikes from his record and sentence him to felony probation and local jail time;

c) Dismiss the two strikes and sentence him to a prison term of 16 months to 3 years;

d) Dismiss one strike and sentence him to a prison term of 2 years and 8 months to 6 years; or,

e) Issue a third strike and sentence him to a prison term of 25 years to life.

...But Rigidity Still Limits Discretion

While judges have discretion in sentencing many low-level offenders and in determining whether an offense counts as a strike, their flexibility is limited. The sentencing structure is far more rigid for the more serious crimes as well as for mandatory enhancements for firearms, gang affiliations and dozens of other conduct or status enhancements. The law treats many crimes alike, even when the circumstances of an individual case or the characteristics of the offender might warrant a different resolution that would better benefit victims and the community.

Additionally, California's sentencing laws can be inconsistent as new crimes or enhancements are added without consideration of larger policy goals and without coordination with other sentencing laws.

Release is Certain

One goal of the shift to determinate sentencing was to create certainty – both for victims and offenders – in the length of a prison sentence. Although it was a vast improvement over the ambiguity of an indeterminate sentence, the new law eliminated the incentive for inmates to participate in programs that could help them succeed in the community once released, as described in the previous chapter.

In testimony before this Commission, a victims' rights advocate stated that "determinate sentencing is dangerous since it expects nothing from the offenders."[69] And, because there is no hearing regarding the suitability for release, there also is no opportunity for victims to provide an impact statement or request special conditions for post-release supervision.[70]

From the SHU to the Street

The certainty of determinate sentencing also means that the State lacks a mechanism to prevent the release of violent and dangerous offenders once they have served their time. Each year, hundreds of offenders locked in the State's most restrictive cells, the secure housing units (SHU), who have been deemed too dangerous to participate in prison programs, are shackled and escorted by correctional officers to the prison door and then put on a bus bound for California communities.[71] They are ill-prepared for anything more than committing additional crimes and creating more victims.

Changes to restore incentives to participate in programs have been proposed by this Commission as well as by Governor Schwarzenegger's 2004 Corrections Independent Review Panel, by the Legislature and by others. As mentioned earlier in this report, one of the biggest hurdles has been the lack of program availability in prisons. Most experts agree that until the overcrowding issue is addressed, programs will be available only to a very limited portion of the inmate population. Despite this challenge, incentives can be built into the existing sentencing structure to improve public safety and offender outcomes.

A Lack of Accountability

As California grapples to find the resources to address prison overcrowding spawned by its sentencing and parole policies, no single entity can be held accountable for the failure to match resources with changes in laws and policies. The vast majority of the incremental sentencing laws that expanded crimes and enhanced sentences were put on the books in the 1980s and early 1990s by legislators and Governors who, for the most part, have long ago left the State Capitol.

Some stakeholders suggest that most, if not all, sentencing law changes were necessary responses to crime. They add that voters have supported lawmakers who enacted these measures. At the same time, however, the State has given low priority to planning and paying for facilities and staffing necessary to keep pace with the state's prison population growth. It is relatively easy for lawmakers to cast a vote for measures that appear tough on crime when they are not also required to allocate money to pay for the costs of those measures. In the same manner, ballot initiatives that increase sentence lengths have not queried voters as to whether they prefer cuts in other government services or new taxes to pay for the resulting increase in the prison population and other correctional costs.

Sentencing Commissions Guide Decisions in Other States

Confronted by similar policy challenges, nearly two dozen other states developed sentencing commissions to enact or recommend sentencing laws and guidelines. Many of these states not only were confronting overcrowding and fiscal challenges, they also had indeterminate sentencing structures and the inequities that frequently accompany those systems. For many of these states, the first order of business for the sentencing commission was to review sentencing practices and establish sentencing guidelines, either mandatory or voluntary.

"The experience of many states has shown that sentencing commissions are emerging as the most successful modern governmental institution to prevent or cure the kind of correctional crisis that California now faces."

Kara Dansky, Executive Director, Stanford Criminal Justice Center. Written testimony to the Commission. August 24, 2006.

In the best models, a sentencing commission sets guidelines that provide an overarching framework consistent with policy goals, while allowing judicial discretion and appellate court review of sentences that depart from the guidelines.[72] Minnesota was the first state to establish guidelines and its sentencing commission is frequently used as a model. There are, however, several key variances among the two dozen states with sentencing guidelines and sentencing commissions.[73]

The underlying goals for the majority of states that have established sentencing commissions or adopted guidelines have been:

- ✓ To improve public safety by preventing the premature release of dangerous offenders.
- ✓ To make sentencing more uniform and reduce disparity.
- ✓ To promote more rational policy formation that is at least somewhat insulated from political pressure.
- ✓ To develop data for informed resource management decisions.

States that use the knowledge and analysis of sentencing commissions have been able to improve long-term forecasting and management of correctional resources. These states have benefited from accurate computer simulations of the impact of sentencing law changes on prison resources and the budget. States aided by this kind of data and analyses

Overview: Sentencing Guidelines and Commissions

In 1980, Minnesota pioneered the guideline-setting sentencing commission structure. Minnesota's sentencing commission was tasked by the Legislature with developing sentencing guidelines that would go into effect unless voted down by the Legislature. Minnesota's sentencing commission specifies presumptive sentences through legally binding guidelines. The guidelines, however, also authorize and invite substantial trial court discretion to deviate from presumptive sentences in cases with extraordinary circumstances. When judges deviate from the presumptive sentence, they must explain for the record why they deviated from the guidelines and there is an appellate review mechanism for these cases.

In written testimony to the Commission, Anoka County Attorney Robert M.A. Johnson said that the primary goals of the commission "are to assure public safety, promote uniformity in sentencing, promote proportionality in sentencing, provide truth and certainty in sentencing, and coordinate sentencing practices with correctional resources." Since the 1980 Minnesota model was enacted, a permanent sentencing commission overseeing and setting sentencing guidelines has been emulated with adaptation by nearly two dozen other states.

Sentencing guidelines have been adopted in 18 states and a half-dozen other states are considering adopting guidelines. Several states, including Connecticut, Maine, Texas, Colorado, Nevada, New York and Montana, considered guidelines and chose not to adopt them. In seven states, sentencing guidelines are voluntary and are not subject to the appellate process. In some of these states, judges are required to give reasons for departing from the guidelines. Because of this, compliance rates in voluntary guideline states are often quite high.

Fourteen of the guideline states have permanent sentencing commissions; four do not. Alaska had a temporary commission in the early 1990s, and the guidelines developed in Florida and Michigan were written by sentencing commissions that were later abolished. New Jersey created a temporary commission in 2004 and is currently evaluating whether or not to make the commission permanent. Some states have sentencing commissions, but have not adopted sentencing guidelines. In all, 21 states have sentencing commissions. Most sentencing commissions include judges, prosecutors, defense attorneys, corrections officials, academics, public members and sometimes legislators. In all states with permanent sentencing commissions, the commission (or occasionally another state agency) performs the critical assessments of the impact of proposed sentencing guidelines and statutes on resources.

Richard S. Frase. May 2005. *State Sentencing Guidelines: Diversity, Consensus and Unresolved Policy Issues.* Columbia Law Review. Volume 105, Number 4. Pages 1190-1232. Also, United States Sentencing Commission and National Association of State Sentencing Commissions Web site. Accessed July 31, 2006. www.ussc.gov/states/nascaddr.htm.

are able to more easily set policy priorities and make fiscal forecasts whenever guidelines, amended guidelines or new punishment laws are proposed or enacted. In these states, legislators and other policy-makers know, with reasonable precision, the cost of a change in penalties for crime. Armed with this data, most states with sentencing commissions have reduced overall crime rates by increasing penalties for the most dangerous offenders and expanded options for community-based sanctions for certain low-level, nonviolent offenders.[74]

In California, CDCR provides inmate population projections. While its short-term forecasts – two years or less – have been reasonably accurate, the long-term projections have been significantly less accurate. In a 2005 assessment of the inmate projection process, the Bureau of State Audits found the department's projection unit used subjective variables and that its credibility has been diminished by its lack of independence.[75]

Two of the most respected sentencing commissions, particularly in the area of providing credible unbiased data, are the North Carolina Sentencing and Policy Advisory Commission and the Virginia Criminal Sentencing Commission.

North Carolina Sentencing and Policy Advisory Commission. The North Carolina Sentencing and Policy Advisory Commission was created in 1990 to bring certainty and rationality to a system in which incarcerated felons were serving just a fraction of their sentences and the public confidence in the criminal justice system had seriously eroded. It took three years of political wrangling, but ultimately the commission developed a structured sentencing system that was reviewed, amended and adopted by the North Carolina General Assembly. The system set sentencing guidelines based on the crime committed and the prior record of the offender and also expanded community-based sanctions. The reform eliminated early release to parole but included mandatory post-release supervision for certain offenders. As a result of the reform, violent offenders sentenced after 1993 serve much longer sentences. To accommodate the increased length of incarceration for violent offenders, the state developed and adequately funded alternative sanctions for non-violent, non-repeat offenders. Since the passage of the structured sentencing law, the 30-member commission continues to advise the Legislature on sentencing policy by providing correctional resource assessments and annually providing prison population projections.[76]

Virginia Criminal Sentencing Commission. The Virginia Criminal Sentencing Commission was created during a politically tumultuous time that demanded tougher penalties for violent felons. After a successful, come-from-behind gubernatorial campaign that prominently touted

longer sentences for violent offenders and abolishing parole, then newly-elected Governor George Allen established a Commission on Parole Abolition and Sentencing Reform. The commission included Republican and Democratic legislators, prosecutors, judges, crime victims, law enforcement and legal scholars. Additionally, the commission had access to a fully-staffed and highly trained group of social scientists who served in Virginia's Criminal Justice Research Center. These experts had doctoral degrees in criminology, government, psychology and statistics. Additionally the center had developed one of the nation's most detailed databases on convicted felons. The center's research showed that Virginia's criminal justice system did not efficiently use incarceration to protect public safety and that Virginia incarcerated older, non-violent offenders much longer than younger, violent offenders. Based on the research, the commission developed voluntary sentencing guidelines that resulted in violent and younger offenders serving longer prison terms, abolished parole release and replaced it with post-release supervision for certain offenders and expanded alternative sanctions and intermediate punishment programs. The sentencing commission became permanent, and its 17 members were charged with administering the guideline system and annually making sentencing law revisions which take effect if the Legislature takes no action to override the revisions. Additionally, the commission was charged with developing a risk assessment tool for low-level non-violent offenders to be used by judges at sentencing to divert these offenders to community-based sanctions.[77]

These states are "tough on crime," much more so than California. And in

Data Collection and Analysis

A critical responsibility of most sentencing commissions is to provide credible, nonpartisan data analysis to policy-makers. In many states, sentencing commissions provide accurate forecasts and computer simulations of the effect of sentencing laws on correctional resources. In these states, policy-makers know, with reasonable precision, the cost of a change in penalties for crime. Data elements for individual offenders often include:

- Offense type and most serious offense
- Drug or weapon use
- Sentencing type and length
- Total number of convictions
- Concurrent or consecutive sentence
- Treatment ordered
- Fines, fees, victim compensation, restitution
- Mitigating and aggravating circumstances
- Prior criminal history
- Offender demographics
- Length of time served
- Recidivism

Sources: Kevin Reitz, Reporter, Model Penal Code Revision Project. June 16, 2006. American Law Institute. Richard P. Kern, Ph.D., Director, Virginia Criminal Sentencing Commission. David Wright, former Director of Research, Oklahoma Criminal Justice Resource Center. "So You Want to Direct Sentencing Commission Research?" August 14, 2006. Web site accessed December 6, 2006. http://correctionssentencing.blogspot.com/2006/08/so-you-want-to-direct-sentencing.html.

these states, tough on crime does not equate to tough on tax coffers. Crime rates in many of these states have declined more quickly than in California as a result of the states' willingness to evaluate sentencing policies and promote cost-effective, evidence-based correctional policies.

Not all sentencing commissions have been successful. Usually the commissions that have dissolved or been abolished lacked either judicial or political support, or both. Some commissions that are now defunct were created as temporary commissions and were dissolved once sentencing guidelines were developed. Experts agree that the best commissions are permanent as the commission's knowledge base is required to evaluate and monitor sentencing policy over time.[78]

Dissolved or Abolished Sentencing Commissions

Several states established temporary sentencing commissions or abolished permanent commissions, and California can benefit from the lessons learned in these states as well as from the states that have had successful commissions.

The South Carolina Sentencing Guideline Commission was established as a temporary commission charged with recommending sentencing guidelines to the legislature. However, the judiciary in the state opposed the creation of the commission and, as a result, its recommendations were not enacted by the legislature. New York also had a temporary commission and its guidelines also were not enacted by the legislature.

In Michigan, the Supreme Court established sentencing guidelines based on sentencing practices of trial courts. Wanting to take a more active role in sentencing policy, the Michigan legislature established the Michigan Sentencing Commission in 1994. The Michigan Sentencing Commission recommended guidelines that were enacted by the legislature in 1998. The commission stopped meeting after it developed the guidelines and the legislature took over responsibility for evaluating, monitoring and amending the guidelines. Experts suggest that the commission dissolved prematurely due to the lack of political support from the legislature.

Florida's sentencing guidelines originally were established through its judicial branch. The chief justice of the Florida Supreme Court directed a research team to develop guidelines that would be tied to existing practices and have little impact on resources, but would reduce sentencing disparities. By the early 1980s, both the legislature and the governor became more interested in sentencing policy and created the Florida Sentencing Guidelines Commission within the state's department of corrections. With the commission's assistance, lawmakers enacted increasingly tough sentences, particularly for drug crimes. The inmate population quickly increased, prisons became severely overcrowded and the federal courts took control, imposing a population cap. As a result of the mandatory minimums used to incarcerate drug offenders, the courts were unable to shorten sentences for these offenders and instead were forced to reduce sentences for more violent and serious offenders. As a result of this fiasco, the sentencing commission was abolished.

Sources: Little Hoover Commission. January 1994. "Putting Violence Behind Bars: Redefining the Roles of California's Prisons." p. 18, citing Michael Tonry. July 1991. "The Politics and Processes of Sentencing Commissions," Crime and Delinquency. Also, Kara Dansky. Executive Director, Stanford Criminal Justice Center. August 24, 2006. Written testimony to the Commission. Also, Richard P. Kern, Director, Virginia Criminal Sentencing Commission. January 12, 2006. Personal communication.

Current National Reform Efforts

Efforts to reform sentencing laws are part of a broader campaign to change the nation's correctional policies, a campaign fueled by critics of the status quo. They maintain the correctional system in the United States is overly reliant on incarceration, negating alternatives that could enhance public safety and protect public resources.

American Law Institute Model Penal Code Revision

In 2002, the American Law Institute (ALI) dedicated itself to the first-ever revision of the Model Penal Code's provisions to sentencing, established in 1962. Established in 1923, ALI is a national organization of elected judges, attorneys and law professors that works to "promote the clarification and simplification of the law and its better adaptation to social needs."[79] ALI members recognized a need to reduce U.S. incarceration and recidivism rates. In a 2006 draft report, ALI members recommended that state legislatures take the "administrative model approach" to sentencing reform and establish "permanent sentencing commission(s) with the authority to promulgate sentencing guidelines."[80] According to ALI members, states with sentencing commissions achieve greater consistency in the application of law, are able to make more accurate predictions of sentencing patterns and enjoy improved information about how the sentencing system operates.[81]

The Justice Kennedy Commission

One of the most talked about sentencing and criminal justice reform efforts in recent years has been the work done by the American Bar Association's Justice Kennedy Commission. The commission formed shortly after a speech by U.S. Supreme Court Justice Anthony Kennedy at the American Bar Association's annual meeting in 2003 in which he highlighted significant failings of the modern criminal justice system, including the record-high number of people in prison, the disproportionate impact of incarceration on minorities and the lack of judicial discretion in sentencing. Kennedy challenged ABA members to study and address these issues.

On August 9, 2004, the ABA adopted the recommendations of the Justice Kennedy Commission outlined in its final report[82]. On sentencing, the commission recommended that the ABA lobby state and federal lawmakers to:

a) Repeal mandatory minimum sentences;

b) Require sentencing courts to state the reason for increasing or reducing a sentence and allow appellate review of such sentences;

c) Consider diversion programs for less serious offenses;

d) Give greater authority and resources to an agency responsible for monitoring the sentencing system; and,

e) Develop graduated sanctions for violations of probation and parole.

Cunningham v. California

On January 22, 2007, the U.S. Supreme Court ruled that California's determinate sentencing structure violated a defendant's right to a trial by jury. The Supreme Court had heard arguments in the fall of 2006 on the *Cunningham v. California* case that alleged California's determinate sentencing law violated the Sixth and Fourteenth Amendments by permitting judges to impose enhanced sentences based on facts not found by the jury. Specifically, the Cunningham case focused on the State's triad sentencing structure which provides judges three options for sentencing, a middle or presumptive term, an aggravated term or a mitigated term. For example, a first degree burglary charge could result in a sentence of two, four, or six years in prison.[83]

The Supreme Court found that "because the Determinate Sentencing Law allocates to judges sole authority to find facts permitting the imposition of an upper term sentence, the system violates the Sixth Amendment."[84] The Cunningham case is similar to *Blakely v. Washington*, in which the Court ruled that juries – not judges – must find virtually all facts that increase a defendant's sentence.

As a result of the Cunningham ruling, California must adjust the application of the Determinate Sentencing Law. The Supreme Court suggested that juries could be called upon to find any fact that would lead to an elevated sentence or the State could allow judges discretion in sentencing within the entire range of the existing triad.[85] While these or other possible modifications to make the Determinate Sentencing Law constitutional may not result in a major overhaul of the State's sentencing system, it certainly provides another impetus to evaluate the State's sentencing laws.

Moving Forward in California Sentencing Reform

In its public meetings, this Commission heard from a diverse group of stakeholders who agreed that the State needs to re-evaluate its

sentencing policies. They expressed the belief that this effort could best be performed by an independent entity that could rise above the usual political obstacles that have blocked prior attempts to improve sentencing law. These stakeholders, listed in Appendix B of this report, took the additional step of agreeing to support legislative efforts to implement this concept.

Functions of a Sentencing Commission

Stakeholders in this Commission's advisory committee meetings agreed that the functions of a California sentencing commission should be to:

- Collect offender data and conduct ongoing cost and population projects.
- Serve as an independent resource for the Legislature, charged with analyzing the impact on correctional resources of alternative sentencing and correctional policy options.
- Develop a classification system based on a risk assessment for all offenders in the State's correctional system that judges could use at the time of sentencing.
- Examine the relationship between state and local governments and conduct a thorough assessment of corrections infrastructure and programming needs.
- Educate the public on California's correctional and sentencing system.

Composition of a Sentencing Commission

Governor Schwarzenegger, in his corrections reform plan released in December 2006, included a recommendation that the State establish a 17-member sentencing commission, to include the Attorney General, the CDCR Secretary, and 15 members appointed by the Governor, including

Strengths and Weaknesses of Sentencing Commissions

In a 2006 national survey of state chief justices and court administrators, nineteen states with sentencing commissions responded to questions regarding the strengths and weaknesses of sentencing commissions. The two most common strengths were that all components of the criminal justice system were represented on the commission and that the commission provided reliable, trustworthy data allowing for information-based decision-making and credibility. The most frequently mentioned weaknesses were membership composition issues – either the absence of key stakeholders or that the diversity of the commission made it difficult to reach consensus. Additionally, the survey respondents noted that commissions serving in an advisory capacity suffered from a lack of authority.

Source: National Center for State Courts. August 2006. "Getting Smarter About Sentencing: NCSC's Sentencing Reform Survey."

legislators, a state judge, and representatives from law enforcement and crime victim groups. The Governor indicated that re-evaluating the purpose and nature of parole would be a priority for the commission. The Governor's 2007-08 Budget proposed $457,000 from the General Fund to establish a sentencing commission within CDCR.[86]

In January 2007, Senator Gloria Romero introduced a bill, SB 110 to create "a balanced, nonpartisan, independently staffed sentencing commission charged with the responsibility of collecting and analyzing sentencing and other corrections data, developing statewide sentencing and corrections policies, and achieving uniformity in our sentencing practices."[87] Also in January 2007, Assemblymember Sally Lieber introduced AB 160 which creates a sentencing commission based on successful models from other states. Additionally, a working group convened by the California Correctional Peace Officers Association, and that includes many members from this Commission's Sentencing Advisory Committee, plans to sponsor legislation to create a sentencing commission.

Membership of a Sentencing Commission

The American Law Institute in its Model Penal Code revision draft provides the following template for the composition of an 11-member sentencing commission:

- 3 members from the state's judicial branch
- 2 members from the state legislature
- 1 district attorney
- 1 criminal defense attorney
- 1 representative from probation or parole
- 1 academic with experience in criminal justice research
- 1 public member

An alternative template doubles the membership from the first template and includes suggested appointing powers:

- 1 chief justice of the supreme court or designee
- 4 judges appointed by the chief justice
- 4 members from the legislature appointed by the majority and minority leader of both houses
- 1 director of the corrections department
- 2 district attorneys
- 2 criminal defense attorneys including at least one public defender
- 1 probation official
- 1 parole or reentry official
- 1 chief of police
- 1 representative of local government
- 1 academic with experience in criminal-justice research
- 3 members of the public, one of whom shall be a crime victim and one of whom shall be a rehabilitated former state prisoner

Source: Kevin R. Reitz, Professor, University of Michigan and Reporter, The American Law Institute, Model Penal Code Revision Project. June 22, 2006. Written testimony to the Commission. The American Law Institute. Model Penal Code: Sentencing. April 17, 2006. P. 48-50

Twenty-one states have active sentencing commissions. Membership varies by state, but ranges from a low of nine members in Arkansas and Oregon to a high of 31 members in Ohio.[88] While experts agree it is usually better to keep sentencing commissions small, advisory committee members generally agreed that California would require a sentencing commission large enough to include a diverse group of stakeholders appointed by the Governor, the Legislature and the Judiciary.

The American Law Institute draft report on sentencing recommends that states establish a sentencing commission, but does not recommend a specific composition as each state will have to adapt existing models to meet their own unique characteristics and political realities, although the report does include two templates. Most importantly, the ALI report states that a sentencing commission include "qualified persons to help drive a process of ongoing knowledge development, consensus-building, innovation, self-awareness and self-correction."[89]

Experts assert that a sentencing commission in California will need to be different than models in other states. It needs to be original and creative and should include a geographically and philosophically diverse group of leaders who have been successful in their chosen fields. Another model to consider is the University of California Board of Regents.

University of California, Board of Regents

The University of California is governed by The Regents, which under the California Constitution has "full powers of organization and governance" subject only to very specific areas of legislative control. The Constitution states that "the university shall be entirely independent of all political and sectarian influence and kept free therefrom in the appointment of its Regents and in the administration of its affairs."

The Board of Regents was established in 1878 after a decade of political conflict demonstrated the importance of sheltering the university from shifting political winds. The board consists of 26 members:

- 18 regents are appointed by the Governor for 12-year terms
- One is a student appointed by the Regents to a one-year term
- Seven are ex officio members -- the Governor, Lieutenant Governor, Speaker of the Assembly, Superintendent of Public Instruction, president and vice president of the Alumni Associations of UC and the UC president.

In addition, two faculty members – the chair and vice chair of the Academic Council – sit on the board as non-voting members.

The current membership includes leaders with diverse backgrounds including investment banking, law, mass media, government, medicine, high tech, and real estate.

Source: University of California Regents Web site: http://www.universityofcalifornia.edu/regents/about.html. Accessed January 12, 2006.

Recommendation 3: California should establish a sentencing commission to guide the State's criminal justice sentencing policies to enhance public safety. Specifically, the sentencing commission should be:

- ***Protective.*** The Governor and the Legislature should establish a sentencing commission whose primary goal should be to enhance public safety and use public resources wisely. A sentencing commission is not a vehicle to revisit indeterminate sentencing, but a way to ensure sentencing laws match sentencing goals. Consideration should be given to successful strategies of sentencing commissions in other states.
- ***Independent.*** The sentencing commission should be permanent and independent from all branches of government with dedicated funding to support a small staff that would include criminologists, statisticians, legal experts and policy advisors.
- ***Diverse.*** The sentencing commission should be geographically and culturally diverse and its members must have demonstrated leadership capabilities. Members could include judges, district attorneys, public defenders, local law enforcement officials, academic experts, including an expert in gender responsive strategies for female offenders, victims' rights representatives, correctional leaders, former offenders or families of offenders and members of the public.
- ***Authoritative.*** The sentencing commission should have the authority to develop sentencing guidelines, as well as post release supervision and revocation guidelines that become law unless rejected by a majority vote of the Legislature.
- ***Data-oriented.*** The sentencing commission should be the State's clearinghouse for all sentencing and offender data. Policy-makers should immediately task and fund one or more California universities to perform this function for the commission.
- ***Accountable.*** The sentencing commission should assess all proposed sentencing law changes for their potential effect on criminal justice policies and correctional system resources.

Link Sentencing Laws to Fiscal Appropriations

In Virginia, all sentencing changes proposed by lawmakers are evaluated by the Virginia Criminal Sentencing Commission that projects the effect on correctional resources and any additional costs. All proposed laws are given a price tag based on the commission's analysis. When sentencing laws pass the public safety committee, Virginia lawmakers must go before the appropriations committee to identify cuts in other government services or increases in revenue to pay for the new law.

California lawmakers proposing changes to sentencing laws that increase correctional costs should be required to tie fiscal appropriations to the proposed laws. Additionally, ballot initiatives that change sentencing laws should be assessed by the sentencing commission to project correctional resource requirements so that voters could better understand the fiscal implications of new sentencing law.

Source: Richard P. Kern, Director, Virginia Sentencing Commission. August 24, 2006. Testimony to the Commission.

Conclusion

"Our prison system is a powder keg. It poses a danger to the prisoners, a danger to the officers... and a danger to the well-being of the public," Governor Schwarzenegger proclaimed in his January 2007 State of the State address. Policy-makers from both sides of the aisle and correctional experts across the nation agree with this assessment.

The Governor and the current Legislature alone did not create the problem – California's leaders have neglected the correctional system for decades.

But never before has the need to resolve the crisis been so imperative. As California policy-makers failed to address the correctional crisis, federal courts stepped in to fill the leadership void. The State ceded control of its inmate medical system to a federal receiver. A new lawsuit could hand the keys to the prison gates over to a panel of federal judges who could decide who stays in and who gets released.

The Governor and the Legislature must act before that happens. Decisions should be made by California lawmakers, not the federal government. A federal judge has given California until June 2007 to make progress.

In 2006, the Governor and the Legislature showed Californians they could work together on contentious issues. They must do the same for the prison crisis. The situation is intimidating, but not hopeless.

The solutions for the crisis are clear. But policy-makers must flex their political muscles and do the heavy lifting required to move ahead. This Commission has concluded this is the best alternative. If policy-makers do not take swift and decisive action, they should appoint an independent entity that will.

Policy-makers must manage the correctional population. To do this, capacity may need to be expanded, particularly at the local level. But, the State should not settle for simply building more cells. It has done that for nearly two decades and the State is still in a crisis.

Immediate solutions to address the overcrowding are summarized below. Some are policy choices that can be implemented immediately, while others require legislative action.

The State also must look at the correctional horizon. It must analyze its sentencing policies and set priorities for who it wants to punish and how. To do this, the State must follow the trail blazed by nearly two dozen other states and establish an independent sentencing commission.

The sentencing commission must gather data and provide a credible independent analysis of California's correctional population. Armed with knowledge, the sentencing commission should assist the State – before it embarks on another prison building boom – in identifying what correctional resources are needed to achieve the greatest public safety.

Immediate Opportunities to Address Overcrowding

► **Expand the use of furloughs.** Current law allows certain low-level offenders to be released to community-based facilities 120 days prior to their parole date. CDCR should expand its use of work and drug treatment furloughs.

► **Expand community-based corrections for female offenders.** The Legislature should authorize CDCR's plan to move 4,500 low-level non-violent female offenders to community-based facilities.

► **Waive parole.** Existing law provides that CDCR can waive parole. CDCR should waive parole for offenders who pose no threat to public safety.

► **Expand earned discharge.** As currently allowed by law, the State should discharge low-risk offenders who have successfully completed one year on parole. Additionally, the Legislature should enact incentives for earned release for parolees who successfully achieve goals or complete programs, similar to the earned release established in 2006 by SB 1453.

► **Expand the San Diego Reentry Project.** Continue to implement the San Diego Reentry Project authorized in 2005 by SB 618 and expand the pilot project to other counties.

► **Empower judges.** Enact legislation enabling judges to identify and direct offenders otherwise bound for prison into community-based sanctions and reallocate funding to pay for this.

The Commission's Study Process

The Commission has examined the correctional system five times in the past dozen years. In 1994, the Commission assessed the State's overall correctional policies and in 1998, reviewed the overcrowding problem. In 2004, the Commission reviewed the State's parole policies and the following year reviewed the effect these parole policies have on female offenders. Most recently, in 2005, the Commission reviewed the Governor's plan to reorganize the Youth and Adult Correctional Agency to fold it into the newly created California Department of Corrections and Rehabilitation.

The majority of the Commission's recent recommendations focused on improving prison and parole policies. The Commission studied sentencing policies in its 1994 review. It also consulted experts on sentencing during its 2003 assessment of parole, but did not embark on a study at that point in time. Given the national efforts in sentencing reform, the decades of experience available from other states and the current correctional crisis in California, the Commission in 2006 decided to again review sentencing policies as a critical element of overall correctional policies. The Commission's goal was to provide well-researched recommendations to policy-makers for reforming California's sentencing structure that, in conjunction with reforms in prison programs and parole policies, will improve public safety and control spiraling costs.

When the Commission reviewed the Governor's reorganization plan in 2005, it recommended that the Legislature allow the plan to take effect, but also committed itself to oversight of the progress of the reorganization.

This report is the result of the convergence of these efforts – the Commission's review of the State's criminal justice sentencing policies and its ongoing correctional oversight effort.

As part of its study process for this report, the Commission held four public hearings. The first two hearings focused on sentencing reform. The Commission received testimony from national experts on sentencing, leaders from other states who had implemented sentencing reforms and established sentencing commissions, judges, the California District Attorneys Association, a victims rights advocate, legal scholars from the

Administrative Office of the Courts, the Attorney General's office and Stanford University, local law enforcement, the president of the correctional officers union, former offenders and family members of current inmates.

The third hearing was designed to provide an update on the progress of the reorganization effort. The Commission heard from the current and former secretaries of CDCR, legislators dedicated to corrections oversight and reform, local law enforcement and the president of the correctional officers union. The fourth hearing examined correctional management structure. The Commission heard from the court-appointed receiver overseeing the inmate medical system, a prisoner rights lawyer, an correctional management expert and former correctional director, and an expert in corporate turnaround. Witnesses invited to participate in the Commission's public hearings are listed in Appendix A.

The Commission convened a sentencing reform advisory committee comprised of diverse stakeholders impacted by the State's sentencing policies. The advisory committee met three times. Advisory committee members are listed in Appendix B.

Finally, as part of the oversight effort, the Commission held two round table discussions on juvenile justice and parole policies to explore in greater detail the progress that had been made since the reorganization, the barriers to progress and what it will take to overcome those barriers. Participants from those meetings are listed in Appendix C.

All written testimony submitted electronically for each of the four hearings and this report are available online at the Commission Web site, http://www.lhc.ca.gov/lhc.html.

Appendices & Notes

✓ *Public Hearing Witnesses*

✓ *Advisory Committee Members*

✓ *Roundtable Meeting Participants*

✓ *Prior Recommendations*

✓ *History of Sentencing Commission Proposals in California*

✓ *SCJC – Increases in California Sentencing Since the Enactment of the Determinate Sentencing Act*

✓ *Dissenting Opinion*

✓ *Notes*

Appendix A

Little Hoover Commission Public Hearing Witnesses

Witnesses Appearing at Little Hoover Commission Public Hearing on Sentencing Reform, June 22, 2006

Kevin R. Reitz, Professor of Law, University of Minnesota, and Reporter, the American Law Institute, Model Penal Code Revision Project

Roger K. Warren, Scholar-in-Residence, Judicial Council of California, Administrative Office of the Courts and Project Director, National Sentencing Reform Project, National Center for State Courts

Joshua Weinstein, Senior Attorney, Judicial Council of California, Administrative Office of the Courts and Staff to the Criminal Law Advisory Committee

Les Kleinberg, Special Assistant Attorney General, Legislative Affairs, Office of the Attorney General

Sharon J. English, Crime Victim Rights and Services Advisor

Gregory D. Totten, Ventura County District Attorney and Member of the Board of Directors, California District Attorneys Association

Mike Jimenez, President, California Correctional Peace Officers Association

Witnesses Appearing at Little Hoover Commission Public Hearing on Sentencing Reform, August 24, 2006

Thomas W. Ross, Executive Director, Z. Smith Reynolds Foundation; former Chair, North Carolina Sentencing and Policy Advisory Commission; and, former Director, North Carolina Administrative Office of the Courts

Robert M. A. Johnson, Anoka County Attorney, Minnesota

Richard P. Kern, Ph. D, Director, Virginia Criminal Sentencing Commission

Kara Dansky, Executive Director, Stanford Criminal Justice Center

Steven Z. Perren, Judge, California Court of Appeal, Second District

J. Richard Couzens, Judge, Placer County Superior Court

Joseph A. Gunn, Executive Director, Independent Review Panel on Corrections

Witnesses Appearing at Little Hoover Commission
Public Hearing on Correctional System and Sentencing Reform, October 26, 2006

James E. Tilton, Secretary, California Department of Corrections and Rehabilitation

Senator Jackie Speier, Chair, Senate Select Committee on Government Cost Control

Senator Gloria Romero, Chair, Senate Select Committee on the California Correctional System

Roderick Q. Hickman, Public Sector Management and Consultant, XRoads Solutions Group, LLC, and former Secretary, California Department of Corrections and Rehabilitation

Sheriff Leroy D. Baca, County of Los Angeles

James R. Milliken, Judge (Retired), San Diego Superior Court

Tim Silard, Assistant District Attorney, City and County of San Francisco, on behalf of Kamala Harris, District Attorney, City and County of San Francisco

Mike Jimenez, President, California Correctional Peace Officers Association

Witnesses Appearing at Little Hoover Commission
Public Hearing on Corrections Oversight – Management Structure, November 16, 2006

Robert Sillen, Court-appointed receiver overseeing prison medical care (*Plata v. Schwarzenegger)*

Donald Spector, Director, Prison Law Office

Reginald Wilkinson, Ph. D, former Director, Ohio Department of Rehabilitation and Correction, and Chair, National Institute of Corrections Advisory Board

Dennis Simon, Managing Principal, XRoads Solutions Group, LLC

Appendix B

Little Hoover Commission Advisory Committee on Sentencing Reform

Barbara Bloom, Associate Professor, Criminology and Criminal Justice Department, Sonoma State University

Susan Burton, Executive Director, A New Way of Life Foundation

Marci Coglianese, Co-Chair, The Family Council

Cathy Coyne, Legislative Analyst, California State Sheriffs' Association

Kara Dansky, Executive Director, Stanford Criminal Justice Center

Pam Douglas, Director, Corrections Institute of America

Charlie Fennessey, Principal Consultant, Office of Senator Charles Poochigian

Susan Fisher, Governor's Crime Victims Advocate, Office of the Governor

James Fox, District Attorney, San Mateo County

Mike Jimenez, President, California Correctional Peace Officers Association

Greg Jolivette, Director, Criminal Justice, Legislative Analyst's Office

J. Clark Kelso, Director, Capital Center for Government Law & Policy

Les Kleinberg, Special Assistant to the Attorney General, Office of the Attorney General, State of California

David LaBahn, Executive Director, California District Attorneys Association

Jim Lindburg, Legislative Advocate, Friends Committee on Legislation of California

John Lum, Public Policy Coordinator, Coalition for Effective Public Safety, and Californians United for a Responsible Budget

Dan Macallair, Executive Director, Center on Juvenile & Criminal Justice

Jerome McGuire, Counsel, Senate Public Safety Committee

Steven Meinrath, Counsel, Senate Public Safety Committee

Greg Pagan, Chief Counsel, Assembly Public Safety Committee

Joan Petersilia, Director, Center for Evidenced Based Corrections, University of California, Irvine

Dale Rickter, Co-Chair, The Family Council

Cory Salzillo, Senate Republican Policy Consultant

Tim Silard, Assistant District Attorney, City and County of San Francisco

Norma Suzuki, Executive Director, Chief Probation Officers of California

Steve Szalay, Executive Director, California State Sheriffs' Association

Jeffrey Thoma, Solano County Public Defender

Joshua Weinstein, Senior Attorney, Judicial Council of California, Administrative Office of the Courts

Appendix C

Little Hoover Commission Corrections Oversight Project

Roundtable Discussions on Parole Reform and Juvenile Justice Participants, November 15, 2006

Robert Ambroselli, Parole Administrator, California Department of Corrections and Rehabilitation

Alison Anderson, Chief Counsel, Senate Public Safety Committee

Michael Bien, Managing Partner, Rose, Bien & Galvan, LLP

Sue Burrell, Staff Attorney, Youth Law Center

Charlie Fennessey, Principal Consultant, Office of Senator Charles Poochigian

Cindie Fonseca, Educator, California Department of Corrections and Rehabilitation, Bargaining Unit 3, Service Employees International Union Local 1000

Joshua Golka, Government Relations Advocate, Service Employees International Union Local 1000

Thomas Hoffman, Director, Division of Adult Parole Operations, California Department of Corrections and Rehabilitation

Steve Krull, Chief of Police, Livermore Police Department

Dan Macallair, Executive Director, Center on Juvenile & Criminal Justice

Jerome McGuire, Counsel, Senate Public Safety Committee

Steven Meinrath, Counsel, Senate Public Safety Committee

John Monday, Acting Executive Director, Board of Parole Hearings

Gary Olson, Assembly Republican Consultant

Greg Pagan, Chief Counsel, Assembly Public Safety Committee

Karen Pank, Executive Director, Chief Probation Officers of California

Cory Salzillo, Senate Republican Policy Consultant

Del Sayles-Owen, Director, Division of Community Partnerships, California Department of Corrections and Rehabilitation

Elizabeth Siggins, Chief for Juvenile Justice Policy Division, California Department of Corrections and Rehabilitation

Melinda Silva, Parole Agent, California Department of Corrections and Rehabilitation

David Steinhart, Executive Director, Commonweal Juvenile Justice

Bernard Warner, Chief Deputy Secretary for Juvenile Justice, California Department of Corrections and Rehabilitation

Appendix D

To Improve California Corrections and Manage Inmate Population

Blue Ribbon Commission	Independent Review Panel	Little Hoover Commission	National Council on Crime and Delinquency
		Establish a sentencing commission...	
Enact a Sentencing Law Revision Commission to review the impacts of existing or revised sentencing laws, establish sentencing guidelines and expand intermediate sanctions for adult and juvenile offenders.	Charter a Commission with appropriate members to develop a presumptive sentencing model for non-second and third strike crimes.	Create a sentencing commission in California by action of the Governor and the Legislature or by ballot initiative. Pattern it after successful models in other states.	Enact a sentencing policy commission to review the current determinate sentencing law, issue sentencing guidelines, and conduct research to assess the impact of guidelines on public safety, prison and parole populations.
		Utilize community corrections...	
Develop and expand intermediate sanctions for certain targeted short-term offenders who are serving less than one year in prison.	Release low-risk inmates to community supervision.	Fund community-based punishments that improve public safety by reducing recidivism. Begin with female offenders.	Create a new state-level corrections partnership. Move 4,500 non-serious, low-risk women to community-based facilities.
		Enact prison and parole reform...	
Develop a series of specialized, intensive, short-term, in-prison programs to prepare inmates for their successful return to society.	Provide inmate planning and re-entry assessment at the time of incarceration and expand the Community Re-Entry Bridging Program.	To protect the public, implement a risk and needs assessment tool at intake, use proven strategies to prepare inmates for release, supervise and assist parolees in California communities, and intervene when parolees fail.	Institute a program of intermediate sanctions to deal with parole violations and reallocate resources to fund programs that increase the success of offenders in the community.
		Get better data...	
Develop an automated Corrections Management Information System to assist officers at all levels of the correctional system in identifying and classifying offenders statewide.	Develop a comprehensive data collection and analysis system that measures the effectiveness of the department's parole programs. This system must also link with other department data analysis systems.	Accelerate the development of a robust technology system to provide the department with information to effectively manage its efforts.	Adopt and use a standardized risk and needs assessment tool to drive the development of inmate case plans.

Table Sources

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Appendix E

History of sentencing commission proposals in California

California lawmakers have debated the merits of a sentencing commission for more than 20 years. Since 1984, seven different bills aimed at reforming California's troubled prison system proposed establishing an independent body of experts to recommend sentencing guidelines. Three of these bills made it out of the Legislature and to the Governor's desk; every attempt ultimately failed. The following summarizes these bills including their amendments, common aspects, main opponents and the reasons they failed.

Past attempts to create a sentencing commission

Year	Bill	Status
1984	SB 56 (Presley)	Vetoed by Gov. Deukmejian
1992	SB 25 (Lockyer)*	Vetoed by Gov. Wilson
1994	AB 43 (Polanco)	Failed to pass Committee
1994	AB 2944 (Vasconcellos)	Vetoed by Gov. Wilson
1995	SB 166 (Polanco)	Failed to pass Committee
1995	AB 1036 (Vasconcellos)	Failed to pass Committee
1998	SB 670 (Vasconcellos)	Stalled in Assembly
2006	AB 14 (Lieber)	In the Assembly

* SB 25 proposed a new sentencing structure with increased judicial discretion and presumptive sentence ranges.

Common aspects of sentencing commission legislation

Four of the seven bills to establish a sentencing commission proposed the following 16-member panel with four ex officio members and 12 voting members[90]:

Four ex officio members: The Attorney General; the Secretary of then Department of Corrections; the Director of Finance; and, the State Public Defender.

Six members appointed by the Governor[91]: One prosecuting attorney; one chief of police or county sheriff; one public member who has never been an attorney, judge or law enforcement official; one retired member of the California Supreme Court or California Court of Appeal; and, one public member.

Three members appointed by the Speaker of the Assembly: One public member who has never been an attorney, judge or law enforcement official; one prosecuting attorney; and, one public member currently active in criminology research or academia in California.

Three members appointed by the Senate Rules Committee: One public member who has never been an attorney, judge or law enforcement official; one public defender; and, one faculty member of a law school in this state.

The American Law Institute draft Model Penal Code on sentencing proposes, and other states have formed, sentencing commissions that include more judicial and legislative members.

Duties and Considerations

In addition to devising sentencing guidelines, the duties and responsibilities charged to the sentencing commission included several provisions that addressed sentence lengths, inmate treatment plans, corrections data gathering and prison capacity.

Sentence length. All of the bills attempted to strike a balance between increasing and decreasing sentence length. Although SB 25 increased sentences for 50 crimes, Governor Wilson vetoed the bill because it would lower sentences for some crimes such as drug offenses. In later bills, language was included to allow a sentencing commission to consider a system of indeterminate sentencing for nonviolent offenders or the sentencing ranges proposed in SB 25.

SB 25 (Lockyer)

This bill placed determinate sentences into one of six sentencing ranges with a minimum, maximum and middle, or presumptive, term. The judge would have the discretion to select any sentence in the sentence range. SB 25 would have created the following sentence schedules:

	Minimum Term	Maximum Term	Presumptive Term
A	5 years	11 years	8 years
B	3 years	9 years	6 years
C	3 years	7 years	5 years
D	3 years	6 years	4 years
E	2 years	4 years	3 years
F	16 months	3 years	2 years

Inmate treatment. Several bills charged the sentencing commission to devise a system of granting and rescinding sentence credits based upon individual treatment plans. The Department of Corrections criticized this provision for stripping it of authority over inmates.

Data gathering and prison capacity. At least two bills to establish a sentencing commission directed the commission to establish a database to trace crime statistics, sentencing outcomes and other corrections-related information to monitor the state's sentencing code for stability and fairness. Along the same lines, several bills also charged the commission to collect data on the current and future capacity of state prisons and to consider this information in devising sentencing guidelines.

Reasons for failure

Sentencing commission bills failed based on concerns that they were too harsh or too lenient on offenders.[92] Governors Deukmejian and Wilson each sited an objection to removing the authority to create sentence law from the Legislature to an unelected commission in their veto messages. Other bills failed because opponents equated a sentencing commission with a return to indeterminate sentencing in California. Highlighted below are the major reasons sentencing commission bills failed and arguments used by their challengers.

Fear of shorter sentences and / or a return to indeterminate sentencing. In his veto message of AB 2944, Governor Wilson decried what he interpreted as the Legislature's attempt to return to an indeterminate sentencing structure: "AB 2944, by its legislative intent, favors a return to an indeterminate sentencing structure. Indeterminate sentencing, which was widely discredited in the 1970s, remains in disfavor with the law enforcement community. [I]ts expanded use eliminates the certainty in justice which the public desires."[93] Similarly, Governor Wilson

vetoed Senate Bill 25, which proposed presumptive sentencing, for fear that it would end "15 years of decisional law."[94]

Opponents of a sentencing commission also have expressed the fear that a sentencing commission would lower sentence lengths for some criminals. The Committee on Moral Concerns vehemently opposed AB 1036 on the grounds that it would lower sentences for nonviolent crimes such as drug offenses. "[AB 1036] calls for lesser penalties for nonviolent offenses...with today's current drug problems, this is hardly the time to go easy on drug pushers."[95]

Opponent's Arguments

ACLU on SB 25:

"...it is our view that enactment of this legislation will result in longer prison sentences thereby exacerbating our already overcrowded prison system." *(Letter to the Assembly, June 11, 1991)*

Committee on Moral Concerns on AB 1036:

"...this bill calls for guidelines that are neither based on public safety nor the will of the people." *(Letter to Assemblymember Vasconcellos, March 25, 1995)*

California Correctional Peace Officers Association on SB 166:

"[SB 166] would create another layer of bureaucracy subject to the same 'crime politic' which some find so distasteful in the Legislature." *(Letter to the Legislature, June 22, 1995)*

California District Attorneys Association on AB 2944:

"We are strongly opposed to any effort to shift to a sentencing structure that is primarily based upon an indeterminate scheme." *(Letter to Assemblymember Vasconcellos, July 1, 1994)*

Authority issues. Many sentencing commission opponents have been uncomfortable with the idea of an unelected body making decisions that would impact public safety. In his veto message of Senate Bill 56, Governor Deukmejian wrote: "I strongly believe that the responsibility for setting the ranges of prison sentences should rest with the Legislature, which is directly responsible to the voters of California, rather than a non-elective commission."[96] Also on the issue of authority, the Department of Finance opposed SB 166, because it "would both delegate authority to devise sentencing guidelines to a new body while leaving the authority with the Judicial Council."[97]

Composition conflicts. Opponents of sentencing commission legislation expressed several concerns over the composition and appointment process used to select its members. California Attorneys for Criminal Justice opposed SB 670 because they believed the proposed commission membership was weighted too heavily with law enforcement and correctional interests. Instead, they wanted more public members including a member of a prisoner's rights group.[98]

Stakeholders also have opposed legislation based on the appointment process for the commission members. Every bill except SB 56 gave authority to appoint commission members to the Governor, the Speaker of the Assembly and the Senate Rules Committee. SB 56 gave appointment authority to the Governor, the Speaker of the Assembly and the Senate President Pro Tem. In opposition to AB 1036, the Office of Criminal Justice Planning argued that the Governor should have a greater role in appointing commission members.[99] However, Riverside Superior Court Judge Frank Moore, while supporting SB 56, opposed the idea of allowing the Governor to appoint a majority of the commission's members.

Cost. The Department of Finance repeatedly opposed sentencing commission legislation based on the "indeterminable costs" to the General Fund that such a commission would incur.

Appendix F

Increases in California Sentencing Since the Enactment of the Determinate Sentencing Act, §§ 1170, *et seq.* and 12022, *et seq.*

Project Description

In connection with its Sentencing Reform Project, the Little Hoover Commission has asked the Stanford Criminal Justice Center (SCJC) to prepare a report summarizing amendments to the California sentencing structure that have resulted in increased criminal sentences since the Determinate Sentencing Act became effective in 1977. The Little Hoover Commission requested that we provide our results by the end of calendar year 2006.

Project Method

We began by convening a research team that included Kara Dansky, Executive Director of the SCJC; Kate Wilko, Research Attorney at Stanford Law School's Crown Library; and Laura Terlouw, third year Stanford Law Student.

Our first steps were to: (1) compile a list of all of the provisions of the California Code that relate in significant part to sentencing; (2) identify the enactment date of and the date of every amendment to each of those provisions; (3) locate the session law that correlates with each of those enactments and amendments; and (4) given the Little Hoover Commission's time frame, prioritize the sections according to their likelihood of having a substantial impact on sentencing.

We decided to begin with the Determinate Sentencing Act itself, § 1170, *et seq.*, and the conduct enhancements located at § 12022, *et seq.*, based on the likelihood that they would contain the majority of statutory provisions relating to sentencing.

Laura Terlouw began the analysis by reviewing the historical and statutory notes for each enactment and amendment. Laura quickly discovered that while these notes are useful as a guide, relying on them exclusively would result in skipping over relevant amendments.

Laura proceeded to analyze the session laws themselves. She read the entire text of every session law that correlated with every legislative enactment or amendment that could have an effect on sentencing. She compiled the session laws that had a substantive effect either on sentence length or on the prescribed method for imposing sentences and discarded those that had only grammatical or other non-substantive effects on sentencing. She then summarized her findings in a chart.

Kara Dansky then reviewed the chart that Laura had prepared in order to determine which of the substantive changes Laura had found could accurately be characterized as "increasing" sentences. Nearly every substantive amendment to the two sections of the Code that we studied resulted in an increase in sentences.

Scope

As noted above, our research includes only the statutory provisions included in the Determinate Sentencing Act, § 1170, *et seq.*, and the conduct enhancements located at § 12022, *et seq.*, that substantively increased sentences.

We have not included grammatical or other non-substantive changes. We have also not included the following provisions of the California Code:

- Combination Determinate and Indeterminate Sentencing: §§ 668-678.
- Conduct Credits: §§ 2933-2935. These sections relate to work credits.
- Pre-sentence credits: §§ 4019-4019.5.

- Violent felonies: §§ 1192-1192.8. Many of these sections address plea bargaining.
- Recidivism Enhancements under the following codes: California Penal Code; California Health & Safety Code; and California Insurance Code.
- Habitual Offenders and Three Strikes: §§ 667-667.17.
- Specific Conduct Enhancements under the following codes: California Penal Code; California Health & Safety Code; California Vehicle Code; California Welfare & Institutions Code.

Future researchers should review these provisions. We believe that these provisions have substantively affected sentencing, and have likely contributed to the trend of increasing sentences. If there is additional time, future researchers may want to also review the Indeterminate Sentencing Act. § 1168 was added in 1917, with only a few amendments during the years relevant to this project (post-1977) and no amendments since 1984. § 1168 includes a discussion of minimum penalties and good time credits. The other sections under the Act have been repealed.

Conclusions

1. There have been countless increases in criminal sentences since the enactment of the Determinate Sentencing Act. Our research revealed eighty substantive increases in sentencing since the enactment of the DSA included in §§ 1170, *et seq.*, and 12022, *et seq.*

2. Statutes "increase" sentences in several ways. We found that while the legislature occasionally lengthened the term of years to be imposed upon conviction of a particular offense or imposition of a particular enhancement, it also frequently increased sentences by limiting sentencing judges' discretion to make determinations with respect to the imposition, aggravation, or enhancement of a sentence.

3. Analyzing every amendment to every section of the Penal Code that involves sentencing is a labor-intensive and time-consuming process. Notably, session laws for the years 1977 through 1986 are available only in hard copy; Lexis Nexis contains session laws for the years 1987 to the present. To be done thoroughly and accurately, this work requires a significant investment of time and resources.

4. Our research underscores the need for a comprehensive revision of the statutory provisions relating to sentencing. As most experts have already concluded, California's sentencing system is unbelievably complex and in dire need of simplification.

5. Our research underscores the need for a Sentencing Commission. We believe that further analysis of this kind will be key to reforming California's sentencing system. A sentencing commission is the only type of entity that has the expertise and the resources to undertake a thorough review of the provisions of the Code that we were unable to review.

Chart Summarizing Increases in Sentencing Since the Enactment of the DSA

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1977	1977 c. 165 § 15	§ 1170	Permitted sentencing judges to consider a single fact multiple times to determine, aggravate, or enhance a sentence.
7/1/1977	1977 c. 165 § 91	§ 12022	Added one year enhancement for being armed with or using a firearm in the commission or attempted commission of a felony, to be served consecutively. Enhancement applies to all principles if at least one principle is armed, even if the defendant was not personally armed.
7/1/1977	1977 c. 165 § 93	§ 12022.6	Added enhancement for taking, damaging, or destroying property in the commission or attempted commission of a felony, with intent to cause the taking, damage, or destruction. One year, consecutive, where the loss exceeds $25,000; two years, consecutive, where the loss exceeds $100,000.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
7/1/1977	1977 c. 165 § 94	§ 12022.7	Added three year enhancement for inflicting great bodily injury, with intent to inflict such injury, on any person other than an accomplice in the commission of a felony. To be served consecutively.
1/1/1979	1978 c. 579 § 40	§ 12022.7	Removed assault with a deadly weapon or assault by means of force likely to produce great bodily injury from the list of crimes to which the section does not apply.
1/1/1980	1979 c. 944 § 12	§ 1170.1	Removed limitations on sex crime enhancements. Provided that all sex crime enhancements shall be a full and separately served enhancement and shall not be merged with any term or with any other enhancement.
1/1/1980	1979 c. 944 § 17	§ 12022.3	Added three year enhancement for using a firearm (loaded or unloaded) or any other deadly weapon in the commission of a sex crime. Added two year enhancement for being armed with a firearm (loaded or unloaded) or any other deadly weapon in the commission of a sex crime.
1/1/1980	1979 c. 944 § 18	§ 12022.8	Added five-year enhancement for inflicting great bodily injury on any victim during the commission of a sex crime. Enhancement applies to each violation, to be served consecutively.
1/1/1982	1981 c. 572 § 1	§ 1170.7	Required sentencing judges to consider robbery or attempted robbery for the purpose of obtaining any controlled substance when committed against a pharmacist, pharmacy employee, or other person lawfully possessing controlled substances, a circumstance in aggravation.
1/1/1983	1982 c. 1515 § 8	§1170.1	Provided that the subordinate term for each subsequent kidnapping conviction shall consist of the middle term (rather than one-third of the middle term) for each kidnapping conviction for which a consecutive term of imprisonment is imposed and one-third of any enhancements imposed (versus one-third or none). Also provided that the 5-year limitation on the total of subordinate terms doesn't apply.
1/1/1983	1982 c. 1099 § 2	§ 1170.15	Provided for full middle term consecutive sentencing where a person is convicted of a felony and of an additional felony that was committed against the victim of or a witness or potential witness with respect to the first felony, or a person about to give material information pertaining to the first felony. Amended again in 1998 to require full term consecutive enhancements for being armed with or using a firearm or deadly weapon and for inflicting great bodily injury.
1/1/1983	1982 c. 929 § 1	§ 1170.8	Required sentencing judges to consider robbery or an assault with a deadly weapon or instrument or by means of any force likely to produce great bodily injury committed against a person while that person was in a church, synagogue, or building owned and occupied by a religious educational institution, or any other place primarily used as a place of worship where religious services are regularly conducted, or where the person committed arson or intended to commit arson at one of these locations, a circumstance in aggravation.
1/1/1983	1982 c. 1100 § 2	§ 1170.85 (formerly § 1170.8)	Required sentencing judges to consider any felony assault or battery offense where the offense was committed to prevent or dissuade a person who is or may become a witness from attending or testifying at any trial, proceeding, or inquiry authorized by law, or if the offense was committed because the person provided assistance or information to a law enforcement officer, or to a public prosecutor in a criminal or juvenile court proceeding, a circumstance in aggravation.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1983	1982 c. 1551 § 2	§ 12022.1	Added § 12022.1, which provides that any person convicted of a felony offense which was committed while that person was released from custody on bail or on his or her own recognizance pending trial on an earlier felony offense shall, upon conviction of the later felony offense, be subject to a penalty enhancement as follows: if the person is convicted of a felony for the earlier offense and sentenced to state prison, then convicted of a felony for the later offense, then a state prison sentence for the later offense shall be consecutive to the earlier sentence and 2 years should be added to the term for the later offense; if the person is convicted of a felony for the earlier offense and granted probation, then convicted of a felony for the later offense, then two years should be added to the term for the later offense; if the earlier offense conviction is reversed on appeal, then the enhancement shall be suspended pending retrial of that felony and reimposed upon reconviction.
1/1/1983	1982 c. 950 § 2	§ 12022.2	Added three year enhancement, to be served consecutively, for being armed with a firearm in the commission or attempted commission of a felony while having in one's immediate possession ammunition for the firearm designed primarily to penetrate metal or armor.
1/1/1983	1982 c. 1404 § 2.1	§ 12022.5	Added two year enhancement, to be served consecutively, for personally using a firearm in the commission or attempted commission of a felony.
1/1/1986	1985 c. 165 § 1	§ 1170.71	Required sentencing judges to consider the fact that a person who commits lewd or lascivious acts with a child under age 14 has used obscene or harmful matter to induce, persuade, or encourage the minor to engage in a lewd or lascivious act a circumstance in aggravation.
1/1/1986	1985 c. 1108 § 3	§ 1170.85	Requires sentencing judges to consider fact that the victim of an offense is particularly vulnerable, or unable to defend himself or herself, due to age or significant disability a circumstance in aggravation.
1/1/1986	1985 c. 463 § 4	§ 12022.4	Added two year enhancement, to be served consecutively, for, during the commission or attempted commission of a felony, furnishing or offering to furnish a firearm to another for the purpose of aiding, abetting, or enabling that person or any other person to commit a felony.
1/1/1986	1985 c. 1375 § 1	§ 12022.9	Added five year enhancement, to be served consecutively, for, during the commission or attempted commission of a felony, personally inflicting injury that results in the termination of pregnancy, where the defendant knows or reasonably should know that the victim is pregnant, with intent to inflict injury and, without the consent of the woman.
1/1/1987	1986 c. 1429 § 1	§ 1170.1	Added penetration of a genital or anal opening by a foreign object, oral copulation & sodomy, as well as attempts to do so, to the list of crimes in which the court may impose both one enhancement for weapons and one enhancement for great bodily injury.
1/1/1988	1987 c. 1423 § 3.7	§ 1170.1	Provided that in cases of penetration of a genital or anal opening by a foreign object, oral copulation, sodomy, robbery, rape or burglary, or attempted penetration of a genital or anal opening by a foreign object, oral copulation, sodomy, robbery, rape, murder, or burglary the court may impose both one enhancement for weapons and one enhancement for great bodily injury.
1/1/1988	1987 c. 1159 § 1	§ 12022.5	Added five year enhancement, to be served consecutively, where any person who is convicted of a felony or an attempt to commit a felony, including murder or attempted murder, discharged a firearm at an occupied motor vehicle which caused great bodily injury or death to the person of another.
1/1/1988	1987 c. 1147 § 2	§ 12022.5 5	Added five year enhancement, to be served consecutively, for any person who, with the intent to inflict great bodily injury or death, inflicts great bodily injury as defined in § 12022.7, or causes the death of a person, other than an occupant of a motor vehicle, as a result of discharging a firearm from a motor vehicle in the commission of a felony or attempted felony.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1988	1987 c. 706 § 5	§ 12022.75	Added three year enhancement, to be served consecutively, for any person who, for the purpose of committing a felony, administers by injection, inhalation, ingestion, or any other means, any controlled substance listed in certain sections of the Health and Safety Code, against the victim's will by means of force, violence or fear of immediate and unlawful bodily injury to the victim or another person.
1/1/1989	1988 c. 1487 § 2	§ 1170.1	Amended subdivision (e) of § 1170.1 by adding lewd or lascivious acts upon or with a child under the age of 14 years accomplished by means of force or fear and kidnapping, as well as attempts to do so, to the list of crimes in which the court may impose both one enhancement for weapons and one enhancement for great bodily injury.
1/1/1989	1988 c. 635 § 2	§ 1170.3	Deleted subdivision (a)(5) of § 1170.3, relating to rules for uniformity in sentencing, which had listed the imposition of an additional sentence for being armed with a deadly weapon, using a firearm, an excessive taking or damage, or the infliction of great bodily injury as criteria for judges to consider at the time of sentencing.
1/1/1989	1988 c. 1249 § 2	§ 12022	Added enhancement of three, four, or five years, to be served consecutively, for any person who is personally armed with a firearm in the commission or attempted commission of a violation of certain sections of the Health and Safety Code. Added enhancement of one, two, or three years, to be served consecutively, for any person not personally armed with a firearm, who is a principal in the commission or attempted commission of a violation of certain sections of the Health and Safety code, and knows that another principal is personally armed with a firearm. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record. Permitted judges to strike additional punishment where interests of justice would best be served.
1/1/1989	1988 c. 1249 § 3	§ 12022.5	Added enhancement of three, four, or five years, to be served consecutively, for any person who personally uses a firearm in the commission or attempted commission of a violation of certain sections of the Health and Safety Code. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record. Permitted sentencing judges to strike additional punishment where interests of justice would best be served.
1/1/1989	1988 c. 1597 § 4	§ 12022.85	Added three year enhancement, for each violation, to be served consecutively, for any person who violates one or more of the list of specified sexual offenses with knowledge that the person has acquired AIDS or with knowledge that the person carries antibodies of AIDS at the time of the commission of those offenses.
1/1/1990	1989 c. 1378 § 4	§ 1170.13	Provided that where a consecutive term of imprisonment is imposed for two or more convictions of willfully and maliciously communicating to a victim or witness of a crime for which a person was convicted a credible threat to use force or violence, each subordinate term shall be 100% of the prescribed middle term of imprisonment (as opposed to the standard, one-third of the middle term). Provided that the total term of imprisonment imposed may exceed 5 years, but shall not exceed 15 years. Amended again in 1997 to delete the 15-year limitation. Amended again in 1998 to delete the five-year language.
1/1/1990	1989 c. 1284 § 2	§ 12022	Added three year enhancement, to be served consecutively, where the firearm used in the commission or attempted commission of a felony is an assault weapon as defined in § 12276 or a machinegun as defined in § 12200, whether or not the arming is an element of the offense of which the person was convicted. Enhancement applies to all principles if at least one principle is armed, even if the defendant was not personally armed.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1990	1989 c. 1167 § 2	§ 12022.2	Added enhancement of three, four, or five years, to be served consecutively, where the person was armed with a firearm in the commission or attempted commission of any felony and had in his immediate possession ammunition for the firearm designed primarily to penetrate metal or armor. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record.
1/1/1990	1989 c. 1167 § 3	§ 12022.3	Added enhancement of three, four, or five years, to be served consecutively, where any person convicted of certain sex offenses uses a firearm (loaded or unloaded) or any other deadly weapon in the commission of the violation. Added enhancement of one, two, or three years, to be served consecutively, if the person is armed with a firearm (loaded or unloaded) or any other deadly weapon. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record.
1/1/1990	1989 c. 1167 § 4	§ 12022.4	Added enhancement of one, two, or three years, to be served consecutively, where any person who, during the commission or attempted commission of a felony, furnishes or offers to furnish a firearm to another for the purpose of aiding, abetting, or enabling that person or any other person to commit a felony. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record.
1/1/1990	1989 c. 1167 § 5	§ 12022.5	Added enhancement of three, four, or five years, to be served consecutively, when a person personally uses a firearm in the commission or attempted commission of a felony. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record. Added additional five year enhancement, to be served consecutively, for any person who personally uses an assault weapon as defined in § 12276 or a machinegun as defined in § 12200 in the commission or attempted commission of a felony.
1/1/1991	1990 c. 777 § 1	§ 1170.73	Required sentencing judges to consider quantity of controlled substance involved in determining whether to impose an aggravated term under § 1170(b) when imposing sentences for certain controlled substance offenses.
1/1/1991	1990 c. 952 § 1	§ 1170.74	Required sentencing judges to consider the fact that the controlled substance is the crystalline form of methamphetamine a circumstance in aggravation in imposing sentences for certain controlled substance offenses.
1/1/1991	1990 c. 1031 § 1	§ 1170.81	Required sentencing judges to consider the fact that the intended victim of an attempted life term crime was a peace officer, while the peace officer was engaged in the performance of his or her duties, and the defendant knew or reasonably should have known that the victim was a peace officer engaged in his or her duties, a circumstance in aggravation.
1/1/1991	1990 c. 1216 § 1	§ 1170.84	Required judges to consider it a circumstance in aggravation that during the course of any felony, the defendant engaged in the tying, binding, or confining of any victim.
1/1/1991	1990 c. 41 § 3	§ 12022.5	Removed discretion of sentencing judges to strike additional punishments where the interests of justice would best be served.
1/1/1992	1991 c. 602 § 7	§ 1170.78	Required sentencing judges to consider it a circumstance in aggravation that the defendant committed the offense of arson in retaliation against the (perceived) owner or occupant of the property or structure burned, for any eviction or other legal action taken by the (perceived) owner or occupant.
1/1/1992	1991 c. 584 § 1	§ 12022.2	Added an enhancement of one, two, or three years for any person who wears a body vest (any bullet-resistant material intended to provide ballistic and trauma protection for the wearer) in the commission or attempted commission of a violent offense. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1993	1992 c. 695 § 10	§ 1170	Removed ability of sentencing judges to obtain information from Board of Prison Terms concerning the sentences of other persons convicted of similar crimes under similar circumstances.
1/1/1993	1992 c. 235 § 1	§ 1170.1	Added sexual battery, as well as attempts to do so, to the list of crimes in which the court may impose both one enhancement for weapons and one enhancement for great bodily injury.
1/1/1993	1992 c. 104 § 1	§ 12022.6	Added enhancement for taking, damaging, or destroying property in the commission or attempted commission of a felony, with intent to cause the taking, damage, or destruction. One year, consecutive, where the loss exceeds $50,000; two years, consecutive, where the loss exceeds $150,000; three years, consecutive, where the loss exceeds $1,000,000; four years, consecutive, where the loss exceeds $2,500,000.
1/1/1993	1992 c. 510 § 2	§ 12022.9	Added four year enhancement, to be served consecutively, for any person convicted of willfully and maliciously discharging a firearm from a motor vehicle at another person other than an occupant of a motor vehicle, if as a result of the defendant personally and willfully and maliciously discharging the firearm, the victim suffers paralysis or paraparesis of a major body part, including but not limited to the entire hand or foot. Added four year enhancement, to be served consecutively, for any person convicted of maliciously and willfully discharging a firearm at an inhabited dwelling house, occupied building, occupied motor vehicle, occupied aircraft, inhabited housecar or inhabited camper.
1/1/1994	1993 c. 611 § 17 and § 17.98	§ 1170.1	Created a new felony offense for carjacking, with a base term of up to nine years in state prison. Added carjacking, as well as attempts to do so, to the list of crimes in which the court may impose both one enhancement for weapons and one enhancement for great bodily injury. Added three year enhancement, to be served consecutively, for using a dangerous or deadly weapon during the commission or attempted commission of a carjacking. Added six year enhancement, to be served consecutively, for using a firearm during the commission or attempted commission of a carjacking. Imposed a maximum sentence of 18 years for violent carjacking when the sentence is coupled with an enhancement of 3 years for a violent prior offense.
1/1/1994	1993 c. 592 § 4	§ 1170.1	Provided that the term of imprisonment shall not exceed twice the number of years imposed by the trial court as the base term pursuant to §1170(b) unless an enhancement is imposed pursuant to Section 12022.1 and both the primary and secondary offenses specified in section 12022.1 are serious felonies as specified in § 1192.7(c).
Approved 11/8/1994	Prop. 184	§ 1170.12	THREE STRIKES.
1/1/1994	1993 c. 131 § 1	§ 1170.72	Required sentencing judges to consider it a circumstance in aggravation that an individual is convicted of a crime involving minors under 11 years of age.
1/1/1994	1993 c. 611 § 30	§ 12022	Provided that if the person has been convicted of carjacking or attempted carjacking, the additional term imposed shall be 1, 2 or 3 years (as opposed to the 1 year imposed for a person who personally uses a deadly or dangerous weapon in the commission or attempted commission of other felonies).
1/1/1994	1993 c. 611 § 31.5	§ 12022.5	Provided that if the person has been convicted of carjacking or attempted carjacking, the additional term imposed shall be 4, 5 or 6 years (as opposed to the 3, 4 or 5 years imposed for a person who personally uses a firearm in the commission or attempted commission of other felonies).

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1994	1993 c. 608 § 2	§ 12022.7	Added five year enhancement, to be served consecutively, for any person found to have inflicted great bodily injury which causes the victim to become comatose due to brain injury or to suffer paralysis of a permanent nature. Added five year enhancement, to be served consecutively, for any person who, with the intent to inflict such injury, personally inflicts great bodily injury on another person who is 70 years of age or older other than an accomplice in the commission or attempted commission of a felony.
1/1/1995	1993/ 1994 c. 33 § 1.5	§ 1170.89	Required sentencing judges to consider it a circumstance in aggravation in imposing firearm enhancements with triads that the person knew or had reason to believe that a firearm was stolen.
1/1/1995	1993/ 1994 c. 33 § 4	§ 12022.2	Added enhancement of three, four, or ten years, to be served consecutively, where the person was armed with a firearm in the commission or attempted commission of any felony and had in his immediate possession ammunition for the firearm designed primarily to penetrate metal or armor. Added enhancement of one, two, or five years, to be served consecutively, for any person who wears a body vest (any bullet-resistant material intended to provide ballistic and trauma protection for the wearer) in the commission or attempted commission of a violent offense.
1/1/1995	1993/ 1994 c. 33 § 5	§ 12022.3	Added enhancement of three, four, or ten years, to be served consecutively, for any person convicted of certain sex offenses if the person uses a firearm (loaded or unloaded) or any other deadly weapon in the commission of the violation. Added enhancement of one, two, or five years, to be served consecutively, for any person convicted of certain sex offenses if the person is armed with a firearm (loaded or unloaded) or any other deadly weapon in the commission of the violation.
1/1/1995	1993/ 1994 c. 33 § 6	§ 12022.5	Added enhancement of three, four, or ten years, to be served consecutively, when a person personally uses a firearm in the commission or attempted commission of a felony. Added enhancement of four, five, or ten years, to be served consecutively, if the person has been convicted of carjacking or attempted carjacking. Added enhancement of five, sex, or ten years, to be served consecutively, for any person who is convicted of a felony or an attempt to commit a felony, including murder or attempted murder, in which that person discharged a firearm at an occupied motor vehicle which caused great bodily injury or death to the person of another. Added enhancement of five, six, or ten years, to be served consecutively, for any person who personally uses an assault weapon as defined in § 12276 or a machinegun as defined in § 12200 in the commission or attempted commission of a felony. Added enhancement of three, four, or ten years, to be served consecutively, for any person who personally uses a firearm in the commission or attempted commission of a violation of certain sections of the Health and Safety Code.
1/1/1995	1993/ 1994 c. 33 § 7	§ 12022.5 5	Added enhancement of five, six, or ten years, to be served consecutively, for any person who, with the intent to inflict great bodily injury or death, inflicts great bodily injury as defined in § 12022.7, or causes the death of a person, other than an occupant of a motor vehicle, as a result of discharging a firearm from a motor vehicle in the commission of a felony or attempted felony.
1/1/1995	1994 c. 1188 § 12.7	§ 1170.1	Added spousal rape, as well as attempts to do so, to the list of crimes in which the court may impose both one enhancement for weapons and one enhancement for great bodily injury.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1995	1994 c. 352 § 1	§ 1170.82	Required sentencing judges to consider it a circumstance in aggravation when a defendant is convicted of specified controlled substances offenses that the defendant knew, or reasonably should have known, that the person to whom he or she was selling, furnishing, administering, or giving away the controlled substance was pregnant, had been previously convicted of a violent felony, or was in psychological treatment for a mental disorder or for substance abuse.
1/1/1995	1994 c. 873 § 873	§ 12022.7	Added enhancement of three, four, or five years, to be served consecutively, for any person who personally inflicts great bodily injury under circumstances involving domestic violence in the commission or attempted commission of a felony. Required imposition of middle term unless circumstances in aggravation or mitigation stated on the record.
1/1/1995	1994 c. 1263 § 6	§ 12022.95	Added four year enhancement for each violation, to be served consecutively, for any person convicted of a violation of endangering a child or causing or permitting a child to suffer physical pain, mental suffering or injury, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully cause or permits any child to be injured or harmed, and that injury or harm results in death.
1/1/1996	1995 c. 341 § 1	§ 12022.7	Removed the requirement of intent to inflict injury from subsections relating to infliction of injuries on any person other than an accomplice and to persons over 70 years old.
1/1/1997	1996 c. 421 § 1	§ 1170.16	Provided that a full, separate and consecutive term (rather than just a one-third term) may be imposed for each voluntary manslaughter offense, whether or not the offenses were committed during a single transaction.
1/1/1997	1996 c. 689 § 3	§ 1170.86	Required sentencing judges to consider it a circumstance in aggravation when a person is convicted of a specified felony sex offense, that the felony was committed within a safe school zone against a victim who was a pupil currently attending school.
1/1/1998	1997 c. 750 § 3	§ 1170.1	Provided that the subordinate term for each subsequent kidnapping conviction shall include the full term imposed for specific enhancements applicable to subordinate offenses (instead of one-third of any enhancements imposed). Deleted subsections relating to particular crimes in which the court could impose more than one enhancement for a single offense and exceptions to the rule that the term of imprisonment shall not exceed twice the number of years imposed by the trial court as the base term. Provided that when 2 or more enhancements may be imposed for being armed with or using a deadly weapon or a firearm in the commission of a single offense, only the greatest of those enhancements shall be imposed for that offense, with no limits on the imposition of any other enhancements applicable to that offense, including an enhancement for the infliction of great bodily injury. Removed discretion of sentencing judges to strike punishments in appropriate circumstances.
1/1/1998	1997 c. 750 § 4	§ 1170.11	Provided list of specific enhancements. As used in § 1170.1, the term "specific enhancement" includes, but is not limited to, the enhancements listed in § 1170.11.
1/1/1998	1997 c. 848 § 1	§ 1170.76	Required sentencing judges to consider it a circumstance in aggravation that in specified cases of domestic violence the defendant is or has been a member of the household of the minor or the victim, or is a marital or blood relative of the minor or the victim, or the defendant or the victim is the natural parent, adoptive parent, stepparent, or foster parent of the minor, and the offense occurred in the presence of or was witnessed by the minor.

Enact. /Amend. Date	Sess. Law Cit.	Code Sect. Cit.	Substantive Change
1/1/1998	1997 c. 109 § 1	§ 12022.3	Applied sentencing provisions to attempted violations of certain sex offenses.
1/1/1998	1997 c. 503 § 3	§ 12022.5 3	Added mandatory ten year enhancement, to be served consecutively, for certain firearm offenses. Added mandatory twenty year enhancement, to be served consecutively, for certain firearm offenses where the firearm is intentionally discharged. Added mandatory enhancement of twenty-five years to life, to be served consecutively, if great bodily injury was proximately caused to any person other than an accomplice as a result of the firearm being discharged. Provided that if more than one enhancement per person applies, the court shall impose the enhancement that provides the longest term of imprisonment.
1/1/1998	1997 c. 109 § 2	§ 12022.8	Added five year enhancement, to be served consecutively, for any person who inflicts great bodily injury on any victim during the attempted commission of certain sex offenses.
1/1/1999	1998 c. 926 § 2.5	§ 1170.1	Deleted provision limiting total of consecutive subordinate terms for non-violent offenses to five years.
1/1/1999	1998 c. 936 § 26	§ 1170.11	Declared the intent of the Legislature that all specific enhancements shall apply to criminal offenses from the time those enhancements are enacted, whether or not those enhancements are listed in § 1170.11.
1/1/2000	1999 c. 996 § 12	§ 1170.17	Provided that when a person is prosecuted for a criminal offense committed while he or she was under the age of 18 years, and the prosecution is lawfully initiated in a court of criminal jurisdiction without a prior finding that the person is not a fit and proper subject to be dealt with under the juvenile court law, upon subsequent conviction for any criminal offense, the person shall be subject to the same sentence as an adult convicted of the identical offense.
1/1/2001	2000 c. 689 § 1	§ 1170.1	Provided that when a person is convicted of two or more felonies (whether violent or non-violent), the aggregate term of imprisonment includes the principle term (the greatest term of imprisonment imposed by the court for any of the crimes, including any term imposed for applicable specific enhancements), the subordinate term (one-third of the middle term of imprisonment prescribed for each other felony conviction for which a consecutive term of imprisonment is imposed), and one-third of the term imposed for any specific enhancements applicable to those subordinate offenses. Prior to this amendment, the subordinate term for each consecutive offense that wasn't a violent felony excluded any specific enhancements.
1/1/2001	2000 § 919 § 1	§ 12022.7	Added enhancement of four, five, or six years, to be served consecutively, for any person who personally inflicts great bodily injury on a child under the age of 5 years in the commission or attempted commission of a felony. Required imposition of middle term unless aggravated or mitigated circumstances stated on the record.
1/1/2003	2002 c. 126 § 2	§ 12022	Removed presumptive imposition of middle term for § 12022 enhancements. Made imposition of consecutive sentences for all § 12022 enhancements mandatory.
1/1/2005	2004 c. 494 § 3	§ 12022	Added three year enhancement, to be served consecutively, where the firearm used in the commission or attempted commission of a felony is .50 BMG rifle as defined in § 12278, whether or not the arming is an element of the offense of which the person was convicted. Enhancement applies to all principles if at least one principle is armed, even if the defendant was not personally armed.
1/1/2005	2004 c. 494 § 4	§ 12022.5	Added the .50 BMG rifle to the list of exceptions under subdivision (a).

Appendix G

Dissenting Opinion

TO: Michael Alpert, Chairman, Little Hoover Commission

FROM: Commissioner Audra Strickland, Assemblymember

DATE: February 5, 2007

Subject: **Dissent to Commission's report: *Solving California's Corrections Crisis: Time is Running Out***

I dissent from the vote adopting the above-referenced report because I believe that it is based on a factually inaccurate premise, relies on unproven alternative sanctions for parole violators and supports the creation of an unelected body to set prison sentences.

Factually Inaccurate:

The factually inaccurate premise which permeates the report is exemplified by the statement that "thirty years of 'tough on crime' politics has not made the state safer." Nothing could be further from the truth. Since the implementation of "three strikes," 10-20-Life and other tough on crime measures, the overall crime rate per 100,000 residents in California has been reduced to its lowest levels in 35 years. According to the non-partisan Legislative Analyst, most major crimes have decreased by 50 percent or more since reaching their peak in 1980. By every measure, used by both the FBI and the California Attorney General, crime rates are dramatically down. I agree that the job is not done and that we need to address the state's recidivism rate. However, I object to the Commission's reliance on recidivism rates as the sole measure of safety.

To continue to make improvements in public safety, the state must better prepare parolees to reenter society. But we must not weaken our criminal penalties which have successfully targeted career criminals. Both the recommendation on alternative sanctions and the support for the creation of a sentencing commission have the very real potential to undermine some of the state's more successful anti-crime efforts.

Community Based Sanctions:

I am concerned about Recommendation #2 entitled "re-inventing parole." This proposal authorizes a grid of community based sanctions. Moving offenders into alternative community based sanctions was essentially tried by the state's "New Parole Model" in 2004. The Sacramento Bee reported a surge in new crimes being committed by these parole violators because the "community sanctions" were either non-existent or ineffective. In fact, some experts believe that the surge in prison population can be directly traced to an ineffective alternative sanction system.

Alternative sanctions can be an important tool to address parole violations. The system should operate with the widest range of sanctions to ensure the maximum public safety. Additionally, before any movement towards alternative sanctions is embraced, it must be thoroughly

evaluated and operational so that we don't risk the public's safety implementing unproven experimental programs.

Sentencing Commission:

I strongly oppose Recommendation #3 calling for the creation of an unelected sentencing commission.

The Legislature's first duty is to promote public safety. Legislators are accountable to voting public and will be judged on the efficacy of the policies they promote and defend.

The fundamental problem with a sentencing commission is the lack of direct accountability. In the past, the voters have bypassed the Legislature when it failed to address serious public safety issues. The actions of an unelected, unaccountable sentencing commission will, with all certainty, invoke a new voter backlash.

I believe that a sentencing commission that works purely with the facts and statistics will give the Legislature useful information for making laws regarding public safety. I do not believe that a commission that usurps the facts accomplishes this goal.

Moving Forward.

There are some worthy recommendations in this report. The Little Hoover Commission is charged with an important role in our process. I look forward to working with the staff to ensure that future reports include all material facts in order to effectively implement bi-partisan reforms.

Notes

1. Andy Furillo. November 17, 2006. "Bold Vow on Inmate Health." Sacramento Bee.

2. Andy Furillo. December 12, 2006. "Judge Balks at Prison Cap." Sacramento Bee.

3. Roderick Q. Hickman, former Secretary, Department of Corrections and Rehabilitation. October 26, 2006. Testimony to the Commission.

4. Jenifer Warren. December 21, 2006. "Governor's Aides Stymied Prison Reform, Ex-Prison Chief Says." Los Angeles Times.

5. Bureau of State Audits. November 2005. "California Department of Corrections and Rehabilitation: The Intermediate Sanction Programs Lacked Performance Benchmarks and Were Plagued With Implementation Problems." Sacramento, CA.

6. Mike Jimenez, President, California Correctional Peace Officers Association. President's Message. http://www.ccpoanet.org/default.php?inc=pres_msg_blog&pagemode=view&news_id=46. Web site accessed December 26, 2006.

7. Roderick Q. Hickman, Secretary, California Youth and Adult Correctional Agency. January 7, 2005. Press briefing conference call.

8. Little Hoover Commission. February 2005. "Restructuring Government: A Review of the Governor's Reorganization Plan. Reforming California's Youth and Correctional Agency." Sacramento, CA. Page 14. Citing remarks by former Governor George Deukmejian at a California Performance Review hearing.

9. John Hagar, Special Master, Madrid v. Tilton. June 20, 2006. "Special Master's Draft Report Regarding the Status of California Corrective Action Plans for Administrative Investigations and Discipline; Recommendations." Sacramento, CA.

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11. Office of the Governor. December 21, 2006. "Press Release: Governor Schwarzenegger Unveils Comprehensive Prison Reform Proposal." Sacramento, CA.

12. Hickman. See endnote 3.

13. Richard Rimmer, former Deputy Director, Parole & Community Services Division, Department of Corrections. October 7, 2003. Personal communication.

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19. James E. Tilton, Secretary, California Department of Corrections and Rehabiliation. October 26, 2006. Written testimony to the Commission.

20. Assembly Bill 76 (Lieber) 2007-2008 Regular Session.

21. Tilton. See endnote 19.

22. Letter from Parole Region III clinicians to Governor Arnold Schwarzenegger. August 17, 2006. Also, Committee to Continue a Centralized Parole Outpatient Clinic. December 22, 2006. Written communication to the Commission. On file.

23. Hickman. See endnote 3.

24. Reginald Wilkinson, Ph.D., former Director, Ohio Department of Rehabilitation and Correction, and Chair, National Institute of Corrections Advisory Board November 16, 2006. Written testimony to the Commission.

25. Sillen. "First Bi-Monthly Report." See endnote 16.

26. California State Legislature. 2006. "Budget Act of 2006." Pages 412-413. Also, Governor Arnold Schwarzenegger's Budget Proposal 2007-08. "Corrections and Rehabilitation." Page 6. Also, Division of Juvenile Justice, California Department of Corrections and Rehabilitation. November 2006. "Population Movement Summary."

27. Sillen. November 16, 2006. Testimony to the Commission.

28. Wilkinson. See endnote 24.

29. Wilkinson, Ph.D., former Director, Ohio Department of Rehabilitation and Correction, and Chair, National Institute of Corrections Advisory Board November 16, 2006. Testimony to the Commission.

30. Joyce Hayhoe, Assistant Secretary, Department of Corrections and Rehabilitation. November 15, 2006. Written communication.

31. Hayhoe. See endnote 30.

32. Peggy B. Burke, Principal, Center for Effective Public Policy. December 22, 2006. Written and personal communication.

33. California Department of Corrections and Rehabilitation. January 2006. "County and Region of Parole: Calendar Year 2005." Sacramento, CA.

34. Joan Petersilia, Ph.D., Director, University of California, Irvine, Center for Evidenced-Based Corrections. May 2006. "Understanding California Corrections." California Policy Research Center, University of California. Page 72.

35. California Department of Corrections and Rehabilitation. "Historical Trends 1985-2005." Also, California Department of Corrections and Rehabilitation. "Historical Trends 1980-2000." Population in 1980 was 24,569. Also, California Department of Corrections and Rehabilitation. "Weekly Report of Population as of Midnight December 20, 2006." Population was 172,798. (172,798-24,569=148,229; 148,229/24,569=603%)

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37. California Department of Corrections and Rehabilitation. December 2006. "Monthly Report of Population as of Midnight November 30, 2006." Sacramento, CA. Page 1. Available at the California Department of Corrections and Rehabilitation's Web site: http://www.cdcr.ca.gov/Reports/Research/OffenderInfoServices/Monthly/TPOP1A/TOP1A0611.pdf.

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39. Mike Jimenez, President, California Correctional Peace Officers Association. June 22, 2006 and October 26, 2006. Testimony to the Commission.

40. Joan Petersilia, Ph.D., May 2006. "Understanding California Corrections." California Policy Research Center, University of California. Pages 29-34. Also, Bureau of Justice Statistics. August 2005. "Suicide and Homicide in State Prison." Also, Legislative Analyst's Office. February 2005. "Analysis of the 2005-06 Budget Bill, Judicial and Criminal Justice."

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43. Legislative Analyst's Office. July 2006. "State of California Expenditures, 1984-85 to 2006-07." Sacramento, CA.

44. Governor Arnold Schwarzenegger. January 10, 2007. "Governor's Budget Highlights 2007-08." Office of the Governor. Sacramento, CA.

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47. Petersilia. May 2006. "Understanding California Corrections." Page 65. (The only other state to use determinate sentencing and place all offenders on parole is Illinois.)

48. Petersilia. See endnote 47. Page 64.

49. Petersilia. See endnote 47. Page 66. The only other state with this hybrid system is Illinois.

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61. Tilton. See endnote 19. Page 121.

62. Governor Arnold Schwarzenegger. See endnote 44.

63. Warren. See endnote 54. Citing the California Administrative Office of the Courts and California State Association of Counties, Probation Services Task Force: Final Report. June 2003.

64. Thomas W. Ross, Executive Director, Z. Smith Reynolds Foundation; former Chair, North Carolina Sentencing and Policy Advisory Commission; and, former Director, North Carolina Administrative Office of the Courts. August 24, 2006. Testimony to the Commission.

65. Richard P. Kern, Ph.D., Director, Virginia Criminal Sentencing Commission. August 24, 2006. Testimony to the Commission.

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69. Sharon English, Crime Victim Rights and Services Advisor. June 22, 2006. Written testimony to the Commission.

70. English. See endnote 69.

71. Little Hoover Commission. November 2003. "Back to the Community: Safe & Sound Parole Policies." Page 43. Citing Department of Corrections Data Analysis Unit. "Number of New Admissions and Parole Violators With a New Term Who Paroled From SHU, During Calendar Year 2000, 2001, 2002 and through August 31, 2003." September 15, 2003. Renee L. Hansen, Manager, Legislative Liaison Office. Personal communication.

72. Kevin R. Reitz, Professor of Law, University of Minnesota. June 22, 2006. Testimony to the Commission. Also, American Law Institute. April 11, 2003. *Model Penal Code: Sentencing Report.*

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74. Reitz. See endnote 72.

75. Bureau of State Audits. September 13, 2005. "Department of Corrections: It Needs to Better Insure Against Conflicts of Interest and to Improve Its Inmate Population Projections." Sacramento, CA.

76. Ross. See endnote 64. Also, http://www.nccourts.org/Courts/CRS/Councils/spac/Default.asp. Web site accessed December 2006. Also, North Carolina Sentencing and Policy Advisory Commission. Revised 2005. *A Citizen's Guide to Structured Sentencing.*

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79. The American Law Institute Charter Statement. Available at the ALI Web site: http://www.ali.org.

80. The American Law Institute. April 17, 2006. *Model Penal Code: Sentencing. Discussion Draft.* Philadelphia, PA. Page 4.

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84. Supreme Court of the United States. January 22, 2007. Opinion of the Court. John Cunningham, Petitioner v. California.

85. Supreme Court of the United States. See endnote 84.

86. Office of the Governor. See endnotes 11 and 44.

87. Office of Senator Gloria Romero. January 18, 2007. "Press Release: Romero Unveils Legislation to Set Up a California Sentencing Commission: SB 110 (Romero) 2007." Sacramento, CA.

88. Kara Dansky, Executive Director, Stanford Criminal Justice Center. August 4, 2006. Written testimony to the Commission. Also, http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=13&Chapter=169 (Vermont established a sentencing commission in 2006.)

89. Reitz. See endnote 72. Also, the American Law Institute. April 17, 2006. *Model Penal Code: Sentencing. Discussion Draft.* Page 48.

90. The four bills include AB 2944, AB 1036, SB 670 and AB 14.

91. AB 14 (Lieber) would have the Governor only appoint five members and the California Supreme Court Chief Justice would serve as Commission chair.

92. Les Kleinberg, Deputy Director, Office of the Attorney General. Sacramento, CA. September 26, 2006. Telephone interview.

93. Governor Pete Wilson. September 28, 1992. Veto Message: AB 2944. Office of the Governor. Sacramento, CA. On file.

94. Governor Pete Wilson. September 26, 1992. Veto Message: SB 25. Office of the Governor. Sacramento, CA. On file.

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98. California Attorneys for Criminal Justice. April 10, 1997. Letter to Senator Vasconcellos regarding SB 670. California State Archives.

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Additional chart information from page 18:

California Penal Code 667.5(c) lists violent felonies to include:

(1) Murder or voluntary manslaughter.
(2) Attempted murder.
(3) Mayhem.
(4) Rape.
(5) Sodomy by force, violence, duress, menace or fear of immediate and unlawful bodily injury.
(6) Any robbery.
(7) Any burglary of the first degree.
(8) Extortion.
(9) Carjacking.
(10) Kidnapping.

Additional chart information from page 21:

Department / Program	Expenditures in 1984-85*	Expenditures in 2006-07*
Health services	$3,076,815	$14,488,022
Social Services	$3,259,402	$9,206703
Adult Corrections	***$766,603***	***$9,152,392***
University of California	$1,457,144	$3,083,355
California State University	$1,398,201	$2,811,384
Mental Health	$629,907	$2,145,140
Youth Corrections	$269,931	$415,000
Total State Expenditures	$25,721,660	$101,260,998

* The above data reflect dollars in thousands. The chart on page 21 reflects the percentage of overall General Fund expenditures for these departments.

EXHBIT 5

Overcrowding

Until the 1980s, no new prisons had been built in California for 20 years. Increases in the inmate population beginning in the late 1970s and continuing through the 1980s have severely crowded the State's correctional institutions. Even with the construction and occupancy of 40,524 new beds, CDC facilities were operating at 185 percent of design bed capacity as of June 30, 1994.

In response to the need to house ever-increasing numbers of inmates while the New Prison Construction Program projects are in various stages of progress, CDC has developed an overcrowding strategy based on percentage of DBC, types of beds and conditions of facilities.

Although prison overcrowding generally is considered undesirable because of stress on staff and inmates, CDC recognizes that some degree of overcrowding is inevitable and is, in fact, manageable even over the long-term. Some additional inmates can be accommodated on a long-term basis through changes in the operations of the prison. Selective double-celling can increase bed capacity with minimal strain on support services and programs by scheduling multiple shifts in areas such as dining, recreation, education and industries. The degree of overcrowding that an existing or new institution can manage varies depending on the characteristics of inmates to be housed (i.e., security level and special needs), capabilities of the physical plant and the availability of programs and/or work assignments.

It is anticipated, however, that new prisons will tolerate overcrowding more easily because they are better suited to accommodate inmates beyond DBC. For example, modern physical plants, infrastructure (i.e., water, waste water and power), housing units with adequate dayrooms, larger cells, newer equipment and dedicated spaces for inmate employment, academic education programs and recreation will support overcrowding more readily than the limited space at an old institution.

Through experience, CDC has determined the manageable levels of overcrowding for both existing and new prisons. With a few exceptions, CDC plans to overcrowd inmates housed in cells at 130 percent and inmates housed in dormitories at 120 percent. One exception is Security Housing Unit (SHU) inmates who are housed in cells but will only be overcrowded at 120 percent.

These overcrowding percentages are taken into account when inmate population projections are compared with anticipated available prison beds to determine future construction needs. Used as a planning tool, the concept of manageable overcrowding allows the flexibility to build fewer bed spaces than population projections otherwise indicate as necessary. This capability helps to prevent over building by creating a tolerance to sudden changes in projections that can result from unanticipated factors such as legislative action or new policies. Manageable overcrowding can also provide a buffer for the period of time between population changes and prison construction completion.

The unprecedented and continuing growth in the inmate population has forced CDC to house inmates and operate institutions at levels greatly exceeding manageable levels of overcrowding. Operating at high occupancy levels taxes the infrastructure of prisons, necessitating expensive repair and maintenance programs. The availability and effectiveness of inmate programs becomes limited by overcrowding. These conditions can also increase the potential for violence and injury to inmates and staff and increases the CDC's exposure to inmate lawsuits over conditions of confinement.

Bed Level Flexibility

A factor that mitigates overcrowding is the flexibility within certain housing units to safely accommodate inmates with a different custody classification. Because security, program and housing requirements are similar, it is possible to place Level I inmates in Level II beds.

EXHBIT 6

In an effort to more accurately reflect operational practices, CDC has developed a new methodology for projecting bed needs based on a calculated Housing Overcrowding Capacity for the prison system. In general, this calculation is based on 90 percent of general population cells containing two inmates, and most dormitory beds being double bunked. Exceptions for these standards have been made for disciplinary and security concerns, mental health programming, and when physical design or court orders do not allow these levels of occupancy. The use of the Housing Overcrowding Capacity standard results in reduced projections of bed need when compared to the previous projection method.

Design Bed Capacity

The basic and historical measurement of a prison's capacity is referred to as ***Design Bed Capacity*** (DBC). In celled housing units, this has been traditionally calculated as a single inmate per cell. In dormitory housing units, DBC generally consists of single bunks. When an ***Occupancy Rate*** is calculated for either an individual prison or the entire prison system, the inmate population is divided by the DBC to calculate this rate as a percentage of DBC.

Overcrowding

Overcrowding occurs when the number of inmates housed in a housing unit, or prison, or the prison system, exceeds the DBC. Although prison overcrowding generally is considered undesirable because of stress on staff and inmates, CDC recognizes that some degree of overcrowding is inevitable and is, in fact, manageable even over the long-term. Some additional inmates can be accommodated on a long-term basis through changes in the operations of the prison. Selective double-celling can increase inmate capacity with minimal strain on support services and programs by scheduling multiple shifts in areas such as dining, recreation, education and industries.

The degree of overcrowding that an existing or new institution can manage varies depending on the characteristics of inmates to be housed (i.e., security level and special needs), capabilities of the physical plant and the availability of programs and/or work assignments.

New prisons will tolerate overcrowding more easily than the older institutions because they are better suited to accommodate inmates beyond DBC. For example, modern physical plants, infrastructure (i.e., water, waste water and power), housing units with adequate dayrooms, larger cells, newer equipment and dedicated spaces for inmate employment, academic education programs and recreation will support overcrowding more readily than the limited space at an old institution.

Bed Need Projection

CDC previously used a ***"Manageable Level of Overcrowding"*** standard to project the need for future prison bed construction. This standard was calculated as 120 percent of DBC for dormitory housing units, and 130 percent of DBC for most celled housing units, for an approximate systemwide average of 125 percent. It was assumed that the prison system could operate on a long-term basis with this level of overcrowding, thus the number of design beds needed to reduce occupancy rates to these standards was the projected construction need.

Housing Overcrowding Capacity

During the last decade, CDC has demonstrated the ability to operate the prison system at occupancy rates greatly exceeding the Manageable Level of Overcrowding standard. This has been largely due to the expertise and professionalism of the employees who staff CDC's prisons, combined with the improved designs of the prisons that have been constructed during the last 11 years. In recognition that current housing unit overcrowding standards are sustainable on a long-term basis, CDC has developed a new ***"Housing Overcrowding Capacity"*** (HOC) standard for calculating future prison bed needs. This overcrowding standard is based on the capabilities of the prison and its programs to maximize double occupancy in celled and dormitory housing units. An individual HOC has been determined for each security level and type of housing unit, with exceptions determined for special security, program, design or legal needs. These standards are used to calculate the total HOC for each prison and aggregated to determine the HOC for the prison system.

In most celled prisons built since 1984, the HOC standard is based upon 90 percent of general population cells containing two inmates. In the cases of Calipatria State Prison and California State Prison (CSP)-Los Angeles County, where the 270 Housing Unit was designed and constructed for Level IV inmates, a 70 percent double celling standard is used. Exceptions to these standards have been made for special security or programmatic needs. For Administrative Segregation cells and Security Housing Unit (SHU) cells, the HOC standard is for 40 percent of these cells to be occupied by two inmates. This is because these cells contain the most predatory inmates who have demonstrated problems in general population housing. Additionally, 50 percent of the cells being used for mental health programming are projected to contain two inmates.

For Level II prisons and Level I housing units constructed since 1984, the HOC standard calls for an occupancy rate of 200 percent of DBC. This results in double bunking of all design beds in these housing units. Level I design beds that are located in prison firehouses or conservation camps will have an HOC that is equal to their DBC due to infrastructure and space facility limitations and the programming needs of these beds.

The determination of the HOC at the original 12 prisons that were operating prior to the 1980's required slightly different standards. Level I and Level II dormitories at these prisons generally have an HOC standard of 150 percent of DBC. These prisons were constructed with different standards than newer prisons for inmate supervision and observation, and dayroom and other housing unit space. A level of occupancy greater than 150 percent over a long term basis would be detrimental to the security and operations of these prisons. Certain exceptions were made to this standard when the physical design of the dormitory precluded this level of overcrowding.

The standard of double occupancy in 90 percent of general population cells has also been established at the original 12 prisons, along with the exceptions for Administrative Segregation cells and mental health programming. An additional exception to this standard is caused by the design of "over and under" cells at California Men's Colony and California Institution for Men, where the HOC standard will house two inmates in 40 percent of these cells. Additionally, cells for condemned inmates at CSP-San Quentin, and some Administrative Segregation cells at older prisons, are limited to single inmate occupancy due to court orders.

These standards have been used to calculate a systemwide HOC of approximately 132,800 inmates in 2000 which corresponds to an occupancy rate of 170 percent of DBC. It is important to note that the HOC may be expected to change over time. As additional prisons are authorized and constructed, the systemwide HOC will increase. Likewise the occupancy rate corresponding to HOC will increase from 170 percent because the individual occupancy rate of new celled prisons at HOC is generally greater than 170 percent of DBC. These increases may be offset by expansion of mental health programs or permanent mission changes in existing prisons.

The beds needed to house the inmate population exceeding the HOC will be projected using the occupancy standards displayed in Table A. This will clearly focus CDC's new prison needs to the inmate population for which housing capacity, as defined by the HOC, is not available.

EXHBIT 7

The Mission

The California Department of Corrections is a public safety, public service agency.

We protect the public by:

- Incarcerating California's most serious criminal offenders in a secure, safe, humane, and disciplined institutional setting. This is done in accordance with California law dictating the purpose of prison punishment.

- Providing parolee supervision, surveillance, and other necessary services to reintegrate parolees back into the community, reinforce their lawful behavior, and manage the public safety risk that parolees pose to the public as potential reoffenders.

- Providing health care, opportunities for work, academic education, vocational training, substance abuse treatment, and other necessary treatment for California's inmate population to afford better overall inmate management and provide inmates the opportunity to successfully return to society.

- Researching, piloting, and implementing effective correctional methods and techniques, independently and in cooperation with the criminal justice and law enforcement communities and the public.

- Providing support to crime victims to minimize the impact of crime on their lives.

- Providing public education and awareness on the role of corrections and the value it provides to society.

We accomplish our mission through employees dedicated to the Department's values and a clear vision of our role in public safety.

Capacity

During the last decade, CDC has operated the prison system at occupancy rates greatly exceeding original design standards. In an effort to more accurately describe the occupancy conditions of the prison system, CDC has developed new definitions which will allow for discussion in more consistent terms. In recognition that some housing crowding standards are sustainable on a long-term basis, CDC uses certain crowding standards for calculating future prison bed needs. What

used to be called **"Housing Overcrowding Capacity"** has been changed to reflect a new standard of crowding which is now called **"Rated Capacity."** The CDC's maximum level of occupancy is called **"Maximum Operating Capacity."** Within this maximum capacity there are the most undesirable beds. These beds are described as **"Crisis Capacity."**

Design Bed Capacity

Design Bed Capacity has traditionally referred to single occupancy in cells and single bunks and a limited number of double bunks in dormitories. Through need and experience the Department has determined that the prisons can and should be operated at levels of occupancy higher than Design Bed Capacity. Thus, the Design Bed Capacity of the prison system is no longer a standard for operation and is not used as a measure to request new prison construction.

Rated Capacity

Because of the increasing prison population and the recognition that most double celling and double bunking conditions are sustainable on a long-term basis, CDC has redefined these formerly overcrowded levels as a permanent standard for capacity. This standard crowding capacity is now referred to as ***"Rated Capacity."*** This standard is based on 90 percent of general population cells housing two inmates, and dormitory beds being double bunked. This also includes double bunking in minimum and medium security gymnasiums. Exceptions to these standards have been made for disciplinary and security concerns, mental health programming, and when physical design or court orders do not allow these levels of occupancy.

The degree of double celling and double bunking that an existing or new institution can manage varies depending on the characteristics of inmates to be housed (i.e., security level and special needs), capabilities of the physical plant, and the availability of programs and/or work assignments.

New prisons will tolerate crowding more easily than the older institutions because they are better suited to accommodate additional inmates. For example, modern physical plants; infrastructure such as water, wastewater and power, housing units with adequate dayrooms, larger cells, newer equipment and dedicated spaces for inmate employment; and

academic education programs and recreation will support additional inmates more readily than the limited space and infrastructure at old institutions.

In most celled prisons built since 1984, Rated Capacity is calculated assuming that 90 percent of general population and Administrative Segregation cells will house two inmates. Exceptions to this standard have been made for some special security or programmatic needs. For example, the Security Housing Unit (SHU) Rated Capacity assumes that 40 percent of the cells will be occupied by two inmates. This is because inmates housed in the SHU are the most predatory inmates who have demonstrated behavioral problems in general population housing. Additionally, 50 percent of the cells being used for mental health programming are projected to house two inmates. In dormitories the Rated Capacity standard calls for double bunking of all beds in these housing units.

The determination of the Rated Capacity at the original 12 prisons that were operating prior to the 1980s is more complex and is individually determined. These prisons were constructed with different standards than newer prisons for inmate supervision and observation, and dayroom and other housing unit space. A level of occupancy greater than the Rated Capacity over a long-term basis would be detrimental to the security and operations of these prisons.

The Rated Capacity standard of double occupancy in 90 percent of general population cells also applies to the original 12 prisons. However, there are more exceptions to this standard in these older facilities. For example, "over and under" cells at California Men's Colony (CMC) and California Institution for Men (CIM), have a Rated Capacity standard of two inmates in 40 percent of these cells. Additionally, cells for condemned inmates at California State Prison-San Quentin, and some Administrative Segregation cells at older prisons, are limited to single inmate occupancy due to court orders.

These standards have been used to calculate a systemwide Rated Capacity of approximately 166,000. This includes capacity leased in jails and public and private Community Correctional Facilities (CCFs) as discussed in Chapter 2. It is important to note that the Rated Capacity may change over time. Obviously, as additional prisons are authorized and constructed, the systemwide Rated Capacity will increase.

However, a mission change within an institution which results in a greater or lesser level of double occupancy would also change the Rated Capacity.

Occupancy standards for Rated Capacity for prisons constructed since 1984 are summarized in Table A below.

TABLE A
RATED CAPACITY STANDARDS
FOR NEW PRISONS CONSTRUCTED SINCE 1984

OCCUPANCY STANDARDS FOR GENERAL POPULATION HOUSING UNITS		OCCUPANCY STANDARDS FOR SPECIAL SECURITY/PROGRAM BEDS	
Level I	All double bunked	Administrative Segregation	90% double celled
Level II	All double bunked	Security Housing Unit	40% double celled
Level III	90% double celled	Firehouse & Camps	All double bunked
Level IV	90% double celled	Enhanced Outpatient Program	50% double celled
		Substance Abuse Treatment	40% double bunked
Reception (cells)	90% double celled	Minimum and Medium Security Gyms	120 inmates per gym
Women (dormitory)	75% double bunked		

Maximum Operating Capacity

Before any new prisons can be constructed, CDC will be using all available traditional and nontraditional housing space to house inmates. This level of occupancy is CDC's ***"Maximum Operating Capacity" and refers to the maximum level of occupancy at which the Department can house inmates including both Rated and Crisis beds.***

Because no new prison construction has been approved since 1993 and the inmate population continues to grow, CDC is now approaching

Maximum Operating Capacity. The Department's Fall inmate population projections indicate that the CDC will be completely out of capacity for incoming inmates by early 2000. At that time, the prison system will be housing 178,000 inmates in long-term, temporary, and emergency housing. This means that in addition to the double cell and double bunk standard, as well as double bunking in Level III gyms, inmates will be housed in converted dayrooms, Level IV gyms, and other areas not suitable for long-term housing. Some gyms will also include triple bunks.

The capacity of the system is limited in that there is only a finite number of spaces, such as gymnasiums and dayrooms, which can be used for temporary housing. Once these locations are converted and are housing inmates, the prison capacity will be exhausted. Based on current population projections, this will occur early in 2000. When the system's housing capacity is exhausted, CDC will still be required to incarcerate all felons for their sentences as mandated by current law. This will create conditions where violence, and the potential loss of life and property, will escalate, and "conditions of confinement" litigation may result in the early release of dangerous felons from State prison.

Crisis Capacity

Because the inmate population has grown faster than the addition of new capacity, CDC has been forced to house an inmate population which is greater than the system's Rated Capacity. This occurs by crowding additional inmates into dormitory housing units, and by converting dayrooms at older prisons and gymnasiums at most prisons into dormitories. The use of these various locations for inmate housing, especially for medium-security inmates, poses a high risk for staff and inmates. Additional bed space consisting of triple bunks in selected dormitories and in gymnasiums, and double bunks on the floor of medium-security cellblocks, has been added by the Emergency Bed Program. In these open and crowded spaces, the staff's ability to identify illegal or dangerous activities, or to isolate, contain, and control incidents is compromised. Thus, the use of these beds place both staff and inmates at an increased risk of violence and potential injury, and should only be used until replacement beds are available.

Crisis Capacity, which is a component of the system's Maximum

Operating Capacity, refers to beds which are the most undesirable in terms of safety for both staff and inmates and are inappropriate for long term housing. Approximately 12,000 beds have been identified as crisis beds. Within Crisis Capacity are approximately 7,200 beds which are referred to as "high risk emergency beds." The CDC has an immediate goal of building out of these dangerous beds which include triple bunks in gymnasiums and dormitories and double bunks on the floors of medium security cell blocks. The long-term use of these high risk beds poses an unacceptable risk of violence against both staff and inmates.

Program Direction

Legislative mandates, court orders, and various CDC policies influence the development of, or in some cases specify, policies regarding planning, designing, constructing, equipping, and operating correctional facilities.

Ensure Safety

CDC must ensure that the staff, inmates, and visitors are not subject to physical or psychological abuse or danger while inside a correctional facility. Building design, selection of equipment and furnishings, staff training, and operational safeguards must facilitate safety. CDC must provide an atmosphere in which tension and violence are minimized.

Cost Effectiveness

California has been a national leader in building correctional facilities through a public-private partnership. Our construction program focuses on building secure, durable prisons that are cost effective to design, construct, and operate. CDC maximizes security, economy, and safety by constructing buildings with the least costly materials suited to their use. In addition, CDC continues to seek out and evaluate new technologies and improvements in correctional facility construction and management. These efforts result in California's operation of the nation's largest correctional system with one of the leanest inmate-to-correctional officer ratios.

Electrified Fence

Relevant to both safety and cost effectiveness, one of the most far reaching proposals developed and implemented through CDC's technology transfer process is the lethal electrified perimeter fence. California is the first and only prison system to incorporate such a cost-saving mechanism. The fence allows CDC to deactivate towers previously staffed 24 hours a day, 365 days a year. This results in an annual savings of approximately $40 million.

EXHBIT 8

Comparison of Health Care Staff Vacancies Between January 2002 and January 2007

Medical	**01/31/2002**	**01/31/2007**
CMO	4	7
Chief Physician & Surgeon	1	11
Nurse Practitioner	1	11.6
Physician & Surgeon	44	60
Senior Registered Nurse II	4	9.6
Registered Nurse	180	104
Pharmacist I	16	31.4
Pharmacist II	1	9
Lab Assistant	4	10
Medical Transcriber	30	31.5
Health Records Technician I	23	33
Health Records Technician II	5	11
Office Technician (Typing)	24	39.7
Office Assistant (Typing)	17	33.4
Dental		
Chief Dentist	2	5
Dentist	15	68.6
Dental Assistant	10	49.2
Mental Health		
Chief Psychiatrist	4	16
Psychologist	69	189.1
Staff Psychiatrist	49	130
Psychologist Technician	40	94.7

The medical positions have increased between January 2002 and 2007 by 1702 positions. The Dental positions have increase by 180 positions and Mental Health has increased by 875 positions, for a grand total of 2757 positions. According to this report, the number of vacant medical positions in 2002 was 646 while in 2007 the number of vacant positions increased to 1027. For Dental positions the vacancies went from 28 in 2002 to 158 in 2007. For the Mental Health program the vacancies went from 233 in 2002 to 673 in 2007. The grand total of vacancies, according to State Controller records, for all health care positions went from 907 in 2002 to more than double that number in 2007 with 1858 positions being vacant.

EXHBIT 9

California Home

Monday, May 14, 2007

Welcome to California

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California Department of Corrections and Rehabilitation

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Second Quarter 2006 Facts and Figures

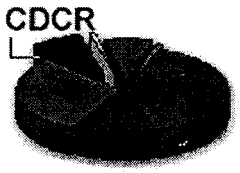
About the Department

The California Department of Corrections and Rehabilitation (CDCR) operates all state prisons, oversees a variety of community correctional facilities, and supervises all parolees during their re-entry into society.

Budget:	$8.75 billion (2006-2007 Budget Act)
Avg. yearly cost:	per inmate, $34,150; per parolee, $4,067
Staff:	56,574 currently employed including 52,000 in Institutions, 3,137 in Parole, and 4,545 in Administration (about 33,980 sworn peace officers)
Total offenders under CDCR jurisdiction:	312,271; One year change: +9,026 (2.9%)

About the State Budget

While it is the largest in terms of staffing, Corrections' operating budget is just 8.6% of the state General Fund in the 2006-2007 Budget Act.



About Prisons

Facilities: 33 state prisons ranging from minimum to maximum custody; **40 camps**, minimum custody facilities located in wilderness areas where inmates are trained as wildland firefighters; **12 community correctional facilities (CCF's)**; and **5 prisoner mother facilities**.

Population

All Institutions:	170,561; One year change: +8,382 +5.1%
Prisons:	162,083
Camps:	4,464
Community Facilities:	5,842
Outside CDC:	2,024
Escaped:	241
USINS Holds:	15,849
Top 5 counties:	• LA 33% • San Diego 8% • San Bernardino 7% • Riverside 7% • Orange 5%

AOAP Links

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Related Links

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Characteristics

Males:	93%
Females:	7%
Parole Violators:	12%
Race:	• 28% white • 29% black • 37% hispanic • 6% other
Offense:	• 50% persons • 21% property • 21% drugs • 8% other
Lifers:	29,166
LWOP's:	3,445
Condemned:	658
Avg Reading Level:	Seventh grade
Average Age:	36
Employed:	53.6%
Ineligible:	28.7%
Waiting List:	17.7%
Avg Sentence:	46.7 months
Avg Time Served:	24.1 months
Commitment Rate:	445.9 per 100,000 California population
Assault Rate (per 100 ADP):	• 3.5 in '04 • 3.5 in '03 • 4.6 in '02 • 4.6 in '01
Escape Rate (per 100 ADP):	• 0.01 in '05 • 0.01 in '04 • 0.01 in '03 • 0.01 in '02

About Parole

FACILITIES: 19 re-entry centers, and 2 restitution facilities. Most are operated by public or private agencies under contract to CDCR. Parole staff monitor these facilities.

OFFICES: 190 parole units and sub-units in 84 locations. **Parole outpatient clinics** and 150 clinicians.

Population

Total:	116,563; One year change: +1,192 +1.0%
Paroled to county of last legal residence:	90%; Other: 10%
Region I (North/Central Valley):	26,792
Region II (Bay Area/North, Central Coast):	22,579
Region III (LA County):	36,189
Region IV (San Diego/S. CA):	31,003
Return rate (per 100 avg daily pop) with new prison term:	15%
Return rate (per 100 avg daily pop) as parole violator:	47%
Top 5 counties:	• LA 31% • San Bernardino 7% • Orange 7% • San Diego 6% • Riverside 6%

Characteristics

Males:	89%
Females:	11%
Race:	• 32% white • 24% black • 39% hispanic • 5% other
Offense:	• 26% persons • 30% property • 31% drugs

	• 13% other
Median Age:	36

Updated: 04/12/2007

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EXHBIT 10

California Department of Corrections and Rehabilitation
Inmate Movement
January 1, 2007 – January 31, 2007

Institution	Transfer In[1]	Other Transfer In[2]	Transfer Out[3]	Other Transfer Out[4]	Total Moves
ASP	518	94	118	597	1327
CAL	440	19	90	340	889
CCC	368	28	210	323	929
CCI	1075	513	1237	374	3199
CEN	347	33	112	288	780
CMC	448	36	193	320	997
CMF	284	33	107	192	616
COR	416	30	256	246	948
CRC	275	64	72	387	798
SOL	314	42	189	242	787
CTF	886	43	618	304	1851
CVSP	297	36	133	307	773
DVI	621	1463	1375	809	4268
FSP	255	88	131	248	722
SAC	659	29	560	159	1407
HDSP	320	299	303	189	1111
MCSP	101	16	33	109	259
ISP	251	33	131	235	650
KVSP	207	15	102	121	445
LAC	851	624	1234	242	2951
NKSP	552	1818	2078	306	4754
PBSP	128	8	89	75	300
PVSP	338	28	63	219	648
CIM	4349	1499	4549	1309	11706
RJD	1296	881	1320	445	3942
SATF	422	77	84	397	980
SCC	368	16	166	277	827
SQ	809	898	920	803	3430
SVSP	224	34	146	156	560
WSP	1446	1795	2267	733	6241
Total:	**18,865**	**10,592**	**18,886**	**10,752**	**59,095**
CCWF	419	548	576	368	1911
CIW	429	366	407	448	1650
VSPW	510	535	565	533	2143
CRC-W	62	24	25	101	212
Total:	**1420**	**1473**	**1573**	**1450**	**5916**

Source: CDCR Data Analysis Unit, Institution Population Movements January 1, 2007 through January 31, 2007.

[1] Inmate arrived from another CDCR institution.
[2] Inmate arrived from a non-CDCR institution, i.e., parole violator, court, hospital, Federal or County custody.
[3] Inmate departed institution for housing at another CDCR institution.
[4] Inmate departed institution for placement not at a CDCR institution, i.e., parole, Federal or County custody, hospital.

EXHBIT 11

California Department of Corrections and Rehabilitation
Inmate Movement
February 1, 2007 – February 28, 2007

Institution	Transfer In[1]	Other Transfer In[2]	Transfer Out[3]	Other Transfer Out[4]	Total Moves
ASP	498	114	84	502	1198
CAL	341	23	122	315	801
CCC	383	11	146	272	812
CCI	967	551	1239	306	3063
CEN	325	23	118	237	703
CMC	362	39	197	274	872
CMF	142	51	70	151	414
COR	352	34	223	224	833
CRC	350	53	90	330	823
SOL	287	49	76	205	617
CTF	795	27	614	280	1716
CVSP	476	32	136	250	894
DVI	550	1410	1243	724	3927
FSP	265	72	98	248	683
SAC	645	35	496	128	1304
HDSP	169	206	302	182	859
MCSP	71	16	34	80	201
ISP	203	36	87	185	511
KVSP	207	16	72	107	402
LAC	707	405	709	386	2207
NKSP	437	1775	1904	274	4390
PBSP	113	5	53	65	236
PVSP	293	36	53	224	606
CIM	3662	1353	3951	2328	11294
RJD	778	737	1006	423	2944
SATF	335	65	115	353	868
SCC	657	11	166	251	1085
SQ	983	935	994	866	3778
SVSP	211	34	114	154	513
WSP	559	1599	1494	662	4314
Total	**16123**	**9753**	**16006**	**10986**	**52868**
CCWF	418	489	636	286	1829
CIW	519	323	423	374	1639
VSPW	449	508	421	434	1812
CRC-W	24	26	32	65	147
Total	**1410**	**1346**	**1512**	**1159**	**5427**

Source: CDCR Data Analysis Unit, Institution Population Movements February 1, 2007 through February 28, 2007.

[1] Inmate arrived from another CDCR institution.
[2] Inmate arrived from a non-CDCR institution, i.e., parole violator, court, hospital, Federal or County custody.
[3] Inmate departed institution for housing at another CDCR institution.
[4] Inmate departed institution for placement not at a CDCR institution, i.e., parole, Federal or County custody, hospital.

EXHBIT 12

California Department of Corrections and Rehabilitation
Inmate Movement
March 1, 2007 – March 31, 2007

Institution	Transfer In[1]	Other Transfer In[2]	Transfer Out[3]	Other Transfer Out[4]	Total Moves
ASP	672	135	157	551	1515
CAL	401	22	156	317	896
CCC	433	31	169	271	904
CCI	1260	612	1467	316	3655
CEN	343	33	118	300	794
CMC	703	37	345	335	1420
CMF	230	42	88	160	520
COR	443	39	210	217	909
CRC	552	62	80	406	1100
SOL	299	56	106	250	711
CTF	1143	51	770	331	2295
CVSP	396	34	570	229	1229
DVI	554	1769	1504	836	4663
FSP	327	99	89	294	809
SAC	739	47	676	163	1625
HDSP	265	306	281	199	1051
MCSP	141	33	69	116	359
ISP	277	36	130	238	681
KVSP	225	38	120	153	536
LAC	456	939	628	457	2480
NKSP	565	1906	2192	291	4954
PBSP	115	6	61	86	268
PVSP	240	50	114	253	657
CIM	4562	1728	4809	1496	12595
RJD	602	884	1034	454	2974
SATF	405	85	142	387	1019
SCC	382	23	190	297	892
SQ	1350	1156	1460	1031	4997
SVSP	512	26	196	134	868
WSP	571	1878	1759	781	4989
Total:	**19163**	**12163**	**19690**	**11349**	**62365**
CCWF	398	542	565	311	1816
CIW	602	372	444	448	1866
VSPW	486	585	569	531	2171
CRC-W	20	23	82	91	216
Total:	**1506**	**1522**	**1660**	**1381**	**6069**

Source: CDCR Data Analysis Unit, Institution Population Movements March 1, 2007 through March 31, 2007.

[1] Inmate arrived from another CDCR institution.
[2] Inmate arrived from a non-CDCR institution, i.e., parole violator, court, hospital, Federal or County custody.
[3] Inmate departed institution for housing at another CDCR institution.
[4] Inmate departed institution for placement not at a CDCR institution, i.e., parole, Federal or County custody, hospital.

EXHBIT 13

Bed Conversions Occurring from FY 02/03 to 06/07

Fiscal Year 2006/07

Institution	Approximate Start Date	Approximate End Date	Facility	Starting Capacity	Ending Capacity	Prior Mission	New Mission	Notes
CIM-RCC	7/1/2006	7/31/2006	RCC	192	177	RC	RC-ASU	
FOL	7/1/2006	7/31/2006	Bldg 4	87	46	Level III	Level III ASU	
FOL	7/1/2006	7/31/2006	Bldg 4	92	92	Level II ASU	Level IIII ASU	
LAC	7/1/2006	7/31/2006	A	190	150	Level IV	Level IV ASU	
SAC	7/1/2006	7/31/2006	A	107	75	Level IV ASU	Level IV EOP ASU	
SAC	7/1/2006	7/31/2006	B	122	96	Level IV	Level IV ASU	
SAC	7/1/2006	7/31/2006	B	122	96	Level IV	Level IV EOP	
SVSP	7/1/2006	3/1/2007	D-5	122	56	Level IV	Level IV ICF	deactivation in 5/06, budgetarily 7/06
CVSP	8/28/2006	10/9/2006	A	674	674	Level II GP	Level II SNY	
SAC	10/1/2006	10/31/2006	B	122	96	Level IV	Level IV EOP	
SAC	11/13/2006	12/25/2006	A	96	96	Level IV EOP	Level IV SNY EOP	Will convert back to GP EOP at a later date
CCWF	11/1/2006	11/30/2006	A	3	2	ASU	Condemned	
RJD	11/1/2006	12/31/2006	3	950	950	Level III	Level IV SNY	due to LAC conversion to RC
RJD	11/1/2006	12/31/2006	3	152	152	Level III	Level III SNY	due to LAC conversion to RC
LAC	12/1/2006	1/31/2007	C	950	950	Level IV SNY	RC	due to cancellation of Pitchess Contract
CCF	12/18/2006	ongoing	n/a	600	600	MCCF GP	MCCF SNY	
LAC	1/1/2007	1/31/2007	C	120	120	Level III SNY	RC	gym
CIW	1/1/2007	1/31/2007	Main	0	10	OHU	PSU	
CMF	1/1/2007	2/28/2007	M-3	67	38	Level III EOP	Level III EOP ASU	
MCSP	1/1/2007	1/31/2007	B	190	180	Level III SNY	Level III EOP SNY	
MCSP	1/1/2007	1/31/2007	A	135	115	Level IV SNY	Level IV EOP SNY	
CMF	2/1/2007	6/30/2007	P-3	38	30	Level III EOP ASU	Level III DMH ICF	
CVSP	2/13/2007	5/7/2007	B	1020	1020	Level II GP	Level II SNY	
SQ	3/1/2007	3/30/2007	H-Unit	36	36	Level I	Level II	Roof project completed
LAC	3/1/2007	3/31/2007	A	150	150	Level IV ASU	RC ASU	Due to conversion to RC
COR	4/1/2007	4/30/2007	C	120	120	Level II SNY	Level III SNY	Actual beds is 121, to be corrected
MCSP	4/1/2007	4/30/2007	C	200	200	Level II SNY	Level III SNY	
CEN	5/1/2007	1/1/2008	C	570	570	Level III	Level IV	
CRC-W	5/1/2007	11/1/2007	women	780	800	women	men	800 beds may activate as SNY
LAC	5/1/2007	6/30/2007	D	570	570	Level IV	RC	
LAC	5/1/2007	5/31/2007	C	120	120	RC	Level II	Permanent Work Force for PIA

Bed Conversions Occurring from FY 02/03 to 06/07

Fiscal Year 2005/06

Institution	Approximate Start Date	Approximate End Date	Facility	Starting Capacity	Ending Capacity	Prior Mission	New Mission	Notes
COR	7/1/2005	8/31/2005	C	950	950	Level IV	Level III SNY	offset KVSP activation
CCI	7/1/2005	8/31/2005	IVB	228	167	Level IV	SHU	
COR	7/1/2005	7/31/2005	C	121	121	Level III	Level II SNY	
ASP	7/1/2005	10/3/2005	3	1200	1200	Level II GP	Level II SNY	
WSP	8/1/2005	8/31/2005	A	190	190	Level III	RC	
CCI	9/1/2005	9/30/2005	3	190	190	Level III	RC	
CMC	9/1/2005	9/30/2006	East	50	50	Level III	Level III EOP	
PVSP	9/1/2005	9/30/2005	D	120	120	Level III SNY	Level II SNY	
SAC	9/1/2005	9/30/2005	C	50	140	Level I	Level II	
SVSP	9/1/2005	10/1/2005	B	950	950	Level IV	Level III SNY	offset KVSP activation
SVSP	9/1/2005	3/31/2007	D-6	122	56	Level IV	ICF	Construction 9/1/05. Final occupancy 11/31/06.
COR	11/1/2005	12/31/2005	B	760	760	Level IV	Level III	
COR	11/1/2005	12/1/2005	B	120	120	Level III	Level II	GYM
COR	11/1/2005	11/30/2005	A	150	150	Level IV ASU	Level III ASU	
COR	11/1/2005	11/30/2005	B	150	150	Level IV EOP	Level III EOP	
RJD	11/1/2005	12/31/2005	2	760	760	Level III	RC	
LAC	12/1/2005	2/28/2006	B	950	950	Level III SNY	RC	
LAC	12/1/2005	2/28/2006	B	120	120	Level III SNY	RC	Gym
RJD	12/1/2005	12/31/2005	3	152	152	RC	Level III	
SAC	12/1/2005	12/31/2005	A	38	0	Level IV	OHU	
ASP	1/1/2006	4/3/2006	4	1159	1159	Level II GP	Level II SNY	
CCI	1/1/2006	1/31/2006	A	122	96	Level IV	Level IV ASU	
PBSP	1/1/2006	1/31/2005	A	60	76	Level IV ASU	Level IV	
RJD	1/1/2006	1/31/2006		190	175	RC	RC ASU	
SAC	1/1/2006	1/31/2006	A	122	64	Level IV	Level IV PSU	
SATF	1/1/2006	1/31/2006	C	120	120	Level III	Level II	
SOL	1/1/2006	1/31/2006	2	190	175	Level III	Level III ASU	
SQ	1/1/2006	1/31/2006	East	266	140	RC	RC ASU	
CIW	3/1/2006	3/31/2006	Wilson A	108	120	RC	GP	
SQ	3/1/2006	3/30/2006	H-Unit	200	200	Level II	Level I	
SQ	4/1/2006	4/30/2006	H-Unit	36	36	Level II	Level I	
SVSP	4/1/2006	4/30/2006	D	120	120	Level I	Level II	
COR	5/1/2006	5/30/2005	SHU-B	77	64	Level IV SHU	Level IV EOP ASU	
COR	5/1/2006	5/30/2005	SHU-B	77	96	Level IV SHU	Level IV ASU	
COR	5/1/2006	5/30/2005	A	87	190	Level IV ASU	Level IV	

Bed Conversions Occurring from FY 02/03 to 06/07

Fiscal Year 2004/05

Institution	Approximate Start Date	Approximate End Date	Facility	Starting Capacity	Ending Capacity	Prior Mission	New Mission	Notes
CCI	7/1/2004	7/31/2004	3	190	190	Level IV	Level III	Occurred in 6/2004, budgeted in 7/2004
CCI	7/1/2004	7/31/2004	IVB	123	156	YOP	Level IV	Youthful Offender Program
CCWF	7/1/2004	7/31/2004	A	3	2	ASU	Condemned	
CMC-E	7/1/2004	7/31/2004	East	80	50	Level III	Level III ASU	
COR	7/1/2004	7/31/2004	A	190	150	Level IV	Level IV ASU	
CTF	7/1/2004	7/31/2004	A	91	84	Level II	Level II ASU	
DVI	7/1/2004	7/31/2004	RC	173	159	RC	RC ASU	
HDSP	7/1/2004	7/1/2004	D	96	122	ASU	Level IV	Due to activation of new ASU building
SAC	7/1/2004	7/30/2004	A	192	243	Level IV ASU	Level IV	
SATF	7/1/2004	7/31/2004	C	120	120	Level II	Level III	
SQ	7/1/2004	7/31/2004	RC	186	98	RC	RC ASU	
HDSP	9/1/2004	9/30/2004	B2	190	190	Level IV	RC	
SVSP	9/1/2004	9/30/2004	D	120	50	Level III	Level I	
CEN	11/1/2004	4/1/2005	C	950	950	Level IV	Level III	
CMF	11/1/2004	11/30/2004	P-3	38	38	Level III	Level III EOP ASU	
CMF	11/1/2004	11/30/2004		58	58	Level III EOP ASU	Level III ASU	
MCSP	1/24/2005	3/14/2005	C	760	760	Level III GP	Level III SNY	
CMF	2/1/2005	2/28/2005	P-2	88	60	Level III	DMH	
HDSP	2/1/2005	2/28/2005	B2	190	190	RC	Level IV	
MCSP	5/1/2005	5/1/2005	A	11	0	Level IV	OHU	
MCSP	5/1/2005	5/31/2005	A	44	35	Level IV	Level IV EOP	
NKSP	5/1/2005	6/30/2005	A	380	380	Level III	RC	
PBSP	6/1/2005	6/30/2005	B	0	6	Level IV EOP	Level IV	

Bed Conversions Occurring from FY 02/03 to 06/07

Fiscal Year 2003/04

Institution	Approximate Start Date	Approximate End Date	Facility	Starting Capacity	Ending Capacity	Prior Mission	New Mission	Notes
CEN	7/1/2003	7/31/2003	A	175	190	Level III ASU	Level III	
CEN	7/1/2003	7/31/2003	C	950	950	Level IV	Level III	
HDSP	7/1/2003	7/31/2003	A	190	190	Level III	RC	
SVSP	7/1/2003	7/31/2003	D	38	30	Level IV	Level IV EOP	Activation occurred 5/03, Budgeted 7/03
CCI	8/1/2003	8/31/2003	3	190	190	Level IV	RC	
DVI	8/1/2003	8/30/2003	L-3	98	98	RC	Level III	
CEN	9/1/2003	9/30/2003	A	190	175	Level III	Level III ASU	
CAL	9/1/2003	9/30/2003	A	190	150	Level IV	Level IV ASU	
LAC	9/1/2003	9/30/2003	A	190	150	Level IV	Level IV ASU	
PVSP	9/1/2003	9/30/2003	A	190	175	Level III	Level III ASU	
SVSP	9/1/2003	9/30/2003	A	122	96	Level IV	Level IV ASU	
NKSP	10/1/2003	10/31/2003		95	95	RC	Level III	
LAC	2/1/2004	3/31/2004	B	950	950	Level IV	Level III SNY	
LAC	2/1/2004	2/28/2004	B	120	120	Level III	Level II SNY	
SVSP	3/1/2004	3/31/2004	D	46	36	Level IV	Level IV EOP	
FOL	4/1/2004	4/30/2004	Bldg 1	1203	1203	Level II	Level III	
PVSP	4/1/2004	4/30/2003	A	950	950	Level III	Level IV	
CCI	6/1/2004	6/30/2004	III	190	190	Level IV	Level III	
HDSP	6/1/2004	6/1/2004		120	120	Level II	Level III	Gym

**Note that numerous ASU beds were conerteted to ASU-EOP beds in FY 03/04. As the beds were already operating as ASU-EOP, they are not reflected above.*

**Note that numerous GP beds were conerteted to HIV beds in FY 03/04. As the beds were already operating as HIV, they are not reflected above.*

Bed Conversions Occurring from FY 02/03 to 06/07

Fiscal Year 2002/03

Institution	Approximate Start Date	Approximate End Date	Facility	Starting Capacity	Ending Capacity	Prior Mission	New Mission	Notes
PBSP	5/1/2003	5/31/2003	A	96	122	Level IV ASU	Level IV	New Design ASU activated
CAL	4/1/2003	4/30/2003	A	150	190	Level IV ASU	Level IV	New Design ASU activated
SATF	4/28/2003	6/16/2003	A	994	994	Level II GP	Level II SNY	
COR	3/1/2003	4/30/2003	C	950	950	Level III	Level IV	
SVSP	4/21/2003	7/28/2003	A	950	950	Level IV GP	Level IV SNY	
COR	3/1/2003	3/31/2003	A	121	121	Level III	Level II	
PVSP	3/1/2003	3/31/2003	D	175	190	Level III ASU	Level III	New Design ASU activated
SVSP	3/1/2003	3/31/2003	D	96	122	Level IV ASU	Level IV	New Design ASU activated
CIM	1/1/2003	1/31/2003	MSF	100	100	MSF	MSF-HIV	
CIM	1/1/2003	1/31/2003	RCE	80	80	Level III AIDS	RC	
DVI	1/1/2003	1/31/2003	Unit L-1	91	91	Level III	RC	
DVI	1/1/2003	1/31/2003	Unit L-2	91	91	Level III	RC	
DVI	1/1/2003	1/31/2003	Wing C	251	251	Level III	RC	
DVI	1/1/2003	1/31/2003	Wing J	247	247	Level III	RC	
LAC	1/1/2003	1/31/2003	A	150	190	Level IV ASU	Level IV	New Design ASU activated
RJD	1/1/2003	1/31/2003	1	190	150	Level III	Level III EOP	
SAC	6/1/2003	6/30/2003	A	74	40	Level IV	Level IV PSU	
CIM	12/1/2002	12/31/2002	Min	100	100	Level I GP	Level I GP HIV	
PVSP	11/1/2002	12/31/2002	D	950	950	Level III GP	Level III SNY	Dates are approximate
DVI	10/1/2002	10/31/2002	Wing D	255	255	Level III	RC	
FOL	10/1/2002	11/30/2003	Bldg 3	761	761	Level II	Level III	
CCI	8/1/2002	4/30/2003	Unit 4	125	125	Level III gym	RC gym	
CCI	3/1/2003	4/30/2003	Unit 4	570	570	Level IV	RC	
FOL	7/1/2002	7/31/2002	Bldg 2	587	587	Level II	Level III	
NKSP	7/1/2002	7/31/2002	A	285	285	Level III	RC	
WSP	7/1/2002	7/31/2002	A	285	285	Level III	RC	

EXHBIT 14

Memorandum

Date : March 30, 2007

To : Tim Virga
Chief
Office of Labor Relations

Subject: **EMERGENCY REVISION OF THE APRIL 2007 INSTITUTION ACTIVATION SCHEDULES AND ISSUANCE OF MAY 2007 INSTITUTION ACTIVATION SCHEDULE**

An Emergency Revision to April 2007 Institution Activation Schedules (IAS) and the issuance of the May 2007 IAS is attached. This notice supersedes activations or deactivations planned in the Fiscal Year (FY) 2007/08 May Revision IAS.

The following emergency revisions to the IAS have been scheduled for April 2007:

- California Central Women's Facility will activate 200 female beds.
- California Institution for Men will postpone until June 2007 the completion of the security project in its Central Reception Center.
- California Institution for Women (CIW) will deactivate 140 female beds in the Support Care Unit for a lead abatement project.
- The Office of Substance Abuse Programs (OSAP) will postpone the activation of 25 Level I beds in its Drug Treatment Facility (DTF).
- California Out-Of -State Correctional Facilities (COCF) will postpone the activation of 120 Level II beds and 120 Level III beds at Florence Correctional Facility.

The following revisions to the IAS have been scheduled for May 2007:

- CIW will postpone until July 2007 the activation of 20 female beds in the Bonding Mother with Babies Program.
- Valley State Prison for Women will activate 200 female beds.
- Wasco State Prison will postpone until August 2007 the completion of the door retrofit project.
- OSAP will postpone the activation of 25 Level I beds in its DTF.
- COCF will postpone the activation of 64 Level II beds and 64 Level III beds at Tallahatchie Correctional Facility.
- COCF will postpone the activation of 120 Level II beds and 120 Level III beds at Northfork Correctional Facility.

For budget planning purposes, please submit staffing packages for activations and deactivations listed in this memorandum, but not previously approved, to your Institution's Budget Analyst in the Budget Management Branch. Your Budget Analyst will forward to the Mission Based Associate Director's office for review and approval. Any questions regarding the preparation of staffing packages should be directed to your Associate Directors.

If you have any questions or concerns regarding the IAS, please contact David Fong, IAS Coordinator, at (916) 323-3782.

Original Signed By

LINDA BARNETT, Chief (A)
Operations Support
Division of Adult Institutions

Attachment

cc: K. W. Prunty
D. Runnels
S. Kernan
C. Patillo
Wardens
P. Farber-Szekrenyi
R. Churchill
J. Macomber
T. McDonald
Associate Directors
P. Prudhomme
Health Care Managers
J. Martinez
J. Atkinson
P. Bestolarides
R. Kirkland
M. Powers (PIA)
Ombudsmen's Office

EXHBIT 15

CC Rpr

State of California

Department of Corrections and Rehabilitation

Memorandum

Date : March 30, 2007

To : Associate Directors, Division of Adult Institutions
Wardens
Classification and Parole Representatives
Classification Staff Representatives
Correctional Counselor IIIs, Reception Centers

Subject : **CONVERSION OF CALIFORNIA STATE PRISON, LOS ANGELES COUNTY FACILITY "D" TO A RECEPTION CENTER**

This memorandum is to inform you of the impending conversion of three buildings at California State Prison, Los Angeles County (LAC) Facility "D" Level IV General Population (GP) and one gymnasium of Level III GP on Facility "D" to a Reception Center (RC). The conversion of approximately 690 beds is tentatively scheduled to begin May of 2007.

The LAC RC will begin accepting New Commitments and Parole Violators on Facility "D" in May of 2007.

The following criteria are provided for the LAC conversion:

- The Enhanced Out-Patient Program (EOP) level of care inmate population currently in Facility "D" shall not be relocated allowing for shared resources with the RC population identified at the EOP level of care.
- The eligible Development Disability Program Level IV population will be relocated to LAC Facility "A".
- The gymnasium on Facility "C" will be converted from an RC to a Level II in order to develop a work force for the Prison Industry Authority.
- Per current procedures, endorsed cases must be called in each Monday to Transportation Unit for transfer.
- This schedule is subject to change based on subsequently identified population realignments.

Additionally, the proposed schedule includes the movement of the following:

The majority of the affected LAC population in Facility "D" will be relocated to Centinela State Prison (CEN), Facility "C".

- Inmates with Correctional Clinical Case Management System (CCCMS) level of care needs are **not** eligible for transfer to CEN Level IV. Therefore, the CCCMS population will be transferred to California State Prison, Corcoran, Salinas Valley State Prison, and California State Prison, Sacramento.
- There are approximately 190 GP Level IV inmates that are currently participating in the Substance Abuse Program (SAP) in Facility "D". The Level IV inmates that are not at the CCCMS level of care will be displaced to the SAP at Kern Valley State Prison. Those identified for a reduction in their classification score and at the CCCMS level of care will be considered for an alternate Level III SAP, if appropriate.

- Inmates currently housed at LAC Facility "D" with a Board of Parole Hearings (BPH) Parole Consideration Hearing within six months of Classification Staff Representative review are eligible for transfer and the Classification and Parole Representative (C&PR) at LAC will coordinate with the CEN C&PR and the BPH scheduling desk to ensure the scheduling of hearings in a timely manner. All appropriate Parole Consideration Hearing reports shall be completed prior to transfer per California Code of Regulations Section 3379 (a) (3).

The attached schedule must be adhered to in order to meet the time frames for the conversion. On the schedule, in the "Number of Inmates" column, the number reflected is the required in order to accomplish the conversions.

The support of the Wardens in ensuring their institutions' assistance is appreciated and necessary to ensure a smooth transition process. Management is encouraged to provide appropriate accommodation or resources in keeping with the Memorandum of Understanding. Please direct any questions to Brian Moak, Correctional Counselor (CC) III, Classification Services Unit (CSU), at (916) 327-4818 or Virginia Mercado CC II, CSU, at (916) 327-2166.

Original Signed By

TERESA A. SCHWARTZ
Deputy Director (A)
Division of Adult Institutions

Attachments

cc: K. W. Prunty
Lea Ann Chrones
Thomas Hoffman
Richard Hawkins
Ross Meier
Kathleen Keeshen
Scott Kernan
Richard Kirkland
Steve Alston
Linda Barnett
Brian Moak
Bonnie Kolesar
Bernard Warner
Brigid Hanson
Ombudsmans Office
Eric Arnold
Virginia Mercado

Proposed Conversion Schedule:
California State Prison, Los Angeles County Facility D to RC
Centinela State Prison Facility C Level III to Level IV

Cases to be reviewed by a Classification Committee for appropriate placement

NOTIFY	WEEK TO CSR	WEEK TO CALL IN THE # OF INMATES ENDORSED FOR TRANSPORTATION	WEEK OF TRANSFER	FROM	TO	NUMBER OF INMATES	
	4/23/07	05/07/07	05/14/07	CEN III	ISP III	50	
	4/23/07	05/07/07	05/14/07	CEN III	CTF III	38	(No Close A)
	4/23/07	05/07/07	05/14/07	COR IV	CEN IV	20	
	4/23/07	05/07/07	05/14/07	LAC IV	COR IV	20	(CCCMS)
	4/23/07	05/07/07	05/14/07	LAC IV	KVSP IV	32	(SAP)
	4/23/07	05/07/07	05/14/07	KVSP IV	CEN IV	35	
	4/23/07	05/07/07	05/14/07	SVSP IV	CEN IV	25	
	05/07/07	05/14/07	05/21/07	KVSP IV	CEN IV	38	
	05/07/07	05/14/07	05/21/07	LAC IV	KVSP IV	38	(SAP)
	05/07/07	05/14/07	05/21/07	CEN III	PVSP III	35	
	05/07/07	05/14/07	05/21/07	CEN III	FSP III	35	(No Close A)
	05/07/07	05/14/07	05/21/07	LAC IV	SVSP IV	15	(CCCMS)
	05/07/07	05/14/07	05/21/07	SAC IV	CEN IV	25	
	05/07/07	05/14/07	05/21/07	LAC IV	SAC IV	20	(CCCMS)
	05/07/07	05/14/07	05/21/07	SVSP IV	CEN IV	25	
	05/07/07	05/14/07	05/21/07	LAC IV	CEN IV	38	
	05/14/07	05/21/07	05/28/07	CEN III	SOL III	38	
	05/14/07	05/21/07	05/28/07	KVSP IV	CEN IV	30	
	05/14/07	05/21/07	05/28/07	LAC IV	KVSP IV	38	(SAP)
	05/14/07	05/21/07	05/28/07	LAC IV/III	CEN IV/III	38	(Lev III Gym)
	05/14/07	05/21/07	05/28/07	COR IV	CEN IV	38	
	05/14/07	05/21/07	05/28/07	LAC IV	COR IV	20	(CCCMS)
	05/14/07	05/21/07	05/28/07	LAC IV	SVSP IV	15	(CCCMS)
	05/21/07	05/28/07	06/04/07	CEN III	ISP III	58	
	05/21/07	05/28/07	06/04/07	SAC IV	CEN IV	25	
	05/21/07	05/28/07	06/04/07	LAC IV	SAC IV	20	(CCCMS)
	05/21/07	05/28/07	06/04/07	LAC IV	CEN IV	40	
	05/21/07	05/28/07	06/04/07	LAC IV	SVSP IV	20	(CCCMS)
	05/21/07	05/28/07	06/04/07	LAC IV	SOL III	15	(SAP/CMS)
	05/21/07	05/28/07	06/04/07	CEN III	SOL III	50	
	05/28/07	06/04/07	06/11/07	CEN III	ISP III	35	
	05/28/07	06/04/07	06/11/07	CEN III	CTF III	20	(No Close A)
	05/28/07	06/04/07	06/11/07	LAC IV	CEN IV	40	
	05/28/07	06/04/07	06/11/07	LAC IV	SAC IV	20	(CCCMS)
	05/28/07	06/04/07	06/11/07	LAC IV	COR IV	15	(CCCMS)
	05/28/07	06/04/07	06/11/07	LAC IV	SOL III	15	(SAP/CMS)
	06/04/07	06/11/07	06/18/07	LAC IV	CEN IV	76	
	06/04/07	06/11/07	06/18/07	LAC IV	SOL III	15	(SAP/CMS)
	06/11/07	06/18/07	06/25/07	LAC IV	CEN IV	76	
	06/11/07	06/18/07	06/25/07	LAC IV	SOL III	15	(SAP/CMS)
TOTAL						1261	

THESE BUS SEATS MUST BE CALLED IN TO TRANSPORTATION EVERY WEEK

EXHBIT 16

State of California

Department of Corrections and Rehabilitation

Memorandum

Date : March 30, 2007

To : Associate Directors, Division of Adult Institutions
Wardens
Classification and Parole Representatives
Classification Staff Representatives
Correctional Counselor IIIs, Reception Centers

Subject : **CONVERSION OF CENTINELA STATE PRISON LEVEL III TO A LEVEL IV**

This memorandum is to inform you of the impending conversion of Centinela State Prison (CEN) Facility "C", a Level III General Population (GP) Yard to a Level IV GP. The conversion of approximately 570 Level III beds is tentatively scheduled to begin May 2007.

CEN will absorb approximately 200 inmates into other facilities during the conversion. Additionally, the proposed schedule includes the movement of CEN Level III population to other institutions based on case factors.

The following exclusionary criteria are provided for the CEN conversion:

- CEN will **not** house inmates at the Enhanced Outpatient Program level of care.
- CEN will **not** house inmates at the Correctional Clinical Case Management System level of care.
- The inmates that are transferred to CEN during the conversion must meet the 270 design criteria.
- Inmates currently housed at CEN Facility "C" with a Board of Parole Hearings (BPH) Parole Consideration Hearing within six months will be absorbed in other facilities.
- Per current procedures, endorsed cases must be called in each Monday to the Transportation Unit for transfer.
- This schedule is subject to change based on subsequently identified population realignments.

The attached schedule must be adhered to in order to meet the time frames for the conversion. On the schedule, in the "Number of Inmates" column, the number reflected is required in order to accomplish the conversions.

The support of the Wardens in ensuring their institutions' assistance is appreciated and necessary to ensure a smooth transition process. Management is encouraged to provide appropriate accommodation or resources in keeping with the Memorandum of Understanding. Please direct any questions to Brian Moak, Correctional Counselor (CC) III, Classification Services Unit (CSU), at (916) 327-4818, or Virginia Mercado, CC II, CSU, at (916) 327-2166.

Original Signed By

TERESA A. SCHWARTZ
Deputy Director (A)
Division of Adult Institutions

Attachment

cc: K. W. Prunty
Bernard Warner
Thomas Hoffman
Linda Barnett
Lea Ann Chrones
Ross Meier
Scott Kernan
Kathleen Keeshen
Steve Alston
Ombudsman's Office
Jeff Macomber
Brian Moak
Brigid Hanson
Richard Kirkland
Bonnie Kolesar
Richard Hawkins
Eric Arnold
Virginia Mercado

Proposed Conversion Schedule:
California State Prison, Los Angeles County Facility D to RC
Centinela State Prison Facility C Level III to Level IV

Cases to be reviewed by a Classification Committee for appropriate placement

NOTIFY	WEEK TO CSR	WEEK TO CALL IN THE # OF INMATES ENDORSED FOR TRANSPORTATION	WEEK OF TRANSFER	FROM	TO	NUMBER OF INMATES	
	4/23/07	05/07/07	05/14/07	CEN III	ISP III	50	
	4/23/07	05/07/07	05/14/07	CEN III	CTF III	38	(No Close A)
	4/23/07	05/07/07	05/14/07	COR IV	CEN IV	20	
	4/23/07	05/07/07	05/14/07	LAC IV	COR IV	20	(CCCMS)
	4/23/07	05/07/07	05/14/07	LAC IV	KVSP IV	32	(SAP)
	4/23/07	05/07/07	05/14/07	KVSP IV	CEN IV	35	
	4/23/07	05/07/07	05/14/07	SVSP IV	CEN IV	25	
	05/07/07	05/14/07	05/21/07	KVSP IV	CEN IV	38	
	05/07/07	05/14/07	05/21/07	LAC IV	KVSP IV	38	(SAP)
	05/07/07	05/14/07	05/21/07	CEN III	PVSP III	35	
	05/07/07	05/14/07	05/21/07	CEN III	FSP III	35	(No Close A)
	05/07/07	05/14/07	05/21/07	LAC IV	SVSP IV	15	(CCCMS)
	05/07/07	05/14/07	05/21/07	SAC IV	CEN IV	25	
	05/07/07	05/14/07	05/21/07	LAC IV	SAC IV	20	(CCCMS)
	05/07/07	05/14/07	05/21/07	SVSP IV	CEN IV	25	
	05/07/07	05/14/07	05/21/07	LAC IV	CEN IV	38	
	05/14/07	05/21/07	05/28/07	CEN III	SOL III	38	
	05/14/07	05/21/07	05/28/07	KVSP IV	CEN IV	30	
	05/14/07	05/21/07	05/28/07	LAC IV	KVSP IV	38	(SAP)
	05/14/07	05/21/07	05/28/07	LAC IV/III	CEN IV/III	38	(Lev III Gym)
	05/14/07	05/21/07	05/28/07	COR IV	CEN IV	38	
	05/14/07	05/21/07	05/28/07	LAC IV	COR IV	20	(CCCMS)
	05/14/07	05/21/07	05/28/07	LAC IV	SVSP IV	15	(CCCMS)
	05/21/07	05/28/07	06/04/07	CEN III	ISP III	58	
	05/21/07	05/28/07	06/04/07	SAC IV	CEN IV	25	
	05/21/07	05/28/07	06/04/07	LAC IV	SAC IV	20	(CCCMS)
	05/21/07	05/28/07	06/04/07	LAC IV	CEN IV	40	
	05/21/07	05/28/07	06/04/07	LAC IV	SVSP IV	20	(CCCMS)
	05/21/07	05/28/07	06/04/07	LAC IV	SOL III	15	(SAP/CMS)
	05/21/07	05/28/07	06/04/07	CEN III	SOL III	50	
	05/28/07	06/04/07	06/11/07	CEN III	ISP III	35	
	05/28/07	06/04/07	06/11/07	CEN III	CTF III	20	(No Close A)
	05/28/07	06/04/07	06/11/07	LAC IV	CEN IV	40	
	05/28/07	06/04/07	06/11/07	LAC IV	SAC IV	20	(CCCMS)
	05/28/07	06/04/07	06/11/07	LAC IV	COR IV	15	(CCCMS)
	05/28/07	06/04/07	06/11/07	LAC IV	SOL III	15	(SAP/CMS)
	06/04/07	06/11/07	06/18/07	LAC IV	CEN IV	76	
	06/04/07	06/11/07	06/18/07	LAC IV	SOL III	15	(SAP/CMS)
	06/11/07	06/18/07	06/25/07	LAC IV	CEN IV	76	
	06/11/07	06/18/07	06/25/07	LAC IV	SOL III	15	(SAP/CMS)
TOTAL						1261	

THESE BUS SEATS MUST BE CALLED IN TO TRANSPORTATION EVERY WEEK

EXHBIT 17

PART II

PROTOTYPICAL PRISON POLICY DESIGN CRITERIA

The following Prototypical Prison Policy Design Criteria is provided to assist the Project Architect/Engineer in the preparation of the site specific prison architectural program for new prison construction in the State of California.

This Prison Policy Design Criteria is intended to indicate the basic design considerations for new Level II, III, and IV prisons, reception centers and Level I support service facilities. Any design difference among the prison levels is so indicated.

Prison Policy Design Criteria shall serve as the prototype for all new Level II, III, and IV prisons, reception centers and Level I support service facilities, unless modified by the Department of Corrections.

1. The prison will be comprised of a specific number of facilities, each with the capacity of 500 inmates except as specified by statute governing the new prisons in Solano and Kings Counties.

2. (Added 4/15/88) The Level II, III, and IV prisons and reception centers will be designed to accommodate 130 percent long-term overcrowding. The following functional areas shall be increased to accommodate this long-term overcrowding:

   Administration

   Personnel
   Accounting
   Inmate Records
   Procurement

   Receiving and Release

   Family Visiting

3. The 500-bed facilities should be located in a clustered arrangement with a single secure perimeter consisting of an inner and outer fence with straight lines of site extended around the entire cluster. Guard towers should be no more than 700 feet apart for a Level III or IV prison and no more than 1100 feet apart for a Level II prison. Each facility within the secure perimeter should be further separated by a single fence or building at least 16 feet high.

4. As a rule, inmates in one facility will not mix with inmates from other facilities located within the prison. With the exception of certain support services, each facility is self-contained and operates autonomously.

Support services are:

a) Purchasing
b) Maintenance
c) Laundry
d) Primary Food Preparation
e) Fire Protection
f) Inpatient Medical Care
g) Prison Receiving and Release
h) Warehouse
i) Library Services

These support services should be provided centrally or at one of the facilities.

5. Within the secure perimeter, an inter-facility road will permit the transfer of prepared food and laundry between facilities and also permit temporary relocation of inmates for specialized medical care.

6. Each 500-bed facility should be administered by a Program Administrator with the responsibility to implement security measures, administrative, security/program activities and departmental policy as directed by the Superintendent.

7. One 500-bed facility will house a central inpatient medical care infirmary for the entire prison. The infirmary will include centralized services for Radiology, Optometry, Pharmacy, and Laboratory. These centralized services supplement the outpatient sick call clinics in the other facilities. Medication will also be dispensed from the outpatient sick call clinics in the other facilities. Each facility should provide physical therapy, dental and group therapy.

8. One 500-bed facility will house a central laundry, shoe repair, clothing repair, dry cleaning, central clothing distribution and provide related work training programs for the prison. Each individual facility will provide sufficient space for clothing distribution to the facility population.

9. One 500-bed facility will provide a central food processing component that includes a central bakery, meatcutting functions, cook-chill food preparation for all facilities and related work training programs for the prison.

10. One 500-bed facility will provide for a central receiving and release of all inmates.

11. One 500-bed facility should contain a central library for circulation of books to all facilities.

12. Each prison, consisting of two or more facilities, should contain facility administration, inmate visiting, Board of Prison Terms Hearing facilities, family visiting units, chapel, two work/training central dining rooms with a food pantry as part of the industry/vocational training building, outdoor recreation, limited multipurpose indoor recreation (gym or field house), academic classrooms, a small library and a canteen.

13. Each facility should function semiautonomously, obtaining basic services from the central support services components. The available programs included in each facility will be related to prison work assignments. The management and organization of each facility will be designed to place the burden for obtaining a lower security classification and increased work program opportunities upon the inmate.

14. Each Level I Minimum Support Service Facility inmate housing unit design should be patterned after the architectural program for the California State Prison-Sacramento County. Capacity of the support service facility will be determined by the designed bed capacity of the prison.

15. The support services facility should contain a central prison procurement and Prison Industry Authority warehouse.

16. Energy plant systems will be decided for each prison by conducting a life cycle analysis, comparing alternatives and cost for economy of operations.

17. Level II and Level III housing units should be designed in accordance with the California State Prison-Solano County 270° prototype housing unit. Modification to reduce construction costs and reflect site conditions, such as climate, may be exercised.

18. The architectural program should provide for economics of design and space arrangements to reduce construction costs, yet fully considering staffing to hold lifetime operating costs to a minimum. The design shall recognize the climate of the site and provide for outside activity spaces whenever possible.

19. (Added 4/22/88) New prison's infrastructure (water, wastewater, electrical, mechanical) will be designed to accommodate 190 percent overcrowding in celled prisons and 140 percent overcrowding in dormitory prisons. Appropriate ratios should be applied where prisons contain both cells and dorms.

PART III

NEW PRISON POLICY GUIDELINES

SECTION

100.000 GENERAL

101.000 The site specific New Prison Manager will be responsible for initiating a historical photography program to capture significant points in construction of the new prison, as well as the program matic aspects upon completion of construction and occupancy (arrival of equipment/supplies, first staff and inmate occupancy, operations, etc.)

102.000 Decorative masonary shall not be utilized in the design and construction of new prison projects. Any exception to this policy must have prior approval from the Deputy Director, Planning and Construction Division. (Add 6/4/85)

(NPPC 6/4/85)

103.000 Each new facility should be designed to not exceed 500 inmates in capacity, except as specified by statutes governing Solano, Amador and Kings Counties.

(St & Fed Law, Long Range Policy Comm., Case Law, FRP, ACA - 2-4160, NPPC 4-18-84)

104.000 More than one prison may be built on a single site but each should maintain individual identity under separate facilities. Level I support services facilities will be programmed as required to achieve economies for the prison.

(St & Fed Law, Long Range Policy Comm., Case Law, FRP)

105.000 All new prisons will be planned and designed to meet the needs of the inmate population that is to be assigned, maximizing flexibility so that future changes in program or numbers and kinds of inmates can be accommodated.

(Int of ACA)

106.000 All parts of the prison which are accessible to the public shall be accessible to and usable by handicapped visitors.

(St & Fed Law, ACA - 2-4146, APHA)

SECTION

100.000 GENERAL (Cont'd)

107.000 The number of employee parking spaces for a prison will be determined by the total number of staff, one car per staff, assigned to Second and Third Watches on a typical week day.

(NPPC 4-18-84)

108.000 The number of visitor parking spaces will be determined based on 15% of the prison design bed capacity.

SECTION

1600.000 HEALTH SERVICES

1601.000 All prison health care facilities should meet the minimum requirements of comparable health care facilities available in a community.

(FRP, ACA, APHA)

1602.000 All new prisons should be designed to provide an infirmary level of inpatient service. Infirmary care should consist of isolation, pyschiatric observation, first aid and treatment of minor illnesses. Infirmary beds should be provided at the following ratios:

Design Capacity	Level I	Level II	Level III	Level IV	Women's Prison
1-1000	1 to 100	1 to 100	1 to 100	1 to 100	1 to 100
1001-2000	1 to 150	1 to 150	1 to 150	1 to 125	1 to 100
Over 2000	1 to 175	1 to 175	1 to 175	1 to 125	1 to 100

The number of isolation patient rooms designated from the patient rooms; 1-15 patient beds provide one isolation room; 15-30 patient beds provide two isolation rooms. Provide one psychiatric room per prison. (Revised 5/22/86)

(FRP, ACA, APHA)

1603.000 All new prisons should be designed to provide primary care services to the housed population. Primary care is defined as the entry point to medical services and should consist of diagnosis and basic services.

(FRP, ACA, APHA)

1604.000 Access to primary, secondary and tertiary health care will be provided either at the prison or in the community. Secondary care should be defined as specialized consultation and out-patient services. Tertiary care should be defined as highly sophisticated diagnostic, treatment or rehabilitation services.

(ACA, APHA)

1605.000 A minimum of 110 square feet of usable floor space should be provided in all single patient rooms.

(FRP)

1606.000 The following medical services shall be provided at the Central Infirmary: radiology, optometry, pharmacy, medical laboratory and dental laboratory. (Revised 5/22/86)

1606.100 Each 500-bed facility shall provide a health services satellite where cursory medical examinations will be provided and medication dispensed. Medical services provided at the facility level include: physiotherapy, dental operatory and group therapy. (Revised 6/4/85)

EXHBIT 18

CALIFORNIA STATE PRISON KERN COUNTY (DELANO II)
BASE STAFFING PROFILE

2048 LEVEL IV GENERAL POPULATION
200 ADMINISTRATIVE SEGREGATION
200 LEVEL I MINIMUM SUPPORT UNIT
8 FIREHOUSE

ADMINISTRATION:

Warden	1.0
Executive Secretary I	1.0
Administrative Assistant (Lieutenant)	1.0
Chief Deputy Warden	1.0
Secretary	1.0
In-Service Training Lieutenant	1.0
In-Service Training Sergeant	1.09
Correctional Sergeant-Armorer/Rangemaster	1.09
Office Assistant (Typing-IST)	1.0
Community Resources Manager	1.0
Institution Artist/Facilitator	1.0
Telephone Operator	1.0
Administration Subtotal:	12.18
ADMINISTRATION DIVISION TOTAL	**12.18**

BUSINESS SERVICES DIVISION:

Associate Warden-Business Services	1.0
Office Technician	1.0
Business Manager II	1.0
Office Assistant (Typing)	1.0
Labor Relations Analyst	1.0
Associate Information Systems Analyst	2.0
Associate Governmental Program Analyst	1.0
Business Services Subtotal:	8.0

PERSONNEL:

Institution Personnel Officer	1.0
Personnel Services Supervisor I	1.0
Personnel Technician I	1.0
Personnel Services Specialist I	6.0
Office Assistant (Typing)	2.0
Personnel Services Subtotal:	11.0

PROCUREMENT/WAREHOUSING:

Procurement and Services Officer II	1.0
Office Assistant (Typing)	1.0
Business Services Officer I	1.0
Warehouse Manager II	1.0
Office Assistant (Typing)	1.0
Materials and Stores Supervisor II (Warehouse)	1.0
Materials and Stores Supervisor I (Warehouse)	2.5
Property Controller II	1.0
Automotive Mechanic	1.0
Materials and Stores Supervisor II (Clothing and Household Supplies)	1.0
Materials and Stores Supervisor I (Clothing and Household Supplies)	2.5
Materials and Stores Supervisor I (Medical Correctional Treatment Center)	1.0
Prison Canteen Manager II	(1.0 IWF)
Prison Canteen Manager I	(1.0 IWF)
Materials and Stores Supervisor I (Canteen)	(2.5 IWF)
Truck Driver-Laundry	1.0
Procurement/Warehousing Subtotal:	16.0 (4.5 IWF)

FOOD SERVICES:

Food Manager-Correctional Facility	1.0
Assistant Food Manager-Correctional Facility	1.0
Supervising Cook II:	
Central Kitchen	1.09
Facility Dining	2.18
Supervising Cook I:	
Central Kitchen	2.18
Facility A	3.22
Facility B	3.22
Facility C	3.22
Facility D	3.22
Administrative Segregation	6.44
Correctional Treatment Center	3.22
Minimum Support-Level I	1.61
Employee Snack Bar	(3.22 R)
Baker II	1.09
Food Service Subtotal:	32.69 (3.22 R)

ACCOUNTING:

Senior Accounting Officer (Supervisor)	1.0
Accounting Office (Supervisor)	1.0
Accountant I (Supervisor)	1.0

Accounting Technician	2.0
Accounting Technician (CALSTARS)	1.0
Account Clerk II	3.0
Account Clerk II (TRUST)	4.0
Accountant I (Specialist)	(2.0 IWF)
Office Assistant (Typing)	1.0
Accounting Subtotal:	14.0
	(2.0 IWF)

PLANT OPERATIONS/MAINTENANCE:

Correctional Plant Manager II	1.0
Correctional Plant Supervisor	1.0
Office Assistant (Typing)	1.0
Chief Engineer I	1.0
Supervisor of Building Trades	1.0
Building Maintenance Worker (Health Care)	1.0
Maintenance Mechanic	5.0
Stationary Engineer	5.0
Stationary Engineer (Health Care)	1.0
Plumber III	1.0
Plumber II	3.0
Painter III	1.0
Painter II	3.0
Carpenter III	1.0
Carpenter II	3.0
Electrician III	1.0
Electrician II	3.0
Electronics Engineer	1.0
Electronics Technician	2.0
Materials and Stores Supervisor I (Tool Control)	1.0
Locksmith	1.0
Lead Groundskeeper I	1.0
Groundskeeper II	1.0
Pest Control Technician	1.0
Water/Wastewater Treatment Plant Operator	5.0
Plant Operations/Maintenance Subtotal:	46.0

FIRE AND LIFE SAFETY:

Firechief	1.0
Firefighter	5.0
Fire and Life Safety Subtotal:	6.0
BUSINESS SERVICES DIVISION TOTAL:	**133.69**
	(6.5 IWF)
	(3.22 R)

HEALTH CARE SERVICES DIVISION

MEDICAL SERVICES

Chief Medical Officer	1.0
Correctional Health Services Administrator	1.0
Medical Secretary	1.0
Office Technician	4.0
Office Assistant (typing)	1.0
Office Assistant (typing)(YOP)	1.0
Medical Records Director	1.0
Medical Transcriber	3.0
Health Records Technician II - Supervisory	1.0
Health Records Technician I	3.0
Physician/Surgeon	5.0
Supervising Registered Nurse II	1.0
Supervising Registered Nurse I	2.0
Registered Nurse-Inpatient	6.5
Registered Nurse-Emergency	4.83
Registered Nurse-YOP	1.61
Public Health Nurse	1.0
Utilization Management Nurse	1.0
Senior Clinical Laboratory Tech.	1.0
Sr. Radiological Tech.	1.0
Senior Medical Technical Assistant	2.0
Medical Technical Assistant(MTA):	
Central Health Facility:	
First Watch	1.61
Second Watch	3.22
Third Watch	3.22
Clinics:	
First Watch	1.61
Second Watch	8.05
Third Watch	3.22
Telemedicine	1.0
Pharmacist II	1.0
Pharmacist I	2.0
Pharmacy Assistant	2.0
Clinical Dietitian	1.0
Physical Therapist	1.0
AGPA - Cost Analysis	1.0
AGPA - Inmate Medial Appeals Tracking	1.0
Standards Compliance Coordinator	1.0
Janitor Supervisor II	1.0
Medical Services Subtotal	76.87

DENTAL SERVICES INSTITUTIONAL

Chief Dentist	1.0
Dentist	3.0
Dental Assistant	4.0
Dental Services Subtotal	8.0

MENTAL HEALTH SERVICES

Chief Psychiatrist	1.0
Senior Psychologist	1.0
Staff Psychiatrist	2.0
Staff Psychiatrist-YOP	1.0
Psychologist	5.0
Psychiatric Social Worker	1.0
Psychiatric Social Worker-YOP	1.0
Registered Nurse	6.5
Recreation Therapist	1.0
Psychiatric Technician	4.22
Office Technician	2.0
Mental Health Services Total	25.72

(Note: remainder of staff for General Population Correctional Clinical Case Management System and Enhanced Outpatient Program will come from annual departmental mental health population staffing at the time the Delano II programs are implemented.)

MEDICAL SERVICES DIVISION TOTAL **110.59**

CENTRAL SERVICES DIVISION:

Associate Warden-Central Services	1.0
Office Technician	1.0
Central Services Subtotal:	2.0

EDUCATION:	G.P.	YOP
Supervisor of Correctional Education	1.0	
Office Technician	1.0	
Office Assistant (T)		1.0
Supervisor of Academic Instruction	2.0	1.0
Academic Teacher (26) (YOP 5)	28.34	5.45
Special Education Teacher		1.09
Resource Specialist		2.18
Teaching Assistant		3.27
Physical Education Instructor	1.09	1.09

Supervisor of Vocational Instruction	2.0	
Vocational Instructor (23) (YOP 3)	25.07	3.27
Senior Librarian	1.0	
Library Technical Assistant	3.0	0.5
Materials and Stores Supervisor I (Handicraft)	1.0	
	65.50	18.85
Education Subtotal:	84.35	

RELIGION:

Catholic Chaplain	1.0
Protestant Chaplain	1.0
Jewish Chaplain (Temporary Help)	.3
Muslim Chaplain (Temporary Help)	.3
Native American Spiritual Leader (Temporary Help)	.1
Religion Subtotal:	2.7

INMATE RECORDS:

Classification and Parole Representative (Correctional Counselor III)	1.0
Office Assistant (Typing)	1.0
Assistant Classification and Parole Representative (Correctional Counselor II-Specialist)	1.0
Correctional Case Records Manager	1.0
Correctional Case Records Supervisor	1.0
Correctional Case Records Specialist	6.0
Office Services Supervisor I	2.0
Program Technician I (OBIS)	2.0
Office Assistant (Typing)	18.0
Inmate Records Subtotal:	33.0

INMATE APPEALS:

Inmate Appeals Coordinator (Correctional Counselor II-Specialist)	1.0
Office Assistant (Typing)	1.0
Inmate Appeals Subtotal:	2.0

INMATE ASSIGNMENTS/WORK TRAINING PROGRAM:

Inmate Work Incentive Coordinator (Correctional Counselor II-Specialist)	1.0
Correctional Lieutenant-Inmate Assignment	1.09
Office Assistant (Typing)	1.0
Carpenter II	1.0
Maintenance Mechanic	1.0
Inmate Assignments/Work Training Program Subtotal:	5.09

CUSTODY OPERATIONS:

Correctional Captain	1.0
Correctional Lieutenant-Personnel Assignment	1.09
Office Technician (Attendance Specialist)	3.0
Custody Operations Subtotal:	5.09

MAIL AND VISITING:

Correctional Lieutenant-Mail and Visiting	1.15
Correctional Sergeant-Mailroom	1.09
Correctional Sergeant-Visiting	.92
Office Assistant (Typing)	1.0
Correctional Officer-Visitor Processing	1.84
Correctional Officer-Family Visiting	1.61
Correctional Officer-Visiting Room:	
Facility A	2.76
Facility B	2.76
Facility C	2.76
Facility D	4.60
Minimum Support Unit	.92
Correctional Officer-Mailroom	1.61
Office Assistant (General-Mailroom)	4.00
Mail and Visiting Subtotal:	27.02

CUSTODY SERVICES:

Correctional Lieutenant-Watch Commander	4.83
Correctional Sergeant-Watch Sergeant	4.83
Correctional Sergeant-Central Control	4.83
Correctional Sergeant-Outside Patrol	4.83
Correctional Sergeant-Receiving and Release	1.61
Correctional Sergeant-Vocational/Work Zone Support	1.09
Correctional Sergeant-Food Service	3.22
Correctional Sergeant-Transportation	1.09
Correctional Officer Central Control/Communications	5.35

Correctional Officer	
Perimeter Security Towers (2)	9.66
Perimeter Security Roving Patrol	4.83
Correctional Officer-Central Health (MHCB)	8.05
Correctional Officer-Transportation	4.36
Correctional Officer-Vocational/Work Zone Support	
Work Change Gates:	
Facility A	1.09
Facility B	1.09
Facility C	1.09
Facility D	1.09
Facility D/Youthful Offender Program	1.09
Vocational/Work Zone Patrol:	
Facility A	4.36
Facility B	4.36
Facility C	4.36
Facility D	4.36
Facility D/Youthful Offender Program	2.18
Correctional Officer	
Receiving and Release (Property)	5.52
Correctional Officer-Food Service:	
Central Kitchen	2.18
Food Transportation	3.22
Correctional Officer-Dining Security:	
Facility A	3.22
Facility B	3.22
Facility C	3.22
Facility D	3.22
Correctional Officer-Central Services S&E:	
First Watch	1.61
Second Watch	3.22
Third Watch	3.22
Correctional Officer-Trash Truck	1.61
Correctional Officer-Vehicle Sally Port	1.61
Correctional Officer-Entrance Building/Staff Entrance	3.22
Correctional Officer-Complex Key Control	
Complex II	4.83
Custody Services Subtotal:	126.77

SECURITY/INVESTIGATIONS:

Correctional Captain	1.0
Office Assistant (T)	1.0
Correctional Lieutenant	
Criminal Activities Coordinator	1.0
Investigations	1.0
Correctional Sergeant-Security Squad	1.09
Correctional Officer-Security Squad (8)	8.72
Security/Investigations Subtotal:	13.81

CENTRAL SERVICES DIVISION TOTAL:	**301.93**
HOUSING DIVISION- GENERAL POPULATION:	
Associate Warden-Housing Division	1.0
Office Technician	1.0
Housing Administration Subtotal:	2.0
MINIMUM SUPPORT SERVICES UNIT:	
Correctional Sergeant	1.61
Correctional Counselor I	1.33
Correctional Officer - Minimum Support Services Unit-Housing Officers	8.05
Correctional Officer - Work Crew	1.09
Minimum Support Services Unit Subtotal:	12.08
COMPLEX I, LEVEL IV, FACILITY A	
Facility Captain	1.0
Office Assistant (Typing)	1.0
Correctional Counselor II	1.0
Correctional Counselor I	3.41
Correctional Lieutenant-Facility Program	3.22
Correctional Sergeant-Facility Program	4.83
Correctional Sergeant-Yard/Program	1.61
Correctional Officer-Housing Control Booth	38.64
Correctional Officer-Housing Unit Floor	35.42
Correctional Officer-Yard	6.44
Correctional Officer-Yard Observation Post	6.44
Correctional Officer-Gym/Dining Gun	3.22
Correctional Officer-Recreation	1.61
Correctional Officer-Work Crew	2.18
Correctional Officer-Education Patrol	1.09
Correctional Officer-Search and Escort	6.44
Facility A Subtotal:	117.55
COMPLEX I, LEVEL IV, FACILITY B	
Facility Captain	1.0
Office Assistant (Typing)	1.0
Correctional Counselor II	1.0
Correctional Counselor I	3.41
Correctional Lieutenant-Facility Program	3.22
Correctional Sergeant-Facility Program	4.83
Correctional Sergeant-Yard/Program	1.61
Correctional Officer-Housing Control Booth	38.64

Correctional Officer-Housing Unit Floor	35.42	
Correctional Officer-Yard	6.44	
Correctional Officer-Yard Observation Post	6.44	
Correctional Officer-Gym/Dining Gun	3.22	
Correctional Officer-Recreation	1.61	
Correctional Officer-Work Crew	2.18	
Correctional Officer-Education Patrol	1.09	
Correctional Officer-Search and Escort	6.44	
Correctional Officer-Inside Patrol First Watch	1.61	
Facility B Subtotal:	119.16	
COMPLEX I FACILITY A AND B TOTAL:	**236.71**	

COMPLEX II LEVEL IV FACILITY C:	G. P.	EOP
Facility Captain	1.0	
Office Assistant (Typing)	1.0	
Correctional Counselor II	1.0	0.5
Correctional Counselor I	3.41	
Correctional Lieutenant-Facility Program	3.22	
Correctional Sergeant-Facility Program	4.83	
Correctional Sergeant-Yard/Program	1.61	
Correctional Officer-Housing Control Booth	38.64	
Correctional Officer-Housing Unit Floor	35.42	4.83
Correctional Officer-Yard	6.44	
Correctional Officer-Yard Observation Post	6.44	
Correctional Officer-Gym/Dining Gun	3.22	
Correctional Officer-Recreation	1.61	
Correctional Officer-Work Crew	2.18	
Correctional Officer-Education Patrol	1.09	
Correctional Officer-Search and Escort	6.44	
	117.55	5.33
Facility C Subtotal:	122.88	

COMPLEX II LEVEL IV FACILITY D:	G. P.	YOP
Facility Captain	1.0	
Office Assistant (Typing)	1.0	0.5
Associate Government Program Analyst		1.0
Staff Services Analyst		1.0
Artist Facilitator		0.5
Correctional Counselor II	1.0	1.0
Correctional Counselor I	2.41	1.0
Correctional Lieutenant-Facility Program	3.22	1.61
Correctional Sergeant-Facility Program	4.83	3.22
Correctional Sergeant-Yard/Program	1.61	
Correctional Officer-Housing Control Booth	28.98	9.66
Correctional Officer-Housing Unit Floor	27.37	9.66

Correctional Officer-Housing Ad-Seg/SHU/Orient.		4.83
Correctional Officer-Yard	6.44	3.22
Correctional Officer-Yard Observation Post	6.44	
Correctional Officer-Gym/Dining Gun	3.22	
Correctional Officer-Recreation	1.61	
Correctional Officer-Work Crew	2.18	
Correctional Officer-Education Patrol	1.09	
Correctional Officer-Search and Escort	6.44	4.83
Correctional Officer-Dining/Program		3.22
Correctional Officer-Program/activities		1.61
Correctional Officer-Inside Patrol First Watch	1.61	
	100.45	46.86
Facility D Subtotal:	147.31	
COMPLEX II FACILITY C AND D TOTAL:		**270.19**

ADMINISTRATIVE SEGREGATION

Correctional Counselor I	1.33
Correctional Sergeant-Facility Program	6.44
Correctional Officer-Housing Control Booth	9.66
Correctional Officer-Housing Floor	16.10
Correctional Officer-Ad Seg Yard	3.22
Correctional Officer-Mental Health	2.18
Correctional Officer-Search and Escort	6.44
Administrative Segregation Subtotal:	45.37
HOUSING DIVISION TOTAL:	**566.35**

SUMMARY:

ADMINISTRATION		12.18
BUSINESS SERVICES DIVISION		133.69
MEDICAL SERVICES DIVISION		110.59
CENTRAL OPERATIONS DIVISION		301.93
HOUSING DIVISION		566.35
TOTAL STAFFING REQUIRED		**1,124.74 (6.5 IWF) (3.22 R)**
INMATE TO STAFF RATIO	**2.18:1**	

HEALTH CARE SERVICES DIVISION

MEDICAL SERVICES

Chief Medical Officer	1.0
Correctional Health Services Administrator	1.0
Medical Secretary	1.0
Office Technician	4.0
Office Assistant (typing)	1.0
Office Assistant (typing)(YOP)	1.0
Medical Records Director	1.0
Medical Transcriber	3.0
Health Records Technician II - Supervisory	1.0
Health Records Technician I	3.0
Physician/Surgeon	5.0
Supervising Registered Nurse II	1.0
Supervising Registered Nurse I	2.0
Registered Nurse-Inpatient	6.5
Registered Nurse-Emergency	4.83
Registered Nurse-(YOP)	1.61
Public Health Nurse	1.0
Utilization Management Nurse	1.0
Senior Clinical Laboratory Tech.	1.0
Sr. Radiological Tech.	1.0
Senior Medical Technical Assistant	2.0
Medical Technical Assistant(MTA):	
Central Health Facility:	
First Watch	1.61
Second Watch	3.22
Third Watch	3.22
Clinics:	
First Watch	1.61
Second Watch	8.05
Third Watch	3.22
Telemedicine	1.0
Pharmacist II	1.0
Pharmacist I	2.0
Pharmacy Assistant	2.0
Clinical Dietitian	1.0
Physical Therapist	1.0
AGPA - Cost Analysis	1.0
AGPA - Inmate Medial Appeals Tracking	1.0
Standards Compliance Coordinator	1.0
Janitor Supervisor II	1.0
Medical Services Subtotal	76.87

CHIEF MEDICAL OFFICER (1.0)

The Health Care Services Division will operate under the administrative direction of the Chief Medical Officer (CMO). Responsibilities of the CMO will be planning and assigning work,

giving instructions, resolving difficult medical problems, and providing direction to staff engaged in treating and caring for inmate patients. The Chief Medical Officer will supervise the preparation of the medical budget and quarterly estimates of materials, supplies and equipment; will supervise and direct the Chief Dentist and assigned Physicians/Surgeons.

CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II (1.0)

The Correctional Health Services Administrator (CHSA) II will be responsible for the administrative coordination and supervision of the overall functional operation of all medical and mental health services. This position will also be responsible for implementing a system of quality improvement and will be accountable for ensuring that all medical and mental health staff adhere to institution policies and procedures. The CHSA II will have responsibilities for the hub including Delano II. (In prior staffing packages, this position had been requested as a Career Executive Assignment [CEA], but the Department of Personnel approved it at the CHSA II level rather than a CEA.)

MEDICAL SECRETARY (1.0)

The Medical Secretary performs the secretarial duties of transcribing a variety of correspondence and reports, receives and screens a variety of telephone calls and visitors, within the limits of confidentiality laws, answers inquiries concerning the progress of medical cases, attends meetings, prepares agendas and minutes, and relieves the Chief Medical Officer (CMO) of routine office details.

OFFICE TECHNICIAN (4.0)
OFFICE ASSISTANT (typing) (1.0)
OFFICE ASSISTANT (typing) (YOP) (1.0)

These positions will provide general administrative clerical support to health care management, medical, dental, mental health, and nursing staff in the Central Health Facility. The duties will include typing letters, memos, and reports; maintaining logs and correspondence, and performing other duties as required. The position dedicated to the YOP will provide the specialized and additional clerical support for the youthful offender program medical, dental and mental health staff.

MEDICAL RECORDS DIRECTOR (1.0)

The Medical Records Director (MRD) is responsible for the overall management of a highly complex and technical Health Information Service. The MRD organizes, plans, develops, coordinates, and supervises the staff and activities of an organized patient health record service for the inmate population. The MRD insures the security, protection, and confidentiality of all health

record information and the implementation of all Federal and State laws and regulations and Department of Corrections (CDC) policies regarding the storage, protection, transport, and use of all inmate health care records.

MEDICAL TRANSCRIBER (3.0)

The Medical Transcribers will be required to transcribe dictation from a variety of medical, mental health, or correspondence records such as x-ray, laboratory, therapeutic procedures, and autopsy reports. These positions will also be expected to transcribe reports relative to medical histories, diagnostic workups, physical examinations, admissions and discharge summaries, pre and post operative reports, medical consultations, psychiatric and psychological reports and other difficult medical reports.

HEALTH RECORDS TECHNICIAN II - SUPERVISOR (1.0)

The updating and maintenance of inmate medical, psychiatric and dental records is a very necessary and sensitive function. The Medical Department requires 1.0 Health Records Technician II-Supervisor to supervise the implementation and maintenance of the medical records function, including the review of prepared abstracts; assisting in the training and instruction of records personnel, and ensuring the smooth operation of the health records system.

HEALTH RECORDS TECHNICIAN I (3.0)

This classification performs record processing functions while learning the principles of health data processing including coding, abstracting, and management of confidential information. This work includes general office work of typing, filing, interfiling, retrieving information, oral communications, and public relations. These tasks involve the handling of confidential patient information and confidential patient records.

PHYSICIAN/SURGEON (5.0)

The Physicians/Surgeons examine inmate patients and diagnose their illnesses; prescribe/administer medical treatment; perform or assist major/minor surgical operations; supervise pre and post operative care; order laboratory examinations and analyze x-rays; make rounds of patients; review medical reports, and record the general progress of patients. The Physicians/Surgeons also supervise and instruct nurses, medical technicians and other personnel assigned to the Medical Department. Physician/ Surgeon positions are budgeted on a ratio basis of 1.0 position per 515 inmates. Therefore, based on the design bed capacity of

2,556 inmates, this institution will require 5.0 Physician/ Surgeon positions.

SUPERVISING REGISTERED NURSE-II (1.0)

The Supervising Registered Nurse II (SRN II) serves as the Director of Nursing for all institution nursing services and is responsible for planning, directing, implementing, monitoring, and evaluating a 24-hour organized nursing services program including the professional and clinical supervision of all nursing staff, i.e., registered nurses medical technical assistants, and psychiatric technicians. The SRN II ensures the current professional licensure and training of nursing staff, ensures ongoing compliance with Title 22 CTC licensure regulations, Title 15 regulations, the Departmental Operations Manual, Nursing Practice Act, and laws and regulations governing the scope of practice by Licensed Vocational Nurses and Psychiatric Technicians; conducts hiring interview panels; hires nursing staff; prepares performance evaluations and conducts disciplinary action; plans and implements an ongoing nurse staff development program; ensures the quality of all nursing care, and develops and conducts an ongoing nursing services quality assurance program in coordination with the facility-wide quality assurance plan. Develops, reviews, updates, and ensures implementation of all nursing services policies and procedures for all CTC areas and outpatient health care provided in yard clinics or other areas of the institution. The SRN II communicates and coordinates nursing services with medical staff, administration, and other health care and institution staff.

SUPERVISING REGISTERED NURSE I (2.0)

The Supervising Registered Nurse I plans, assigns, and directs Nurses, Medical Technical Assistants, Psychiatric Technicians, and inmate workers; ensures all appropriate laws and regulations governing the practice of nursing, and working in a correctional environment are followed; plans and conducts nursing staff development grams ; makes inpatient rounds; supervises the provision of nursing care, including, administration of medication and treatments prescribed by medical officers; reviews records and bedside charts and observes special cases; reviews progress records and consults with medical officers concerning special cases; ensures all areas are maintained in a neat and clean manner; reviews inventories of hospital supplies and equipment and requisitions needed supplies; prepares and submits reports and performance evaluations; participates in quality assurance program, and performs chart audits; serves as patient advocate when necessary; supervises the serving and feeding of patients.

One position will be utilized in the Central Health Facility to supervise the provision of nursing care for the medical inpatient

beds, emergency room, specialty clinics; and some yard clinics, and may serve as a shift supervisor; and the other position will supervise the provision of nursing care for the mental health crisis care beds, outpatient mental health treatment program areas, and may serve as a shift supervisor. Both supervisors are required by Correctional Treatment Center (CTC) regulations.

REGISTERED NURSE (INPATIENT MEDICAL) (6.5)

Under direction of the Supervising RN, the Registered Nurse (RN) performs patient care in a clinical inpatient setting, yard clinic, or in special treatment areas; provides for continuity of patient care with nursing personnel of other shifts; and may be the lead nurse for an organized nursing unit. The prison will include a 24 bed inpatient unit which will require 24-hour-a-day nursing supervision. 6.5 positions are required for the 12 medical beds and an additional 6.5 positions for the 12 mental health crisis beds (the latter are included under the mental health listing).

The Registered Nurse also performs specialized, highly technical patient care activities in outpatient clinics and inpatient units for medical, surgical, and mentally ill patients, and provides clinical supervision of medical technical assistants and psychiatric technicians, and may supervise inmate workers. The RN assesses each patient's nursing care needs; plans, implements, and documents appropriate nursing care; informs physician staff of patients' new or changed medical condition; and insures the quality and appropriateness of nursing care. The RN participates in the nursing services quality assurance program and may assist in the development of nursing care policies and procedures, nurse staff development programs, and performs nursing services chart audits and infection control activities. The RN ensures all areas are maintained in a neat and clean manner.

This responsibility can only be delegated to a licensed registered nurse. Correctional Treatment Center regulations (Title 22, Section 1250) require 2.5 nursing hours per patient per day. Therefore, the prison will require 6.5 Registered Nurse positions for the medical beds and 6.5 Registered Nurse positions for the mental health crisis beds to provide 24 hours per day, seven days per week coverage of the inpatient unit of the Central Health Facility. Typical coverage for the first watch will include 3.22 positions, the second watch will include 4.83 positions, and the third watch will include 4.83 positions.

REGISTERED NURSE - EMERGENCY SERVICES (4.83)

The Registered Nurse assigned to emergency services maintains the availability of 24-hour emergency nursing care; performs highly technical emergency nursing care procedures for visitors, staff and inmates in the emergency room, outpatient clinics, general

housing, and administrative areas of the institution; directs the emergency nursing care procedures performed by medical technical assistants or psychiatric technicians within their scope of practice; ensures the readiness of all emergency care equipment and supplies; assesses the inmate-patient's need for emergency care and communicates the needs to the physician; documents all emergency care in the patient health record; maintains emergency care logs, participates in the development of emergency response and nursing services policies and procedures, participates in evaluating the provision of emergency care, and participates in the quality assurance program for emergency and nursing services. The emergency services RN may assist in the development of nursing care policies and procedures, nurse staff development programs, and performs nursing services chart audits and infection control activities. The emergency services RN may be responsible for sterilization of equipment in the autoclave. The emergency services RN may supervise inmate workers. The RN ensures all areas are maintained in a neat and clean manner.

REGISTERED NURSE YOP (1.61)

The Registered Nurse YOP performs specialized, highly technical patient care activities in outpatient clinics and in the YOP housing for medical, surgical, and mentally ill patients, and provides clinical supervision of medical technical assistants and psychiatric technicians. The RN assesses each patient's nursing care needs; plans, implements, and documents appropriate nursing care; informs physician staff of patients' new or changed medical condition; and insures the quality and appropriateness of nursing care. The RN participates in the nursing services quality assurance program and may assist in the development of nursing care policies and procedures, nurse staff development programs, and performs nursing services chart audits and infection control activities. The RN ensures all areas are maintained in a neat and clean manner.

PUBLIC HEALTH NURSE (1.0)

The duties of the Public Health Nurse include, but are not limited to:

Participate with Headquarters' staff in the development, review and implementation of public health policies, procedures, and programs; assist in the implementation of Public Health/Infectious Disease Control policies and procedures; provide technical expertise regarding public health policies, procedures and programs; perform internal facility review to ensure compliance with public health policies, procedures, and reporting and monitoring the implementation of plans for corrective action; identify and make recommendations for public health training and educational needs of facility staff and inmates; Coordinate with the Public Health Section Data Analysis

and Reporting Unit to ensure that appropriate and accurate communicable disease reports are filed with CDC Headquarters and the proper State and local health agencies; investigate public health incidents as reported by staff or inmates and provide appropriate evaluations and reports; monitor Tuberculosis (TB) Alert Program for accuracy and completeness; and conduct case contact investigations for reportable communicable diseases.

UTILIZATION MANAGEMENT NURSE (1.0)

Utilization Management (UM) is a critical function in ensuring that appropriate medical care is provided in a cost-efficient/effective manner in an institutional setting. UM is a necessary component to CDC's health care delivery system. The UM nurse is the focal point of the UM process at the institutional level. The UM nurse performs prospective reviews to ensure medical necessity and appropriateness of medical care and to ensure that care is performed timely and appropriately, concurrent reviews to ensure that medically necessary care is provided and appropriate for the admitting diagnosis, and retrospective reviews on the medical records and invoices to determine accuracy of billing and to assess that the medical care billed for was appropriate to the needs of the patient and indeed performed.

SENIOR CLINICAL LABORATORY TECHNOLOGIST (1.0)

The Medical Services Division will require 1.0 Senior Clinical Laboratory Technologist, who will be responsible for all-clinical laboratory work and for the use and care of laboratory equipment. Additionally, this position is responsible for preparing, mounting, and staining specimens; reading lab test results and recognizing normal/abnormal readings; setting up laboratory apparatuses; making quick and accurate serological, bacteriological and biochemical tests and analyses. The Senior Clinical Laboratory Technician is also responsible for making bacteriological analysis of specimens for suspected communicable diseases such as diphtheria, typhoid, and TB; making blood and urine chemical analysis; estimating institutional needs and preparing appropriate orders for supplies, materials, and equipment for the laboratory.

SENIOR RADIOLOGICAL TECHNICIAN (1.0)

The Medical Services Division will be equipped with an X-ray room. In order to properly utilize the X-ray equipment and facilitate this operation, a Senior Radiological Technician will be required.

SENIOR MEDICAL TECHNICAL ASSISTANT (2.0)

Under the direction of the SRN-II, the Senior Medical Technical Assistant will act as a lead person in coordinating and assigning duties for the Medical Technical Assistant staff, ensuring that appropriate coverage is provided to the Central Health Facility and facility clinics in conjunction with the institution's operating schedule. The Senior Medical Technical Assistant will also be responsible for coordinating the availability of Medical Technical Assistants to assist Physician/Surgeon staff during inmate examinations, ensures all areas are maintained in a neat and clean manner; reviews inventories of hospital supplies and equipment and requisitions needed supplies; prepares and submits reports and performance evaluations; participates in quality assurance program; and may supervise inmate workers. One position each is provided for second and third watches.

MEDICAL TECHNICAL ASSISTANT (MTA)
CENTRAL HEALTH (OUTPATIENT) (8.05)
CLINICS (12.88)
TELEMEDICINE (1.0)

Within the scope of licensure as a Licensed Vocational Nurse, the Medical Technical Assistant (MTA) may take and record portions of a medical history, collects subjective and objective patient data, including vital signs, height, weight, color sense, auditory acuity, visual acuity, and chief complaint, and reports data to the physician/surgeon or registered nurse; collects and transfers laboratory specimens, provided appropriate certifications are maintained; schedules inmate appointments for doctor's line, sick call, specialty clinics and specialist appointments; perform patient care activities including nursing treatments, and administers physician-ordered medications, immunizations, and skin tests within a TB control program; MTAs may respond to emergencies and initiate life saving nursing procedures including basic cardiopulmonary resuscitation and management of assualtive behavior. "MTAs are assigned patient care duties that conform with the Vocational Nursing Practices Act (Business and Professions Code, Chapter 6.5, Article 2). MTAs are responsible for supervision of inmates in the medical area and shall ensure cleanliness and sanitation of health care areas. The position of an MTA is authorized full peace officer status and as such these individuals will provide custodial and security supervision of inmates in the Central Health Facility and facility clinic settings as a portion of their duties.

There will be 8.05 MTAs assigned to the outpatient area of the Central Health Facility to provide continuous supervision of the inmate population during all watches. There will be 1.0 MTA assigned to provide support for the institution's telemedicine program. Although the inpatient area of the Central Health Facility is a medical setting, it must be viewed as a housing

unit with appropriate security measures and staffing. Custodial operational procedures require that two staff members be present anytime that a cell door is opened. As such, the Central Health Facility will be staffed on the second and third watches by two MTA positions seven days per week. During the first watch, security of the inpatient area will be provided by one MTA who will be responsible for performing inmate counts and making security checks. The prison will operate five Health Service satellites. These satellite clinics will be posted by MTA staff who will assist the physicians and RNs in daily sick call, administer prescribed medication, care for superficial injuries, assist doctors in performing medical examinations, and provide stringent security measures for the facility clinic. In addition, the Administrative Segregation Unit inmates are not allowed free accessibility to the facility clinics for sick call or the receiving of medication. As a result, MTA staff enter the housing unit and identify those individuals who require medical attention by going cell to cell. To accomplish this, MTA staff must be available 24 hours a day, seven days a week. The activation of seven housing facilities will require 12.88 MTAs for clinic operations. This will provide for five MTA positions assigned to the second watch, two MTA positions assigned to the third watch, and one MTAs assigned to the first watch.

PHARMACIST II (1.0)

The Pharmacist II will be responsible for the preparation and dispensing of drugs and pharmaceuticals and management of institutional pharmacy operations. Additionally, this individual will be responsible for the maintenance of drugs and chemical supplies for the prison, as well as maintenance of records related to drugs, poisons, and narcotics as required by Federal and State laws. The Pharmacy must be staffed to provide for five days a week coverage while simultaneously providing extended hours of service to respond to the needs of the inmate population.

PHARMACIST I (2.0):

The Pharmacist I will be responsible for the preparation and dispensing of all drugs and pharmaceuticals. Additionally, these individuals will be responsible for the maintenance of all drugs and chemical supplies for the prison, as well as, maintenance of records related to drugs, poisons, and narcotics as required by Federal and State laws. The Pharmacists Is may also provide consultation to inmate patients and physicians on medication related topics.

PHARMACY ASSISTANT (2.0)

The Pharmacy Assistants assist in the operation of the institution pharmacy; maintain drug and supply inventory; inventory records; order supplies to maintain level of stock; check supplies received against purchase orders, invoices and requisitions; segregate, label, and store pharmaceutical supplies; review pharmacy stock for expired drugs; pick up and deliver drugs; clean equipment and work areas; type labels for medications; and maintain patient medication profiles.

CLINICAL DIETITIAN (1.0)

The Clinical Dietitian performs nutritional assessments and develops and implements nutritional care plans for inmate-patients; plans therapeutic diets; assists and advises clinical personnel on any special nutritional needs of inmate-patients; interprets physician prescriptions for therapeutic diets; establishes recipes for use by food production staff; authorizes substitution or modification of therapeutic diets; assists in the selection and training of dietary staff; plans and conducts training programs for food services and other health care staff; provides therapeutic diet instruction for inmate-patients who require therapeutic diets (i.e., diabetes, hypertension), and prepares reports.

PHYSICAL THERAPIST (1.0)

The Physical Therapist provides physical and occupational therapy services, as medically necessary, to inmates as part of the Department's Disability Placement Program. The physical therapist provides group and individual therapy and counsels inmates on coping with their disabilities in the prison setting.

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST - COST ANALYSIS (1.0)

The Associate Governmental Program Analyst - Cost Analysis is responsible for the collection, compilation, allocation, reporting, and analysis of health care cost information as part of the statewide Health Care Cost and Utilization Program.

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST - INMATE MEDICAL APPEALS TRACKING PROGRAM (1.0)

The Associate Governmental Program Analyst - Inmate Medical Appeals Tracking Program is responsible for the collection and compilation of data on all inmate appeals filed which deal with health care issues, providing analysis of the data collected, and providing on-site assistance for quality management activities. The AGPA will maintain the tracking system, evaluate individual problems and identify trends raised by those appeals, and

identify potential solutions to those broader problems (e.g., protocols in need of review, training required).

STANDARDS COMPLIANCE COORDINATOR (1.0)

The Standards Compliance Coordinator is responsible for coordinating and facilitating those activities related to maintaining health facility standards and licensing requirements, assuring compliance with applicable quality of care standards, assisting and coordinating an ongoing evaluation of the provision of health care services, coordinating plans of correction, ensuring that corrective actions have been implemented, and coordinating and integrating a facility-wide quality assurance program.

JANITOR SUPERVISOR II (1.0)

The Janitor Supervisor II ensures that all health care service areas are maintained in a clean and sanitary condition; plans and implements a housekeeping program including scheduled cleaning of all floors, walls, ceilings, woodwork, cabinets, sinks, toilets, showers, tubs, beds, light fixtures, windows, stairways, elevators, hallways, offices, interior glass, doors, treatment rooms, furnishings, equipment, and other areas as required; supervises inmate workers in cleaning and sanitizing procedures, emptying and cleaning of waste receptacles, linen storage and handling, and infection control housekeeping procedures; plans and conducts training programs for inmate housekeepers; maintains records and prepares reports.

This position addresses the requirements in the Correctional Treatment Center regulations (Title 22, Division 5, Chapter 12, Section 79843) which mandate that a specific person be designated to be in charge of the housekeeping services and also participate in the infection control committee. The person must be responsible for overall cleanliness of the health care areas, the development of policies and procedures, and the training and supervision of staff.

DENTAL SERVICES INSTITUTIONAL

Chief Dentist	1.0	
Dentist	3.0	
Dental Assistant		4.0
Dental Services Subtotal		8.0

CHIEF DENTIST (1.0)
DENTIST (3.0)

In addition to the Chief Dentist, there will be 3.0 Dentist positions required based upon the proposed inmate population of 2,556 utilizing a ratio of 950 inmates for each Dentist position. The Chief Dentist will supervise the 3.0 Dentists and the 4.0 Dental Assistants. These individuals will perform oral examinations and provide dental prophylaxis, fill teeth, treat diseases of the oral cavity, and instruct patients in oral hygiene, perform dental surgery, prescribe and fit dentures, and prescribe medications and analyze x-rays.

DENTAL ASSISTANT (4.0)

The Dental Assistants will schedule appointments; provide dental operatory assistance to the Dentist positions. Dental Assistants will sterilize equipment, and perform other required duties. (At least I think this needs to be deleted. I think we no longer allow inmate workers in this area.

There are 3.0 Dental Assistants derived by utilizing the ratio of 950 inmates to each Dental Assistant. One additional Dental Assistant is needed to assist the Chief Dentist in the provision of dental care in the new dental operatory in the Central Health Facility. This position will also provide relief for the other dental assistants.

MENTAL HEALTH SERVICES

Chief Psychiatrist	1.0
Senior Psychologist	1.0
Staff Psychiatrist	2.0
Staff Psychiatrist YOP	1.0
Psychologist	5.0
Psychiatric Social Worker	1.0
Psychiatric Social Worker YOP	1.0
Registered Nurse	6.5
Recreation Therapist	1.0
Psychiatric Technician	4.22
Office Technician	2.0
Mental Health Services Subtotal	25.72

(Note: remainder of staff for General Population Correctional Clinical Case Management System and Enhanced Outpatient Program will come from annual departmental mental health population staffing at the time the Delano II programs are implemented.)

CHIEF PSYCHIATRIST (1.0)

As Clinical Director, this position provides general direction to professional and nonprofessional mental health staff, develops and maintains written policies and procedures for the mental health treatment program in consultation with other mental health professionals, ensures the provision of diagnostic and treatment services for each patient, and is responsible for the quality of clinical services performed in the Central Health Facility.

SENIOR PSYCHOLOGIST (1.0)

This position will have overall responsibility to coordinate and monitor psychological services within the institutions in the service area. This position consults with other mental health professionals in developing and evaluating programs; establishing, reviewing, and maintaining psychological services policies and procedures; assuring the quality of psychological services; and, supervising and training staff.

STAFF PSYCHIATRIST (2.0)
STAFF PSYCHIATRIST YOP (1.0)

Psychiatric services will be provided in the inpatient area of the Central Health Facility (1.0), Administrative Segregation (0.5), Youthful Offender Program (1.0) and for General Population crisis intervention (0.5).

These positions will provide crisis intervention, diagnosis, medical services and psychotherapy to inmates suffering from psychiatric distress or serious mental disorders. The Staff Psychiatrist plans and directs a treatment program to work with inmates and actively participates in the development and evaluation of the neurological, psychiatric, and mental health programs for the prison.

PSYCHOLOGIST (5.0)

These positions provide mental health services in the Central Health Facility (Mental Health Crisis Beds [MHCB]) (2.0), Ad Seg (1.0), and to the general population (1.0). These services include crisis intervention, evaluations, diagnosis, treatment planning, and psychotherapy. In addition, 1.0 psychologist provides services to developmentally disabled inmates, consistent with requirements in the Clark settlement.

PSYCHIATRIC SOCIAL WORKER (1.0)
PSYCHIATRIC SOCIAL WORKER YOP (1.0)

As part of the mental health treatment team, the psychiatric social workerS will be responsible to organize, direct, and supervise social work services including case management,

psychotherapy, discharge planning and crisis intervention to inmates in the MHCB. One position will be dedicated to the Youthful offender Program.

REGISTERED NURSE - (CRISIS CARE) (6.5)

See Narrative for Registered Nurse - Inpatient under Medical Services- Institutional. These 6.5 positions provide nursing services for MHCB patients.

RECREATION THERAPIST (1.0)

These positions will be responsible to design and provide appropriate recreation therapy services needed for a comprehensive therapeutic regimen for individual inmates in the Central Health Facility in the inpatient area.

PSYCHIATRIC TECHNICIAN (4.22)

These positions provide daily (seven day per week) rounds in the two administrative segregation (Ad Seg) units (3.22) as well as provide assistance to the Ad Sep psychologist in providing clinical services, such as group therapy and treatment plan development.

OFFICE TECHNICIAN (2.0)

These positions provide support for the operation of the mental health program. 1.0 Office Technician provides general clerical support for the outpatient programs, particularly mental health services in Administrative Segregation. The other 1.0 Office Technician is provided specifically for maintenance of mental health tracking systems.

#3

Rougeux, Tim

From: Rougeux, Tim
Sent: Wednesday, May 02, 2007 5:55 PM
To: 'Lara Saich'
Subject: Facility Master Plans
Attachments: Facility Master Plan.pdf

Attached are three different years of CDCR Facilities Mater Plans. The pages of the Master plan attached discusses prison overcrowding, defines it in various and changing terms, as well as how overcrowding will be addressed. The Master Plans are from 1993-1998, 1995-2000, and 1998-2003.

Tim Rougeux

Overcrowding

Until the 1980s, no new prisons had been built in California for 20 years. Increases in the inmate population beginning in the late 1970s and continuing through the 1980s have severely crowded the State's correctional institutions. Even with the construction and occupancy of 40,524 new beds, CDC facilities were operating at 185 percent of design bed capacity as of June 30, 1994.

In response to the need to house ever-increasing numbers of inmates while the New Prison Construction Program projects are in various stages of progress, CDC has developed an overcrowding strategy based on percentage of DBC, types of beds and conditions of facilities.

Although prison overcrowding generally is considered undesirable because of stress on staff and inmates, CDC recognizes that some degree of overcrowding is inevitable and is, in fact, manageable even over the long-term. Some additional inmates can be accommodated on a long-term basis through changes in the operations of the prison. Selective double-celling can increase bed capacity with minimal strain on support services and programs by scheduling multiple shifts in areas such as dining, recreation, education and industries. The degree of overcrowding that an existing or new institution can manage varies depending on the characteristics of inmates to be housed (i.e., security level and special needs), capabilities of the physical plant and the availability of programs and/or work assignments.

It is anticipated, however, that new prisons will tolerate overcrowding more easily because they are better suited to accommodate inmates beyond DBC. For example, modern physical plants, infrastructure (i.e., water, waste water and power), housing units with adequate dayrooms, larger cells, newer equipment and dedicated spaces for inmate employment, academic education programs and recreation will support overcrowding more readily than the limited space at an old institution.

Through experience, CDC has determined the manageable levels of overcrowding for both existing and new prisons. With a few exceptions, CDC plans to overcrowd inmates housed in cells at 130 percent and inmates housed in dormitories at 120 percent. One exception is Security Housing Unit (SHU) inmates who are housed in cells but will only be overcrowded at 120 percent.

These overcrowding percentages are taken into account when inmate population projections are compared with anticipated available prison beds to determine future construction needs. Used as a planning tool, the concept of manageable overcrowding allows the flexibility to build fewer bed spaces than population projections otherwise indicate as necessary. This capability helps to prevent over building by creating a tolerance to sudden changes in projections that can result from unanticipated factors such as legislative action or new policies. Manageable overcrowding can also provide a buffer for the period of time between population changes and prison construction completion.

The unprecedented and continuing growth in the inmate population has forced CDC to house inmates and operate institutions at levels greatly exceeding manageable levels of overcrowding. Operating at high occupancy levels taxes the infrastructure of prisons, necessitating expensive repair and maintenance programs. The availability and effectiveness of inmate programs becomes limited by overcrowding. These conditions can also increase the potential for violence and injury to inmates and staff and increases the CDC's exposure to inmate lawsuits over conditions of confinement.

Bed Level Flexibility

A factor that mitigates overcrowding is the flexibility within certain housing units to safely accommodate inmates with a different custody classification. Because security, program and housing requirements are similar, it is possible to place Level I inmates in Level II beds.

In an effort to more accurately reflect operational practices, CDC has developed a new methodology for projecting bed needs based on a calculated Housing Overcrowding Capacity for the prison system. In general, this calculation is based on 90 percent of general population cells containing two inmates, and most dormitory beds being double bunked. Exceptions for these standards have been made for disciplinary and security concerns, mental health programming, and when physical design or court orders do not allow these levels of occupancy. The use of the Housing Overcrowding Capacity standard results in reduced projections of bed need when compared to the previous projection method.

Design Bed Capacity

The basic and historical measurement of a prison's capacity is referred to as ***Design Bed Capacity*** (DBC). In celled housing units, this has been traditionally calculated as a single inmate per cell. In dormitory housing units, DBC generally consists of single bunks. When an ***Occupancy Rate*** is calculated for either an individual prison or the entire prison system, the inmate population is divided by the DBC to calculate this rate as a percentage of DBC.

Overcrowding

Overcrowding occurs when the number of inmates housed in a housing unit, or prison, or the prison system, exceeds the DBC. Although prison overcrowding generally is considered undesirable because of stress on staff and inmates, CDC recognizes that some degree of overcrowding is inevitable and is, in fact, manageable even over the long-term. Some additional inmates can be accommodated on a long-term basis through changes in the operations of the prison. Selective double-celling can increase inmate capacity with minimal strain on support services and programs by scheduling multiple shifts in areas such as dining, recreation, education and industries.

The degree of overcrowding that an existing or new institution can manage varies depending on the characteristics of inmates to be housed (i.e., security level and special needs), capabilities of the physical plant and the availability of programs and/or work assignments.

New prisons will tolerate overcrowding more easily than the older institutions because they are better suited to accommodate inmates beyond DBC. For example, modern physical plants, infrastructure (i.e., water, waste water and power), housing units with adequate dayrooms, larger cells, newer equipment and dedicated spaces for inmate employment, academic education programs and recreation will support overcrowding more readily than the limited space at an old institution.

Bed Need Projection

CDC previously used a ***"Manageable Level of Overcrowding"*** standard to project the need for future prison bed construction. This standard was calculated as 120 percent of DBC for dormitory housing units, and 130 percent of DBC for most celled housing units, for an approximate systemwide average of 125 percent. It was assumed that the prison system could operate on a long-term basis with this level of overcrowding, thus the number of design beds needed to reduce occupancy rates to these standards was the projected construction need.

Housing Overcrowding Capacity

During the last decade, CDC has demonstrated the ability to operate the prison system at occupancy rates greatly exceeding the Manageable Level of Overcrowding standard. This has been largely due to the expertise and professionalism of the employees who staff CDC's prisons, combined with the improved designs of the prisons that have been constructed during the last 11 years. In recognition that current housing unit overcrowding standards are sustainable on a long-term basis, CDC has developed a new ***"Housing Overcrowding Capacity"*** (HOC) standard for calculating future prison bed needs. This overcrowding standard is based on the capabilities of the prison and its programs to maximize double occupancy in celled and dormitory housing units. An individual HOC has been determined for each security level and type of housing unit, with exceptions determined for special security, program, design or legal needs. These standards are used to calculate the total HOC for each prison and aggregated to determine the HOC for the prison system.

In most celled prisons built since 1984, the HOC standard is based upon 90 percent of general population cells containing two inmates. In the cases of Calipatria State Prison and California State Prison (CSP)-Los Angeles County, where the 270 Housing Unit was designed and constructed for Level IV inmates, a 70 percent double celling standard is used. Exceptions to these standards have been made for special security or programmatic needs. For Administrative Segregation cells and Security Housing Unit (SHU) cells, the HOC standard is for 40 percent of these cells to be occupied by two inmates. This is because these cells contain the most predatory inmates who have demonstrated problems in general population housing. Additionally, 50 percent of the cells being used for mental health programming are projected to contain two inmates.

For Level II prisons and Level I housing units constructed since 1984, the HOC standard calls for an occupancy rate of 200 percent of DBC. This results in double bunking of all design beds in these housing units. Level I design beds that are located in prison firehouses or conservation camps will have an HOC that is equal to their DBC due to infrastructure and space facility limitations and the programming needs of these beds.

The determination of the HOC at the original 12 prisons that were operating prior to the 1980's required slightly different standards. Level I and Level II dormitories at these prisons generally have an HOC standard of 150 percent of DBC. These prisons were constructed with different standards than newer prisons for inmate supervision and observation, and dayroom and other housing unit space. A level of occupancy greater than 150 percent over a long term basis would be detrimental to the security and operations of these prisons. Certain exceptions were made to this standard when the physical design of the dormitory precluded this level of overcrowding.

The standard of double occupancy in 90 percent of general population cells has also been established at the original 12 prisons, along with the exceptions for Administrative Segregation cells and mental health programming. An additional exception to this standard is caused by the design of "over and under" cells at California Men's Colony and California Institution for Men, where the HOC standard will house two inmates in 40 percent of these cells. Additionally, cells for condemned inmates at CSP-San Quentin, and some Administrative Segregation cells at older prisons, are limited to single inmate occupancy due to court orders.

These standards have been used to calculate a systemwide HOC of approximately 132,800 inmates in 2000 which corresponds to an occupancy rate of 170 percent of DBC. It is important to note that the HOC may be expected to change over time. As additional prisons are authorized and constructed, the systemwide HOC will increase. Likewise the occupancy rate corresponding to HOC will increase from 170 percent because the individual occupancy rate of new celled prisons at HOC is generally greater than 170 percent of DBC. These increases may be offset by expansion of mental health programs or permanent mission changes in existing prisons.

The beds needed to house the inmate population exceeding the HOC will be projected using the occupancy standards displayed in Table A. This will clearly focus CDC's new prison needs to the inmate population for which housing capacity, as defined by the HOC, is not available.

The Mission

The California Department of Corrections is a public safety, public service agency.

We protect the public by:

- Incarcerating California's most serious criminal offenders in a secure, safe, humane, and disciplined institutional setting. This is done in accordance with California law dictating the purpose of prison punishment.
- Providing parolee supervision, surveillance, and other necessary services to reintegrate parolees back into the community, reinforce their lawful behavior, and manage the public safety risk that parolees pose to the public as potential reoffenders.
- Providing health care, opportunities for work, academic education, vocational training, substance abuse treatment, and other necessary treatment for California's inmate population to afford better overall inmate management and provide inmates the opportunity to successfully return to society.
- Researching, piloting, and implementing effective correctional methods and techniques, independently and in cooperation with the criminal justice and law enforcement communities and the public.
- Providing support to crime victims to minimize the impact of crime on their lives.
- Providing public education and awareness on the role of corrections and the value it provides to society.

We accomplish our mission through employees dedicated to the Department's values and a clear vision of our role in public safety.

Capacity

During the last decade, CDC has operated the prison system at occupancy rates greatly exceeding original design standards. In an effort to more accurately describe the occupancy conditions of the prison system, CDC has developed new definitions which will allow for discussion in more consistent terms. In recognition that some housing crowding standards are sustainable on a long-term basis, CDC uses certain crowding standards for calculating future prison bed needs. What

used to be called "**Housing Overcrowding Capacity**" has been changed to reflect a new standard of crowding which is now called "**Rated Capacity.**" The CDC's maximum level of occupancy is called "**Maximum Operating Capacity.**" Within this maximum capacity there are the most undesirable beds. These beds are described as "**Crisis Capacity.**"

Design Bed Capacity

Design Bed Capacity has traditionally referred to single occupancy in cells and single bunks and a limited number of double bunks in dormitories. Through need and experience the Department has determined that the prisons can and should be operated at levels of occupancy higher than Design Bed Capacity. Thus, the Design Bed Capacity of the prison system is no longer a standard for operation and is not used as a measure to request new prison construction.

Rated Capacity

Because of the increasing prison population and the recognition that most double celling and double bunking conditions are sustainable on a long-term basis, CDC has redefined these formerly overcrowded levels as a permanent standard for capacity. This standard crowding capacity is now referred to as ***"Rated Capacity."*** This standard is based on 90 percent of general population cells housing two inmates, and dormitory beds being double bunked. This also includes double bunking in minimum and medium security gymnasiums. Exceptions to these standards have been made for disciplinary and security concerns, mental health programming, and when physical design or court orders do not allow these levels of occupancy.

The degree of double celling and double bunking that an existing or new institution can manage varies depending on the characteristics of inmates to be housed (i.e., security level and special needs), capabilities of the physical plant, and the availability of programs and/or work assignments.

New prisons will tolerate crowding more easily than the older institutions because they are better suited to accommodate additional inmates. For example, modern physical plants; infrastructure such as water, wastewater and power, housing units with adequate dayrooms, larger cells, newer equipment and dedicated spaces for inmate employment; and

academic education programs and recreation will support additional inmates more readily than the limited space and infrastructure at old institutions.

In most celled prisons built since 1984, Rated Capacity is calculated assuming that 90 percent of general population and Administrative Segregation cells will house two inmates. Exceptions to this standard have been made for some special security or programmatic needs. For example, the Security Housing Unit (SHU) Rated Capacity assumes that 40 percent of the cells will be occupied by two inmates. This is because inmates housed in the SHU are the most predatory inmates who have demonstrated behavioral problems in general population housing. Additionally, 50 percent of the cells being used for mental health programming are projected to house two inmates. In dormitories the Rated Capacity standard calls for double bunking of all beds in these housing units.

The determination of the Rated Capacity at the original 12 prisons that were operating prior to the 1980s is more complex and is individually determined. These prisons were constructed with different standards than newer prisons for inmate supervision and observation, and dayroom and other housing unit space. A level of occupancy greater than the Rated Capacity over a long-term basis would be detrimental to the security and operations of these prisons.

The Rated Capacity standard of double occupancy in 90 percent of general population cells also applies to the original 12 prisons. However, there are more exceptions to this standard in these older facilities. For example, "over and under" cells at California Men's Colony (CMC) and California Institution for Men (CIM), have a Rated Capacity standard of two inmates in 40 percent of these cells. Additionally, cells for condemned inmates at California State Prison-San Quentin, and some Administrative Segregation cells at older prisons, are limited to single inmate occupancy due to court orders.

These standards have been used to calculate a systemwide Rated Capacity of approximately 160,000. This includes capacity leased in jails and public and private Community Correctional Facilities (CCFs) as discussed in Chapter 2. It is important to note that the Rated Capacity may change over time. Obviously, as additional prisons are authorized and constructed, the systemwide Rated Capacity will increase.

However, a mission change within an institution which results in a greater or lesser level of double occupancy would also change the Rated Capacity.

Occupancy standards for Rated Capacity for prisons constructed since 1984 are summarized in Table A below.

TABLE A
RATED CAPACITY STANDARDS
FOR NEW PRISONS CONSTRUCTED SINCE 1984

OCCUPANCY STANDARDS FOR GENERAL POPULATION HOUSING UNITS		OCCUPANCY STANDARDS FOR SPECIAL SECURITY/PROGRAM BEDS	
Level I	All double bunked	Administrative Segregation	90% double celled
Level II	All double bunked	Security Housing Unit	40% double celled
Level III	90% double celled	Firehouse & Camps	All double bunked
Level IV	90% double celled	Enhanced Outpatient Program	50% double celled
		Substance Abuse Treatment	40% double bunked
Reception (cells)	90% double celled	Minimum and Medium Security Gyms	120 inmates per gym
Women (dormitory)	75% double bunked		

Maximum Operating Capacity

Before any new prisons can be constructed, CDC will be using all available traditional and nontraditional housing space to house inmates. This level of occupancy is CDC's ***"Maximum Operating Capacity" and refers to the maximum level of occupancy at which the Department can house inmates including both Rated and Crisis beds.***

Because no new prison construction has been approved since 1993 and the inmate population continues to grow, CDC is now approaching

Maximum Operating Capacity. The Department's Fall inmate population projections indicate that the CDC will be completely out of capacity for incoming inmates by early 2000. At that time, the prison system will be housing 178,000 inmates in long-term, temporary, and emergency housing. This means that in addition to the double cell and double bunk standard, as well as double bunking in Level III gyms, inmates will be housed in converted dayrooms, Level IV gyms, and other areas not suitable for long-term housing. Some gyms will also include triple bunks.

The capacity of the system is limited in that there is only a finite number of spaces, such as gymnasiums and dayrooms, which can be used for temporary housing. Once these locations are converted and are housing inmates, the prison capacity will be exhausted. Based on current population projections, this will occur early in 2000. When the system's housing capacity is exhausted, CDC will still be required to incarcerate all felons for their sentences as mandated by current law. This will create conditions where violence, and the potential loss of life and property, will escalate, and "conditions of confinement" litigation may result in the early release of dangerous felons from State prison.

Crisis Capacity

Because the inmate population has grown faster than the addition of new capacity, CDC has been forced to house an inmate population which is greater than the system's Rated Capacity. This occurs by crowding additional inmates into dormitory housing units, and by converting dayrooms at older prisons and gymnasiums at most prisons into dormitories. The use of these various locations for inmate housing, especially for medium-security inmates, poses a high risk for staff and inmates. Additional bed space consisting of triple bunks in selected dormitories and in gymnasiums, and double bunks on the floor of medium-security cellblocks, has been added by the Emergency Bed Program. In these open and crowded spaces, the staff's ability to identify illegal or dangerous activities, or to isolate, contain, and control incidents is compromised. Thus, the use of these beds place both staff and inmates at an increased risk of violence and potential injury, and should only be used until replacement beds are available.

Crisis Capacity, which is a component of the system's Maximum

Operating Capacity, refers to beds which are the most undesirable in terms of safety for both staff and inmates and are inappropriate for long term housing. Approximately 12,000 beds have been identified as crisis beds. Within Crisis Capacity are approximately 7,200 beds which are referred to as "high risk emergency beds." The CDC has an immediate goal of building out of these dangerous beds which include triple bunks in gymnasiums and dormitories and double bunks on the floors of medium security cell blocks. The long-term use of these high risk beds poses an unacceptable risk of violence against both staff and inmates.

Program Direction

Legislative mandates, court orders, and various CDC policies influence the development of, or in some cases specify, policies regarding planning, designing, constructing, equipping, and operating correctional facilities.

Ensure Safety

CDC must ensure that the staff, inmates, and visitors are not subject to physical or psychological abuse or danger while inside a correctional facility. Building design, selection of equipment and furnishings, staff training, and operational safeguards must facilitate safety. CDC must provide an atmosphere in which tension and violence are minimized.

Cost Effectiveness

California has been a national leader in building correctional facilities through a public-private partnership. Our construction program focuses on building secure, durable prisons that are cost effective to design, construct, and operate. CDC maximizes security, economy, and safety by constructing buildings with the least costly materials suited to their use. In addition, CDC continues to seek out and evaluate new technologies and improvements in correctional facility construction and management. These efforts result in California's operation of the nation's largest correctional system with one of the leanest inmate-to-correctional officer ratios.

Electrified Fence

Relevant to both safety and cost effectiveness, one of the most far reaching proposals developed and implemented through CDC's technology transfer process is the lethal electrified perimeter fence. California is the first and only prison system to incorporate such a cost-saving mechanism. The fence allows CDC to deactivate towers previously staffed 24 hours a day, 365 days a year. This results in an annual savings of approximately $40 million.

#4

Rougeux, Tim

From: Rougeux, Tim
Sent: Wednesday, May 02, 2007 5:39 PM
To: 'Lara Saich'
Subject: Space standards
Attachments: Space Standards.pdf

Attached are the health care staff "space standards" for new prison construction. This states how big the staff's office or work area are suppose to be.

This document is about 14 pages long.

Tim Rougeux

explain in paragraph

Code	List of Spaces		Recommended NSF/Space	Allocation Ratio	Comment Code
	Clinic				
	Nurse/MTA Station		60	1/Prison	101
	Waiting/Holding		120	2/Prison	102
	Examination/Treatment Room		110	2/Prison	103
	Physician Office		100	1/Prison	104
	Physical Therapy		200	1/Prison	105
	Dental Laboratory		200	1/Prison	
	Dental Lab Work Station	(120)			106
	Dental Lab Storage	(80)			107
	Laboratory		500	1/Prison	
	Work Stations	(300)			108
	Chemical Storage	(80)			109
	Hot Storage	(30)			110
	Hot Trash	(20)			111
	Hazardous Waste	(50)			111
	Toilet	(20)			
	Pharmacy		350	1/Prison	
	Pharmacy Work Area	(200)			112
	Vault (Secure Storage)	(50)			113
	Storage	(100)			114
	Central Supply		600	1/Prison	115
	Oxygen Supply		50	1/Prison	116
	Optometry		120	1/Prison	117
	Psychiatrist Office		110	1/Prison	118
	Radiology (X-Ray)		460	1/Prison	
	X-Ray Room	(250)			119
	X-Ray Developing	(50)			120
	X-Ray Viewing	(100)			121
	Toilet Dressing	(60)			122
	Clean Utility		30	1/Prison	123
	Soiled Utility		30	1/Prison	124
	Clean Linen		30	1/Prison	125
	Soiled Linen		30	1/Prison	126
	Nurse III		100	1/Prison	127
	Emergency Room		200	2/Prison	128
	Supply Storage (ER)		50	1/Prison	129
	Janitor Closet		35	Variable	
	Infirmary				
	Nurse Station		125	1/Prison	130
	Patient Room (Cell)		110	Variable	131
	Patient Tub/Shower		80	1/Prison	132
	Isolation Patient Room		110	Variable	133
	Isolation Tub Shower		80	1/Prison	134
	Isolation Sub-Utility		80	1/Prison	135

Code	List of Spaces	Recommended NSF/Space	Allocation Ratio	Comment Code
	Infirmary (continued)			
	Psychiatric Room	110	1/Prison	136
	Staff Toilet	40	Variable	137
	Janitor Closet	55	Variable	138
	Food Preparation	Variable	Variable	139
	Clean Utility	80	1/Prison	140
	Soiled Utility	80	1/Prison	141
	Clean Linen	80	1/Prison	142
	Soiled Linen	80	1/Prison	143
	Refuse Room	80	1/Prison	144
	Storage Room	100	1/Prison	145
	Administration			
	C.M.O. Office/Library/Conference	240	1/Prison	146
	Office Technician/Reception	150	1/Prison	147
	Chief Dentist	120	1/Prison	148
	Medical Records Office			
	a) Medical Records Counter	Variable	Variable	149
	b) Central Medical Files	10	Variable	150
	c) Medical Transcriber	60	Variable	151
	d) Photo Copy	50	Variable	152
	e) Senior Medical Transcriber	100	1/Prison	153
	Staff Toilet	40	Variable	154

Comment Code	Comment
	Clinic
101	Open, counter type work station. Serves as reception and control for the clinic. Visability of the clinic entrance, holding areas and circulation corridor(s) through the clinic area required.
102	Secure holding/waiting areas capable of accommodating eight to ten persons. Equipped with benches, toilet, lavatory and drinking fountain. Visual observation from Nurses Station required.
103	Fixed examination table with circulation on all sides. Counter with over/under storage also providing a work station while seated. Knee/foot operated hand sink. Two examination rooms per physician office.
104	Desk, chair, bookcase or credenza and charge file. One guest chair to be located between two examination/treatment rooms to provide the physician with a location with which to complete chart recording between patient examination. Private office.
105	Desk, chair, side chair, flat examination table, metal storage cabinet, metal sink, arm and hip whirlpool, porcelain sitz bath fixture.
106	Counter work space, casting equipment (dental) sink, polishing wheel and dental equipment tool cabinet. Work space for dentist to complete casting work.
107	Locking metal storage cabinets for dental supplies and expendable equipment/supplies.
108	Work counter with three work stations. (1) Urinalysis work station to contain laboratory faucet, deep sink with acid trap. (2) Serology station to contain knee/foot operated sink, counter top centrafuge, and microscope. (3) Blood count station will require microscope knee/foot operated sink and location immediately adjacent to the serology work station for shared use of the microscope and centrafuge. Over counter storage cabinets desired. General work location for the laboratory will require refrigerator, electrical operated autoclave, hand sinks and deep well sinks.
109	Cabinet storage systems to maintain chemical and compounds used in laboratory for analysis of samples taken from the patients.
110	Storage system for items which require inventory controls. Double key entry may be desired.
111	Rack and barrel system for storage of hazardous waste prior to disposal. Exit to outside to avoid cross contamination.

Comment Code	Comment
	Clinic (continued)
112	Counter space for the preparation, compounding, and workup of prescriptions. Metal shelving for accessible storage of medical compounds. Dispensing counter and window. Secure construction. Desk, chair, bookcase or credenza, lockable file and guest chair.
113	Secure, bank type, storage system provided for drugs and narcotics.
114	Secure room with metal shelving and bins for storage of medicines and medical compounds to be located within the pharmacy.
115	Autoclave. Hopper sink, double deep sink, cabinets with locking doors. Counter work space with under counter locking doors. Needle/syringe destroyer. Modular stainless steel wire shelving to accommodate supplies and equipment required in the operation and maintenance of a Health Care Unit.
116	Upright storage of oxygen bottles. May be located adjacent to the central supply dependent on design.
117	Rectangular room (10' x 12') desired to permit focal length of equipment with which to conduct eye examinations. Autometer booth and machine. Counter workstation with chair or single pedestal desk and chair to be provided for charting and reporting.
118	Desk, chair, bookcase or credenza, one to two lockable files, two guest chairs.
119	X-Ray machine (4' wide by 8' long) requiring a 10' ceiling height. Circulation requirements for the X-Ray table are: Four feet in front and two feet in back of table. Wall mounted chest X-Ray. Room requires 44 inch door opening for gurney/wheel chair access. Lead lined wall. [Lead shielding to comply with California Radiation Control Regulation, Title 17.]
120	Counter top X-Ray developer (3' x 4') with silver reclaimer, pass through box from X-Ray to developer. Counter space with over/under storage capacities.
121	Separate viewing room adjacent to X-Ray room with four wall hung illuminators. Counter space with seated work station. Storage systems designed to hold X-Ray file (10" x 14"), deep well. Lockable door between X-Ray room and X-Ray Viewing room.

Comment Code	Comment

Clinic (continued)

122 Semi-private, handicapped accessible toilet with dressing area. Access from the X-Ray room.

123 Mobile wire shelving racks with plastic covers and transport cart(s). Locate away from dirty linen and dirty utility.

124 Hopper sink, foot/knee operated sink, wire shelving and transport cart. Locate immediately adjacent to soiled linen. Exhaust system to outside providing four air changes per hour.

125 Mobile wire shelving racks with plastic covers and transport cart(s). Locate away from dirty linen and dirty utility.

126 Molded fiberglass cart(s) with tight sealing covers to hold soiled linen. Locate immediately adjacent to soiled utility. Exhaust/vent system to outside providing ten air changes per hour.

127 Desk, chair, bookcase or credenza, one file, one guest chair.

128 Mobile combination examination/treatment table. Respirator with cascade (Byrd); portable suction pump; knee/foot operated hand sink; counter space at examination table with over/under counter space for storage. Portable oxygen tank with holder; under counter disposal for "hot" trash. Minimum door width of 44 inches to accommodate gurney/wheel chair. Both areas can be open to each other, with curtain separating them.

129 Metal shelving and ability to store instrument cart and crash cart. Needs to be equally accessible from both emergency room areas.

Infirmary

130 Counter space providing work station and visability of adjoining areas. To be equipped with refrigerator, sink, cabinets, chart holder and bulletin board. Nurse station to be located within 90 lineal feet of the farthest patient room (cell). Fully enclosed; includes area for medicine preparation. Medicine preparation station equipped with medi-stat unit and medicine cabinet for the storage of medicines delivered from the pharmacy for distribution to patients in cells.

131 Number of patient rooms (cells) dependent on Design Bed Capacity of the prison. To contain hospital type bed, toilet sink combination unit with door opening and circulation provided to accommodate gurney or wheel chair access into the room. (Continued on following page).

Comment
Code Comment

131 (continued)

Infirmary Beds Per Hundred of Design Bed Capacity

Design Capacity	Level I	Level II	Level III	Level IV	Women's Prisons
0 - 1000	1 - 100	1 - 100	1 - 100	1 - 100	1 - 100
1000 - 2000	1 - 150	1 - 150	1 - 150	1 - 125	1 - 100
Over 2000	1 - 175	1 - 175	1 - 175	1 - 125	1 - 100

132 Showers, 1:8 patients, one bathtub handicapped accessible. Ventilation for steam.

133 Number of isolation patient rooms designated from the patient rooms; 1-15 patient beds provide one isolation room; 15-30 patient beds provide two isolation rooms. Furnishing similar to patient rooms. Requirement for separate exhaust system per room vented to outside with six air changes per hour. Close proximity to Nurses Station required.

134 One shower head, one bathtub, handicapped accessible. Isolation bath should be located immediately adjacent to isolation room(s). Separate room ventilation to outside required with six air changes per hour. For use of isolation patients only.

135 Foot/knee operated sink, hopper sink, bed pan flusher with vacuum breaker; dirty linen hamper, autoclave, wire rack shelving for storage; counter space with over/under counter storage. Ventilation to outside to be provided with six air changes per hour. Close proximity to isolation room(s).

136 To be counted as one of the inmate patient rooms at Design Bed Capacity. To be similarly equipped. Additional psychiatric restraints may be employed. Close proximity to Nurses Station required.

137 Number and location dependent on design and code. See Variable Spaces. Separate male and female single occupancy toilets.

138 See Variable Spaces designation. Number and location dependent upon design and codes.

139 Food Service preparation and storage capacities dependent on number of patient beds to be serviced. Refer to the FOOD SERVICES (Volume II of Space Standards) to identify specific needs.

Comment Code	Comment
	Infirmary (continued)
140	Mobile wire shelving racks with plastic covers and transport cart(s). Locate away from dirty linen and dirty utility.
141	Hopper sink, foot/knee operated sink, steam bed pan flusher, wire shelving and transport card(s). Locate immediately adjacent to soiled linen. Exhaust system to outside, providing four air changes per hour.
142	Mobile wire shelving racks with plastic covers and transport cart(s). Locate away from dirty linen and dirty utility.
143	Molded fiberglass cart(s) with tight sealing covers to hold soiled linen. Locate immediately adjacent to soiled utility. Exhaust/vent system to outside providing ten air changes per hour.
144	Required for contaminated waste. Exit from outside to prevent cross contamination.
145	Provides for storage of wheelchairs, gurneys, crutches, etc.
146	Conference desk, chair, bookcase, credenza, two lockable files and bookshelves. Guest/conference seating for up to seven persons at 20 square feet per person.
147	Secretarial desk with return, chair, one file, one guest chair and lockable file space for employee medical records. Semi-private work station. Area also provides reception seating for two to four persons, adjacency to Chief Medical Officer required.
148	Desk, chair, bookcase or credenza, one to two lockable files, two guest chairs. Adjacency to Reception/Waiting desired.
149	Variable Space. Size, location and configuration dependent upon design. Provides a controlled entrance into the medical file room.
150	File space based on inmate population. Vertical lateral files with locking doors. Calculate two inches of file shelf space per file. One file per inmate and one file per each staff member at the Design Bed Capacity. See Variable Spaces appendix.
151	Desk, chair, bookcase or credenza and guest chair. Number of staff variable.
152	Tabletop photocopy machine, work table and paper storage. Number of machines variable dependent on design and location of staff requiring use. May be co-located with the medical file room.

Comment Code	Comment
	Infirmary (continued)
153	Secretarial desk with typing return, chair, bookcase or credenza, files and guest chair.
154	Variable Space. Number and location dependent on design and code. Recommended placement of one each male and female single occupancy handicapped accessible toilet space.

Code	List of Spaces	Recommended NSF/Space	Allocation Ratio	Comment Code
	Inmate Waiting	100	1/SSU	101
	Inmate Toilet	20	Variable	102
	Janitor Closet	35	Variable	103
	Medical Technical Assistant (MTA)	60	1/SSU	104, 114
	Sick Call Window	30	1/SSU	106, 114
	Facility Medical Records	10	Variable	112, 114
	Medication Storage	25	1/SSU	113, 114
	Staff Toilet	40	Variable	105
	Examination/Treatment	110	1/SSU	107
	Physician Office	100	1/SSU	108
	Supply Storage	100	1/SSU	109
	Dental Operatory/Office	230	1/SSU	110
	Stretcher Alcove	25	1/SSU	111

Comment Code	Comment
101	Entrance waiting which provides bench seating for 6 to 8 persons. Visual observation desirable from Sick Call Window. Drinking fountain, wall mounted, desirable to facilitate inmates consuming prescribed medications.
102	See Variable spaces. Number, size and location dependent on design and code.
103	See Variable spaces. Location dependent on design.
104	Private secure office space for one person. Single pedestal desk and chairs. One typewriter on moveable stand, lockable file and guest chair.
105	See Variable spaces for Handicapped accessible toilet. Number and location dependent on design and code.
106	Sick Call Window adjacent to the entrance with window and counter space to facilitate inmates presenting themselves for sick call and/or receiving previously prescribed medication.
107	Mobile examination table with circulation on all sides. Counter with over/under storage also providing a work station while seated. Knee or foot operated hand sink. Minor hydrotherapy equipment may be placed at this location.
108	Desk, chair, bookcase or credenza and charge file. One guest choir. To be located between the two examination/treatment rooms to provide the physician with a location with which to complete chart recording between patient examination. Private office.
109	Stainless steel wire rack shelving systems for the storage of medical equipment, supplies, linens and other items routinely used in the day-to-day operation of a "drop-in" limited health care unit.
110	Two each dental chairs (over the patient delivery type.) Single pedestal desk, chair, counter-top dental X-Ray developer with silver reclaimer and daylight loader, and wall divider module between the two dental chairs. Operatory will require mechanical equipment support immediately adjacent to the room for suction, compressors and electrical motors to operate the equipment.
111	Area to be adjacent to entrance vestibule and easily accessible for the storage of gurney/stretcher to be easily retrieved by non-medical or medical personnel to provide transportation of inmates from an accident or injury site to the Health Services Satellite.

Comment Code	Comment
112	Variable space. File space based on inmate population. Storage of duplicate medical files for inmates at a single facility. Secure, lockable cabinets may be co-located with MTA office dependent on design.
113	Secure closet type storage with shelving. To provide a secure location for medication delivered from pharmacy to satellite health facility. Adjacency to MTA office with access from office location desired.
114	Included in one space.

Code	List of Spaces	Recommended NSF/Space	Allocation Ratio	Comment Code
	Inmate Waiting	100	1/500	101
	Inmate Toilet	20	Variable	102
	Janitor Closet	35	Variable	103
	Medical Technical Assistant (MTA)	60	1/500	104, 115
	Sick Call Window	30	1/500	106, 115
	Facility Medical Records	10	Variable	113, 115
	Medication Storage	25	1/500	114, 115
	Staff Toilet	40	Variable	105
	Examination/Treatment	110	2/500	107
	Physician Office	100	1/500	108
	Supply Storage	100	1/500	109
	Dental Operatory/X-Ray	200	1/500	110
	Dentist/Dental Assist	80	1/500	111
	Stretcher Alcove	25	1/500	112

935
1
1045

Comment Code	Comment
101	Entrance waiting which provides bench seating for 6 to 8 persons. Visual observation desirable from Sick Call Window. Drinking fountain, wall mounted, desirable to facilitate inmates consuming prescribed medications.
102	See Variable spaces. Number and location dependent on design and code.
103	See Variable spaces. Location dependent on design.
104	Private secure office space for one person. Single pedestal desk and chairs. One typewriter on moveable stand, lockable file and guest chair.
105	See Variable spaces for handicapped accessible toilet. Number and location dependent on design and code.
106	Sick Call Window adjacent to the entrance with window and counter space to facilitate inmates presenting themselves for sick call and/or receiving previously prescribed medication.
107	Mobile examination table with circulation on all sides. Counter with over/under storage also providing a work station while seated. Knee or foot operated hand sink. Minor hydrotherapy equipment may be placed at this location.
108	Desk, chair, bookcase or credenza and charge file. One guest choir. To be located between the two examination/treatment rooms to provide the physician with a location with which to complete chart recording between patient examination. Private office.
109	Stainless steel wire rack shelving systems for the storage of medical equipment, supplies, linens and other items routinely used in the day-to-day operation of a "drop-in" limited health care unit.
110	Two each dental chairs (over the patient delivery type). Wall divider unit with dental equipment and tools counters with hand sinks and work space with under the counter storage. Counter top dental X-Ray developer with silver reclaimer and daylight loader. Operatory will require mechanical equipment support immediately adjacent to the room for suction, compressors and electrical motors to operate the equipment.
111	File, one single pedestal desk and chair, typewriter and stand; guest chair.

Comment Code	Comment
112	Area to be adjacent to entrance vestibule and easily accessible for the storage of gurney/stretcher to be easily retrieved by non-medical or medical personnel to provide transportation of inmates from an accident or injury site to the Health Services Satellite.
113	Variable space. File space based on inmate population. Storage of duplicate medical files for inmates at a single facility. Secure, lockable cabinets may be co-located with MTA office dependent on design.
114	Secure closet type storage with shelving. To provide a secure location for medication delivered from pharmacy to satellite health facility. Adjacency to MTA office with access from office location desired.
115	Included in one space.

EXHBIT 19

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CAPITAL OUTLAY PROJECTS PER GOVERNOR'S BUDGET
FISCAL YEARS 2002/2007

Item Number	Capital Outlay	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
5240-301-0001	CSATF/CSP-COR: 19 Station Hemodialysis Clinic – Working drawings and construction			1,038,000			
1770-301-0768	DVI Hospital Building, Structural Retrofit- Working drawings and construction	1,988,000				2,580,000	
	DVI Infirmary Heating, air conditioning	90,000	1,060,000				
	CMF Ambulatory Care Clinic	2,298,000					

Item Number	Capital Outlay	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
	CMF Intermediate Care Facility-working drawings and construction					5,455,000	
	CMF Intermediate Care Facility – Preliminary Plans					3,914,000	
	CMF Correctional Treatment Center, Phase II						
	CIW Infirmary Structural retrofit-Preliminary Plans					190,000	
	CIW Walker Clinic Structural retrofit-Preliminary Plans					203,000	

Item Number	Capital Outlay	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
	CIW Acute/Intermediate Care Facility – Preliminary Plans					2,172,000	
	CIW Correctional Treatment Center, Phase II	529,000					
	CIM TB/HIV Housing Engineering Controls	688,000					
	CENT Correctional Treatment Center, Phase II	251,000					
	IRONWOOD Correctional Treatment Center, Phase II	50,000	3,801,000				
	SVSP Intermediate Care Facility-working drawings and construction					8,491,000	
	SVSP Intermediate Care Facility – Preliminary Plans					7,905,000	

Item Number	Capital Outlay	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
	CSP-SAC Intermediate Care Facility – Preliminary Plans					7,114,000	
	SQ Correctional Treatment Center, Phase II, Preliminary Plans	375,000					
	Avenal Correctional Clinical Case Management	736,000					

STATE OF CALIFORNIA

2002–03
FINAL BUDGET SUMMARY

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Item		Amount
(3)	50.99.091-California Department of Corrections, DVI, Tracy, Hospital Building: Structural Retrofit—Working drawings and construction	1,988,000
(4)	50.99.092-California Department of Corrections, California Correctional Institute, Tehachapi, Dorm E1, E2, E3, E4: Structural Retrofit—Working drawings and construction	2,852,000
(5)	50.99.179-California Department of Corrections, San Quentin State Prison, Building 22: Modulars—Working drawings and construction	6,180,000
(6)	50.99.402-Department of Mental Health, Patton State Hospital-30 Building, A-E: Structural Retrofit—Working drawings	1,150,000
(7)	50.99.403-Department of Mental Health, Patton State Hospital-70 Building, A-E: Structural Retrofit—Working drawings	1,150,000
(8)	50.99.404-Department of Mental Health, Patton State Hospital-Building N: Structural Retrofit—Working drawings	718,000
(9)	50.99.411-California Department of Corrections, Correctional Training Facility, Soledad, South Dorm C, D, E: Structural Retrofit—Working drawings and construction	2,292,000
(10)	50.99.079-California Department of Corrections, San Quentin, Building 22: Structural Retrofit—Working drawings	1,182,000
(11)	50.99.039-Department of General Services, Fresno: State Office Building: Structural Retrofit—Working drawings	264,000

Provisions:

1. Pursuant to funds appropriated in Schedule 1 and notwithstanding any other provision of law, the Director of the Department of General Services or his or her designee may contract for program management services provided by a licensed ar-

Item		Amount
to the chairperson of the committee in each house which considers appropriation and the Chairperson of the Joint Legislative Budget Committee or his or her designee.		
5240-301-0001—For capital outlay, Department of Corrections		7,603,000
Schedule:		
(1) 61.01.001-Statewide: Budget Packages and Advance Planning	100,000	
(1.5) 61.12.426-California State Prison, San Quentin, San Quentin: Correctional Treatment Center, Phase II—Preliminary plans	375,000	
(3) 61.06.021-Deuel Vocational Institution, Tracy: Infirmary Heating, Ventilation and Air Conditioning—Working drawings	90,000	
(4) 61.08.036-California Institution for Men, Chino: Cell Security Lighting/Reception Center Central Facility—Preliminary plans	130,000	
(5) 61.14.030-Minor Projects	1,000,000	
(6) 61.15.027-California Rehabilitation Center, Norco: Potable Water System Improvements—Construction	1,845,000	
(7) 61.15.040-California Rehabilitation Center, Norco: Patton State Hospital Double Perimeter Security Fence—Working drawings	567,000	
(7.5) 61.17.425-Avenal State Prison, Avenal: Correctional Clinical Case Management—Construction	736,000	
(9) 61.35.005-Salinas Valley State Prison, Soledad: Water Treatment Plant Installation—Preliminary plans, working drawings and construction	1,835,000	
(10) 61.47.002-California State Prison-Sacramento, Represa: Psychiatric Services Unit/Enhanced Outpatient Care, Phase II—Working drawings	925,000	
Provisions:		
1. The funds appropriated in Schedule (1) are to be allocated by the Department of Corrections, upon approval by the Department of Finance to develop design and cost information for new projects for		

Item		Amount

which funds have not been previously appropriated, but for which preliminary plan funds, working drawings funds, or working drawings and construction funds are expected to be included in the 2003–04 or 2004–05 Governor's Budget, and for which cost estimates or preliminary plans can be developed prior to legislative hearings on the 2003–04 and 2004–05 Governor's Budgets, respectively. These funds may be used for all of the following: budget package development, environmental services, architectural programming, engineering assessments, schematic design, and preliminary plans. The amount appropriated in this item for that purpose is not to be construed as a commitment by the Legislature as to the amount of capital outlay funds it will appropriate in any future year.

2. As used in this appropriation, studies shall include site studies and suitability reports, environmental studies, master planning, architectural programming and schematics.

5240-301-0660—For capital outlay, Department of Corrections, payable from the Public Buildings Construction Fund 12,785,000

Schedule:

(1) 61.03.021-California Correctional Center, Susanville: Replace Antelope Camp Dorms, Phase I—Construction 2,170,000

(2) 61.09.015-California Medical Facility, Vacaville: Unit V-Modular Housing Replacement—Construction 5,824,000

(3) 61.09.031-California Medical Facility, Vacaville: Ambulatory Care Clinic—Construction..... 2,298,000

(4) 61.10.053-California Men's Colony, San Luis Obispo: D-Quad Mental Health Services Building—Construction 2,493,000

Provisions:

1. The State Public Works Board may issue lease revenue bonds, notes, or bond anticipation notes pursuant to Chapter 5 (commencing with Section 15830) of Part 10b of Division 3 of Title 2 of the Government Code to finance the construction of the projects authorized by this item.

Item — Amount

(12.5) 61.09.031-California Medical Facility, Vacaville: Ambulatory Care Clinic—Working drawings
(17) 61.10.053-California Men's Colony-East, San Luis Obispo: D-Quad Mental Health Services Building—Working drawings
(24) 61.15.027-California Rehabilitation Center, Norco: Potable Water System Improvements—Working drawings
(26) 61.16.021-Sierra Conservation Center, Jamestown: Effluent Disposal Pipeline—Working drawings and construction
(28) 61.17.009-Avenal State Prison, Avenal: Receiving and Release Expansion—Working drawings

(2) Item 5240-301-0001, Budget Act of 2000 (Ch. 52, Stats. 2000), as reappropriated in Item 5240-490, Budget Act of 2001 (Ch. 106, Stats. 2001)
(13) 61.08.029-California Institution for Men, Chino: TB/HIV Housing Engineering Controls—Construction

(3) Section 3 of Chapter 54, Statutes of 1999
(1) 61.39.001-California State Prison-Kern County at Delano II-Site acquisition, site studies and suitability reports, environmental studies, master planning, architectural programming, schematics, preliminary plans, and working drawings.

(4) Item 5240-302-0001, Budget Act of 1998 (Ch. 324, Stats. 1998), as reappropriated by Item 5240-490, Budget Act of 1999 (Ch. 50, Stats. 1999), Item 5240-490, Budget Act of 2000 (Ch. 52, Stats. 2000), and by Item 5240-490, Budget Act of 2001 (Ch. 106, Stats. 2001)
(1) 61.01.760-Humboldt Bay National Wildlife Refuge—Acquisition and construction
(3) 61.01.762-Allensworth Ecological Reserve—Acquisition and construction
(4) 61.01.763-Mayacama Mountains Sanctuary—Construction
(5) 61.01.764-Kern River Preserve—Acquisition and construction
(7) 61.01.766-California City Desert Tortoise Natural Area—Acquisition
(11) 61.01.770-Program Management

STATE OF CALIFORNIA

2003–04
FINAL BUDGET SUMMARY

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Item		Amount
5240-301-0747—For capital outlay, Department of Corrections, payable from the 1988 Prison Construction Bond Fund		3,500,000
Schedule:		
(1) 61.01.030-Statewide: Evaluation of Mental Health Facilities—Study	1,000,000	
(2) 61.14.030-Minor Capital Outlay	2,500,000	
5240-301-0751—For capital outlay, Department of Corrections, payable from the 1990 Prison Construction Bond Fund		2,500,000
Schedule:		
(1) 61.14.030-Minor Capital Outlay	2,500,000	
Provisions:		
1. Notwithstanding any other provision of law, not more than $600,000 of the funds in Schedule (1) may be used to complete construction of the New Potable Water Source project at the California Correctional Institution (Schedule (2.3) of Item 5240-301-0001 of Section 2.00 of the Budget Act of 1998 (Ch. 324, Stats. 1998)).		
5240-302-0747—For capital outlay, Department of Corrections, payable from the 1988 Prison Construction Fund		2,776,000
Schedule:		
(1) 61.06.021-Deuel Vocational Institution, Tracy: Infirmary Heating/Ventilation/Air-Conditioning—Construction	1,060,000	
(2) 61.08.036-California Institution for Men, Chino: Cell Security Lighting/R.C. Central Facility—Working drawings and construction	1,250,000	
(3) 61.08.037-California Institution for Men-East, Chino: Electrified Fence—Preliminary plans and working drawings	466,000	
5240-303-0660—For capital outlay, Department of Corrections, payable from the Public Buildings Construction Fund		3,801,000
Schedule:		
(1) 61.34.426-Ironwood State Prison, Blythe: Correctional Treatment Center, Phase II—Construction	3,801,000	
Provisions:		
1. The State Public Works Board may issue lease-revenue bonds, notes, or bond anticipation notes		

Item — Amount

5240-490—Reappropriation, Department of Corrections. The balance of the appropriations provided in the following citations is reappropriated for the purposes, and subject to the limitations unless otherwise specified, provided for in the appropriations:

0001—General Fund

(1) Item 5240-301-0001, Budget Act of 2001 (Ch. 106, Stats. 2001), as reappropriated by Item 5240-490, Budget Act of 2002 (Ch. 379, Stats. 2002)

(26) 61.16.021-Sierra Conservation Center, Jamestown: Effluent Disposal Pipeline—Working drawings and construction

(2) Item 5240-301-0001, Budget Act of 2002 (Ch. 379, Stats. 2002)

(1.5) 61.12.426-California State Prison, San Quentin, San Quentin: Correctional Treatment Center, Phase II—Preliminary plans

(6) 61.15.027-California Rehabilitation Center, Norco: Potable Water System Improvements—Construction

(7) 61.15.040-California Rehabilitation Center, Norco: Patton State Hospital Double Perimeter Security Fence—Working drawings

(9) 61.35.005-Salinas Valley State Prison, Soledad: Water Treatment Plant Installation—Construction

0660—Public Buildings Construction Fund

(1) Item 5240-301-0660, Budget Act of 2002 (Ch. 379, Stats. 2002)

(1) 61.03.021-California Correctional Center, Susanville: Replace Antelope Camp Dorms, Phase I—Construction

(2) 61.09.015-California Medical Facility, Vacaville: Unit V-Modular Housing Replacement—Construction

(3) 61.09.031-California Medical Facility, Vacaville: Ambulatory Care Clinic—Construction

(4) 61.10.053-California Men's Colony, San Luis Obispo: D-Quad Mental Health Services Building—Construction

0724—1984 General Obligation Bond Fund

(1) Item 5240-301-0724, Budget Act of 2002 (Ch. 379, Stats. 2002)

(1) 61.06.024-Deuel Vocational Institution, Tracy: New Well—Working drawings

Item		Amount
the Health Insurance Portability and Accountability Act and shall be available for expenditure until June 30, 2004. Any of the funds not used for this purpose shall revert to the General Fund.		
5240-496—Reversion, Department of Corrections. As of June 30, 2003, the unencumbered balance of the appropriation provided in the following citation shall revert to the fund balance of the fund from which the appropriation was made.		
0660—Public Buildings Construction Fund		
(1) Chapter 3 of the Statutes of 2002, Third Extraordinary Session.		
61.34.426-Ironwood State Prison, Blythe: Correctional Treatment Center, Phase II-Construction.		
0747—Prison Construction Bond Fund		
(1) Item 5240-301-0747, Budget Act of 2002 (Ch. 379, Stats. 2002)		
(1) 61.39.001-CSP, Kern County—Delano II-Construction		
5430-001-0001—For support of the Board of Corrections		1,933,000
Schedule:		
(1) 11-Corrections Planning and Programs	644,000	
(2) 14-Facilities Standards and Operations	1,621,000	
(3) 21-Standards and Training for Corrections	2,657,000	
(4) 31.01-Administration	335,000	
(5) 31.02-Distributed Administration	-335,000	
(6) Reimbursements	-588,000	
(7) Amount payable from the Corrections Training Fund (Item 5430-001-0170)	-2,401,000	
5430-001-0170—For support of the Board of Corrections, for payment to Item 5430-001-0001, payable from Corrections Training Fund		2,401,000
5430-002-0170—For transfer by the Controller, upon order of the Director of Finance, from the Corrections Training Fund, to the General Fund		(9,606,000)
5430-295-0001—For local assistance, Board of Corrections, for reimbursement, in accordance with the provisions of Section 6 of Article XIII B of the California Constitution or Section 17561 of the Government Code, of the costs of any new program or increased		

STATE OF CALIFORNIA

2004–05
FINAL BUDGET SUMMARY

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DEPARTMENT OF FINANCE

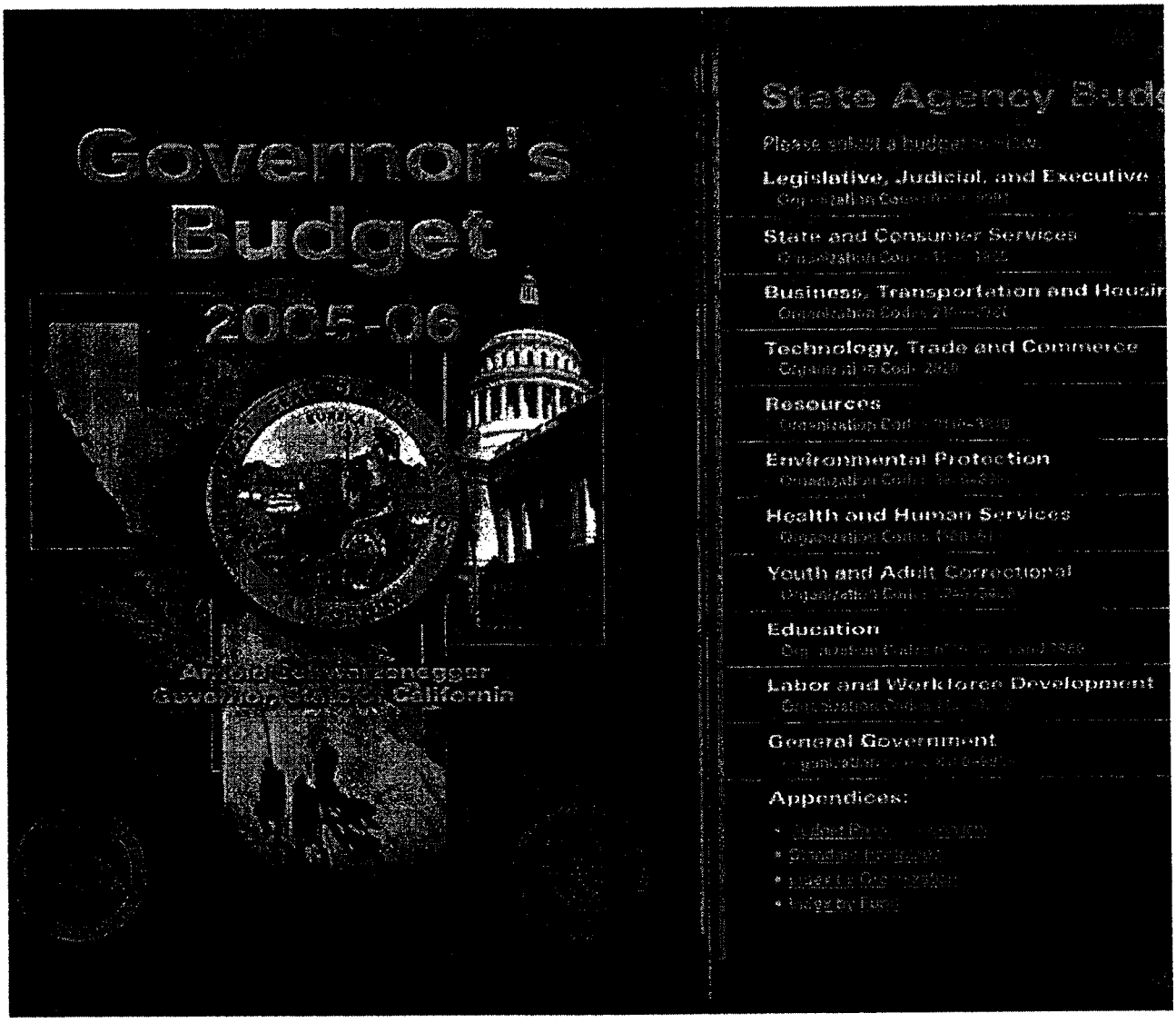
This is an informational publication provided to reflect action of the Governor and Legislature on the Budget Bill/Act. Appropriations reduced or eliminated by the Governor are shown in strike-out type. The appropriations shown in italics incorporate the Governor's veto actions. Errors in the Budget Act (Chapter 208, Statutes of 2004) have been corrected in this publication.

Item	Amount
(3) 61.06.029-Deuel Vocational Institution, Tracy: Groundwater Treatment/Non-Potable Water Distribution System—Preliminary plans....	570,000
(4) 61.08.036-California Institution for Men, Chino: Cell Security Lighting/RC Central Facility, Phase II—Construction	669,000
(5) 61.08.037-California Institution for Men-East, Chino: Electrified Fence—Construction	5,417,000
(6) 61.10.049-California Men's Colony, San Luis Obispo: Potable Water Distribution System Upgrade—Preliminary plans.....	1,317,000
(7) 61.14.030-Minor Projects	5,000,000
(8) 61.22.004-Chuckawalla Valley State Prison, Blythe: Heating, Ventilation, and Air Conditioning System—Working drawings	1,234,000
(9) 61.33.003-High Desert State Prison/ California Correctional Center, Susanville: Arsenic Removal from Potable Water Supply—Preliminary plans	845,000
(10) 61.38.002-California Substance Abuse Treatment Facility and State Prison at Corcoran, Corcoran: 19 Station Hemodialysis Clinic—Working drawings and construction.....	1,038,000

Provisions:

1. The funds appropriated in Schedule (1) are to be allocated by the Department of Corrections, upon approval by the Department of Finance to develop design and cost information for new projects for which funds have not been previously appropriated, but for which preliminary plan funds, working drawings funds, or working drawings and construction funds are expected to be included in the 2005–06 or 2006–07 Governor's Budget, and for which cost estimates or preliminary plans can be developed prior to legislative hearings on the 2005–06 and 2006–07 Governor's Budgets, respectively. These funds may be used for all of the following: budget package development, environmental services, architectural programming, engi-

Item	Amount
neering assessments, schematic design, and preliminary plans. The amount appropriated in this item for these purposes is not to be construed as a commitment by the Legislature as to the amount of capital outlay funds it will appropriate in any future year. Before using these funds for preliminary plans, the Department of Corrections shall provide a 20-day notification to the Chairperson of the Joint Legislative Budget Committee, the chairpersons of the respective fiscal committees, and the legislative members of the State Public Works Board, discussing the scope, cost, and future implications of the use of funds for preliminary plans.	
2. As used in this appropriation, studies shall include site studies and suitability reports, environmental studies, master planning, architectural programming and schematics.	
5240-302-0001—For capital outlay, Department of Corrections	5,400,000
Schedule:	
(1) 61.01.900-Statewide Parole Revocation Capital Improvements 5,400,000	
5240-490—Reappropriation, Department of Corrections. The balance of the appropriations provided in the following citations is reappropriated for the purposes and subject to the limitations, unless otherwise specified, provided for in the appropriations:	
0001—General Fund	
(1) Item 5240-301-0001, Budget Act of 2001 (Ch. 106, Stats. 2001), as partially reappropriated by Item 5240-490, Budget Act of 2002 (Ch. 379, Stats. 2002) and Budget Act of 2003 (Ch. 157, Stats. 2003)	
(26) 61.16.021-Sierra Conservation Center, Jamestown: Effluent Disposal Pipeline—Construction	
(2) Item 5240-301-0001, Budget Act of 2002 (Ch. 379, Stats. 2002), as partially reappropriated by Item 5240-490, Budget Act of 2003 (Ch. 157, Stats. 2003)	
(1.5) 61.12.426—California State Prison, San Quentin, San Quentin: Correctional Treatment Center, Phase II—Preliminary plans	
(6) 61.15.027-California Rehabilitation Center, Norco: Potable Water System Improvements—Construction	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Health and Human Services
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Appendices:

STATE OF CALIFORNIA

2006–07
FINAL BUDGET SUMMARY

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This is an informational publication provided to reflect actions of the Governor and Legislature on the Budget Bill/Act (includes Chapters 47 and 48, Statutes of 2006). Appropriations reduced or eliminated by the Governor are shown in strike-out type. The appropriations shown in italics incorporate the Governor's veto actions. Errors in the Budget Act (Chapters 47 and 48, Statutes of 2006) have been corrected in this publication.

Item		Amount
(4) 50.99.418-CDCR, California Correctional Center, Susanville: Vocational Building F, Structural Retrofit—Preliminary plans.....	143,000	
(5) 50.99.421-CDCR, California Institution for Women at Frontera, Corona: Walker Clinic, Structural Retrofit—Preliminary plans.....	203,000	
(6) 50.99.422-DMH, Metro State Hospital, Norwalk: Wards 206 and 208, Structural Retrofit—Preliminary plans.....	215,000	
(7) 50.99.423-CDCR, California Correctional Institution, Tehachapi: Building H, Chapels Facility, Structural Retrofit—Preliminary plans.....	160,000	
(8) 50.99.424-DVA, Yountville: East Ward, Wing A, Structural Retrofit—Preliminary plans.....	141,000	
(9) 50.99.427-CDCR, California Institution for Women at Frontera, Corona: Infirmary, Structural Retrofit—Preliminary plans.....	190,000	
1760-301-0768—For capital outlay, Department of General Services, payable from the Earthquake Safety and Public Buildings Rehabilitation Fund of 1990..		3,080,000
Schedule:		
(1) 50.99.029-Program Management....	500,000	
(2) 50.99.091-Department of Corrections and Rehabilitation, DVI, Tracy, Hospital Building: Structural Retrofit—Working drawings and construction.....	2,580,000	
Provisions:		
1. Pursuant to funds appropriated in Schedule (1) and notwithstanding any other provision of law, the Director of General Services or his or her designee may contract for program management services provided by a licensed architect, registered engineer, or licensed general contractor where a firm is selected to assist the Department of General Services in project management activities, planning, designing, estimating, reviewing, and completing a multiproject construction program.		

Item	Amount
(7) 61.06.030-Deuel Vocational Institution, Tracy: New Wastewater Treatment Plant—Working drawings and construction	26,660,000
(8) 61.06.034-Deuel Vocational Institution, Tracy: New Electrical Power Substation—Preliminary plans, working drawings, and construction	2,475,000
(9) 61.07.029-Folsom State Prison, Represa: Convert Officer and Guards Building to Office Space—Preliminary plans	410,000
(11) 61.08.049-California Institution for Men, Chino: Solid Cell Fronts—Working drawings	645,000
(12) 61.09.038-California Medical Facility, Vacaville: Solid Cell Fronts—Working drawings	387,000
(13) 61.09.040-California Medical Facility, Vacaville: Intermediate Care Facility—Working drawings and construction	5,455,000
(13.5) 61.09.041-California Medical Facility, Vacaville: Intermediate Care Facility—Preliminary Plans	3,914,000
(14) 61.10.036-California Men's Colony, San Luis Obispo: High Mast Lighting—Construction	1,045,000
(15) 61.10.049-California Men's Colony, San Luis Obispo: Potable Water Distribution System Upgrade—Construction	33,563,000
(15.5) 61.13.015-California Institution for Women, Frontera: Acute/Intermediate Care Facility—Preliminary Plans	2,172,000
(16) 61.14.030-Minor Projects	12,500,000
(17) 61.16.023-Sierra Conservation Center, Jamestown: Filtration/Sedimentation Structure—Preliminary plans	151,000
(17.1) 61.18.010-Mule Creek State Prison, Ione: Enhanced Outpatient Program, Treatment and Program Space—Preliminary plans	250,000

Item	Amount
(17.2) 61.21.009-California State Prison—Los Angeles County, Los Angeles: Enhanced Outpatient Program, Treatment and Program Space—Preliminary Plans	250,000
(18) 61.22.006-Chuckawalla Valley State Prison, Blythe: Wastewater Treatment Plant Improvements—Preliminary plans	455,000
(19) 61.23.004-California State Prison, Corcoran, Corcoran: Wastewater Treatment Plant Improvements—Working drawings	264,000
(20) 61.30.004-Centinela State Prison, Imperial: Wastewater Treatment Plant Upgrades—Working drawings	548,000
(21) 61.33.003-High Desert State Prison/California Correctional Center, Susanville: Arsenic Removal from Potable Water Supply—Construction	8,414,000
(23) 61.35.010-Salinas Valley State Prison, Soledad: Intermediate Care Facility—Working drawings and construction	8,491,000
(24.5) 61.35.012-Salinas Valley State Prison, Soledad: Intermediate Care Facility—Preliminary Plans	7,905,000
(25) 61.39.003-Kern Valley State Prison, Kern: Arsenic Removal Water Treatment System—Construction	2,477,000
(26) 61.47.005-California State Prison, Sacramento, Represa: Acute Mental Health Facility—Preliminary Plans	14,972,000
(27) 61.47.006-California State Prison, Sacramento, Represa: Intermediate Care Facility—Preliminary Plans..	7,114,000
(28) 61.47.007-California State Prison, Sacramento, Represa: Enhanced Outpatient Program, Treatment and Program Space—Preliminary Plans	250,000

Item Amount

(1) 61.01.759-Statewide Habitat Conservation Plan

0660—Public Buildings Construction Fund

(1) Item 5225-301-0660, Budget Act of 2005 (Chs. 38 and 39, Stats. 2005)

(2) 61.04.040-California Correctional Institution, Tehachapi: Wastewater Treatment Plant Renovation—Working drawings and construction

(4) 61.35.007-Salinas Valley State Prison, Soledad: 64 Bed Mental Health Facility—Preliminary plans, working drawings, and construction

(2) Item 5240-301-0660, Budget Act of 2003 (Ch. 157, Stats. 2003)

(5) 61.47.002-California State Prison, Sacramento, Represa: Psychiatric Services Unit/Enhanced Outpatient Care, Phase II—Construction

5225-495—Reversion, Department of Corrections and Rehabilitation, Proposition 98. The following amount shall be reverted to the Proposition 98 Reversion Account by the State Controller within 60 days of enactment of this act:

0001—General Fund

(1) $224,000 from Item 5460-011-0001, Budget Act of 2004 (Ch. 208, Stats. 2004)

5225-496—Reversion, Department of Corrections and Rehabilitation. As of June 30, 2006, the unencumbered balances of the appropriations provided in the following citations shall revert to the fund balance from which the appropriation was made:

0001—General Fund

(1) Item 5225-301-0001, Budget Act of 2005 (Chs. 38 and 39, Stats. 2005)

(2) 60.01.130-Statewide: Install Fire Protection Sprinkler System—Preliminary plans

(22) 61.39.003-Kern Valley State Prison, Kern: Arsenic Removal Water Treatment System—Construction

0660—Public Building Construction Fund

(1) Item 5225-301-0660, Budget Act of 2005 (Chs. 38 and 39, Stats. 2005)

(1) 61.22.004-Chuckawalla Valley State Prison, Blythe: Heating, Ventilation, and Air Conditioning System—Construction

EXHBIT 20

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

INFILL BED PLAN

JANUARY 2007

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
INFILL BED CONSTRUCTION PROGRAM ESTIMATED COSTS
January 2007

Institution	Proposed Male Beds	Lease Revenue (New Construction)	General Fund (New Construction and Infrastructure)	Grand Total
ASP	1,190	$141,628,983	$35,733,471	$177,362,454
CAL	590	$96,749,551	$17,387,308	$114,136,859
CCC	400	$51,686,056	$3,558,500	$55,244,556
CCI	875	$148,617,259	$4,513,763	$153,131,022
CEN	590	$96,843,844	$23,248,539	$120,092,383
CIM	400	$45,577,154	$13,599,005	$59,176,159
CMF	440	$49,266,351	$11,349,874	$60,616,225
COR	0	$0	$22,403,560	$22,403,560
CRC	1,000	$20,177,696	$951,131	$21,128,827
CTF	0	$0	$2,893,299	$2,893,299
CVSP	990	$138,920,046	$4,538,235	$143,458,281
DVI	0	$0	$1,743,850	$1,743,850
FSP	0	$0	$1,638,422	$1,638,422
HDSP	350	$92,085,973	$4,668,955	$96,754,928
ISP	365	$76,366,972	$3,035,644	$79,402,616
KVSP	400	$50,279,829	$8,959,854	$59,239,683
LAC	664	$105,265,173	$16,022,976	$121,288,149
MCSP	400	$53,352,678	$10,555,551	$63,908,229
NCWF	1,140	$116,615,462	$14,173,688	$130,789,150
NKSP	1,940	$283,803,439	$5,322,764	$289,126,203
PBSP	550	$95,531,894	$4,819,782	$100,351,676
PVSP	600	$73,759,720	$16,429,807	$90,189,527
RJD	600	$66,278,671	$3,442,821	$69,721,492
SAC	264	$47,601,910	$5,551,590	$53,153,500
SATF	150	$44,794,184	$1,782,142	$46,576,326
SCC	400	$42,302,291	$1,205,716	$43,508,007
SOL	190	$47,835,823	$2,945,746	$50,781,569
SQ	0	$0	$895,894	$895,894
SVSP	400	$61,967,743	$17,652,222	$79,619,965
WSP	1,350	$219,420,978	$10,264,889	$229,685,867
TOTALS	**16,238**	**$2,266,729,680**	**$271,288,998**	**$2,538,018,678**
ACADEMY		**$105,001,895**	**$29,915,035**	**$134,916,930**
TOTAL CONSTRUCTION		**$2,371,731,575**	**$301,204,033**	**$2,672,935,608**

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
Estimated Construction Schedule for Infill Bed Plan
January 2007

Institution Code	Housing Type	Number of Beds	Estimated Start Date	Estimated Design Time	Estimated Construction Start Date	Estimated Construction Time	Estimated Activation Date
PVSP	Dorm	400	Jul-07	6 months	Jan-08	12 months	Jan-09
PBSP	Dorm	400	Jul-07	6 months	Jan-08	12 months	Jan-09
LAC	Dorm	400	Jul-07	6 months	Jan-08	12 months	Jan-09
CAL	Dorm	400	Jul-07	6 months	Jan-08	12 months	Jan-09
CEN	Dorm	400	Jul-07	7 months	Feb-08	12 months	Feb-09
SVSP	Dorm	400	Jul-07	8 months	Mar-08	12 months	Mar-09
NCWF	270	400	Jul-07	8 months	Mar-08	12 months	Mar-09
KVSP	Dorm	400	Jul-07	9 months	Apr-08	12 months	Apr-09
CRC	Dorm	200	Jul-07	9 months	Apr-08	12 months	Apr-09
NCWF	270	360	Jul-07	9 months	Apr-08	12 months	Apr-09
WSP	Dorm	400	Jul-07	10 months	May-08	12 months	May-09
NKSP	Dorm	400	Jul-07	11 months	Jun-08	12 months	Jun-09
MCSP	Dorm	400	Jul-07	12 months	Jul-08	12 months	Jul-09
NCWF	270	380	Jul-07	12 months	Jul-08	12 months	Jul-09
CMF	Dorm	440	Aug-07	13 months	Sep-08	12 months	Sep-09
CAL	ASU	190	Aug-07	13 months	Sep-08	12 months	Sep-09
PBSP	ASU	150	Aug-07	13 months	Sep-08	12 months	Sep-09
SATF	ASU	150	Aug-07	13 months	Sep-08	12 months	Sep-09
CRC	Dorm	400	Sep-07	12 months	Sep-08	12 months	Sep-09
PVSP	Dorm	200	Sep-07	14 months	Nov-08	12 months	Nov-09
RJD	Dorm	200	Sep-07	14 months	Nov-08	12 months	Nov-09
CRC	Dorm	400	Sep-07	12 months	Sep-08	13 months	Oct-09
RJD	Dorm	400	Oct-08	15 months	Jan-10	12 months	Jan-11
SAC	SATU	264	Nov-08	16 months	Mar-10	12 months	Mar-11
LAC	SATU	264	Nov-08	16 months	Mar-10	12 months	Mar-11
NKSP	Dorm	400	Dec-08	17 months	May-10	12 months	May-11
CEN	ASU	190	Dec-08	17 months	May-10	12 months	May-11
NKSP	Wing Nut	570	Jul-07	12 months	Jul-08	18 months	Jan-10
NKSP	Wing Nut	570	Aug-07	12 months	Aug-08	18 months	Feb-10
SCC	Dorm	400	Mar-08	20 months	Nov-09	12 months	Nov-10
CIM	Dorm	400	Apr-08	21 months	Jan-10	12 months	Jan-11
CCI	ASU	475	May-08	22 months	Mar-10	12 months	Mar-11
CCI	Dorm	400	Jun-08	23 months	May-10	12 months	May-11
WSP	Wing Nut	570	Jan-08	12 months	Jan-09	24 months	Jan-11
WSP	Wing Nut	380	Feb-08	13 months	Mar-09	24 months	Mar-11
ISP	270 & ASU	365	Mar-08	21 months	Dec-09	18 months	Jun-11
CCC	Dorm	400	Jan-08	18 months	Jul-09	24 months	Jul-11
ASP	Dorm	600	Feb-08	19 months	Sep-09	24 months	Sep-11
ASP	Dorm & ASU	590	Mar-08	19 months	Oct-09	24 months	Oct-11
CVSP	Dorm	400	Jun-08	23 months	May-10	18 months	Nov-11
CVSP	Dorm & ASU	590	Oct-08	15 months	Jan-10	24 months	Jan-12
SOL	ASU	190	Dec-08	17 months	May-10	24 months	May-12
HDSP	ASU	350	Dec-08	17 months	May-10	24 months	May-12
Total Construction		16,238					

Shaded area represents construction that will be Design Build.

Based on Fall 2006 Population Projections

GAP CHART
ADULT INMATE HOUSING ANALYSIS
(Including impact of Infill Bed Plan)

California Department of Corrections and Rehabilitation

Security Level	2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	Population	Long-Term Capacity	Population	Long-Term Capacity	Population	Long-Term Capacity	Population	Long-Term Capacity	Population	Long-Term Capacity	Population	Long-Term Capacity
Women												
Permanent	12,035	9,070	12,214	9,070	12,405	9,070	12,569	9,070	12,665	9,070	12,772	9,070
Contracted		726		726		726		726		726		726
Total Capacity		9,796		9,796		9,796		9,796		9,796		9,796
Surplus/(Deficit)		(2,239)		(2,418)		(2,609)		(2,773)		(2,869)		(2,976)
Level I												
Permanent	31,683	20,528	32,643	20,528	32,939	20,528	33,007	20,528	32,638	20,528	32,311	20,928
Contracted		2,562		2,562		2,562		2,562		2,562		2,562
Total Capacity		23,090		23,090		23,090		23,090		23,090		23,490
Surplus/(Deficit)		(8,593)		(9,553)		(9,849)		(9,917)		(9,548)		(8,821)
Proposed New Beds										*400*		*600*
Surplus/(Deficit)										*(9,148)*		*(8,221)*
Level II												
Permanent	42,393	32,503	42,523	32,503	42,831	32,503	43,165	36,303	43,290	38,343	43,520	39,543
Contracted		2,636		2,636		2,636		2,636		2,636		2,636
Total Capacity		35,139		35,139		35,139		38,939		40,979		42,179
Surplus/(Deficit)		(7,254)		(7,384)		(7,692)		(4,226)		(2,311)		(1,341)
Proposed New Beds						*3,800*		*2,040*		*1,200*		*2,380*
Surplus/(Deficit)						*(3,892)*		*(2,186)*		*(1,111)*		*1,039*
Reception Center												
Permanent	25,192	21,252	25,788	21,252	25,954	21,252	26,490	22,012	26,806	23,532	27,082	23,532
Contracted		1,942		1,942		1,942		1,942		1,942		1,942
Total Capacity		23,194		23,194		23,194		23,954		25,474		25,474
Surplus/(Deficit)		(1,998)		(2,594)		(2,760)		(2,536)		(1,332)		(1,608)
Proposed New Beds						*760*		*1,520*		*0*		*950*
Surplus/(Deficit)						*(2,000)*		*(1,016)*		*(1,332)*		*(658)*
Level III												
Permanent	34,235	40,316	34,740	40,316	35,530	40,316	36,440	40,316	37,290	40,466	38,190	41,549
Total Capacity		40,316		40,316		40,316		40,316		40,466		41,549
Surplus/(Deficit)		6,081		5,576		4,786		3,876		3,176		3,359
Proposed New Beds						*0*		*150*		*1,083*		*540*
Surplus/(Deficit)						*4,786*		*4,026*		*4,259*		*3,899*
Level IV												
Permanent	27,430	20,803	28,425	20,803	29,415	20,803	30,400	20,803	31,390	21,143	32,410	21,618
Surplus/(Deficit)		(6,627)		(7,622)		(8,612)		(9,597)		(10,247)		(10,792)
Proposed New Beds						*0*		*340*		*475*		*0*
Surplus/(Deficit)						*(8,612)*		*(9,257)*		*(9,772)*		*(10,792)*
Special												
Permanent	3,120	3,905	3,225	3,905	3,325	3,905	3,440	3,905	3,540	3,905	3,640	3,905
Surplus/(Deficit)		785		680		580		465		365		265
Proposed New Beds						*0*		*0*		*0*		*0*
Surplus/(Deficit)						*580*		*465*		*365*		*265*
TOTALS												
Total Men	164,053	146,447	167,344	146,447	169,994	151,007	172,942	155,057	174,954	158,215	177,153	162,685
Men Surplus/(Deficit)		(17,606)		(20,897)		(18,987)		(17,885)		(16,739)		(14,468)
TOTAL MEN & WOMEN	176,088	156,243	179,558	156,243	182,399	160,803	185,511	164,853	187,619	168,011	189,925	172,481
TOTAL SURPLUS/DEFICIT		(19,845)		(23,315)		(21,596)		(20,658)		(19,608)		(17,444)

The Fall 2006 Gap Chart does not include nontraditional beds in the capacity figures.
The Fall 2006 Gap Chart does not include Medical beds, out-of-state beds, or re-entry beds in the capacity figures.
The Fall 2006 Gap Chart does not reflect the impact of the proposal to have sentences of less than 3 years served at county jail.

AVENAL STATE PRISON (ASP)

INSTITUTION DETAIL

ASP is a designated Level II design institution. It is comprised of six (6) separate semi-autonomous 270 dorm designed facilities surrounded by an electrified perimeter fence. ASP does not have a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,920
Overcrowding Beds		2,848
Non-Traditional Beds		2,270
Sub Total		8,038
Proposed New Construction		1,190
Short-term capacity with new construction	9,228	
Long-term capacity with new construction (with deactivation of nontraditional beds)	6,958	

INFRASTRUCTURE ISSUES* - $35,733,471

WATER

WASTEWATER
- TREATMENT PLANT - 1.64 MGD (AT CITY LOCATION)

ELECTRICAL
- GENERATOR SET 100 KW WITH TRANSFER SWITCH
- 12 KV SECTIONALIZING SWITCH
- 12 KV /480 V 500 KVA TRANSFORMER

ONSITE
- SUBSTANCE ABUSE PROGRAM TO BE MOVED
- ROAD TO PROPOSED AREA
- MODIFY DRAINAGE SYSTEM

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $141,628,985

Due to its Level II designation, ASP was not designed with a MSF. As a result, hundreds of inmates are processed in and out of the institution on a daily basis. The CDCR proposal includes the construction of a MSF design (600 beds) outside the secure perimeter. Within the secure perimeter, the proposal includes two (2) Level II E-bed dormitory housing units (400 beds), and one (1) 270 Administrative Segregation Housing Unit (190 beds). A total of 1190 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $952,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Avenal State Prison, Ad Seg (1)	$32,289,990
Avenal State Prison, Level II E-Bed Dorms (2)	$43,734,060
Avenal State Prison, Level I MSF	$65,604,935
Avenal State Prison, Infrastructure	$35,733,471
Total	**$177,362,456**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Avenal State Prison, 270 Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Avenal, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 270 Administration Segregation Housing Unit (190 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
270 Ad-Seg	24,646	$10,914,050
Support Space:		
Health Care Space	2,970	$2,466,140
Administration Space	2,608	$952,790
Program Space	3,626	$1,757,928
Support Space	4,637	$2,048,613
Subtotal	13,841	

ESTIMATED TOTAL CURRENT COSTS:		$18,139,520
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$18,139,520
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$3,656,927	
ESTIMATED TOTAL CONTRACTS:		$21,796,448
Contingency At:7%	$1,525,751	
ESTIMATED TOTAL CONSTRUCTION COST		$23,322,199

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Avenal State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Avenal, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Support Space:		
Health Care Space	5,946	$4,936,723
Administration Space	5,220	$1,907,297
Program Space	7,259	$3,519,023
Support Space	9,282	$4,100,916
Subtotal	27,707	

ESTIMATED TOTAL CURRENT COSTS:		$24,504,029
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$24,504,029
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$4,940,012	
ESTIMATED TOTAL CONTRACTS:		$29,444,041
Contingency At:7%	$2,061,083	
ESTIMATED TOTAL CONSTRUCTION COST		$31,505,124

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Avenal State Prison, Level I MSF	BUDGET ESTIMATE:	3270M7
LOCATION:	Avenal, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 3 Level I Minimum Security Facility Units (600 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	39,732	$15,060,104
Support Space:		
Health Care Space	8,920	$7,405,825
Administration Space	7,831	$2,861,232
Program Space	10,890	$5,279,063
Support Space	13,925	$6,151,990
Subtotal	41,565	

ESTIMATED TOTAL CURRENT COSTS:		$36,758,213
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$36,758,213
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$7,410,456	
ESTIMATED TOTAL CONTRACTS:		$44,168,668
Contingency At:7%	$3,091,807	
ESTIMATED TOTAL CONSTRUCTION COST		$47,260,475

CALIPATRIA STATE PRISON (CAL)

INSTITUTION DETAIL

CAL consists of four (4) semi-autonomous Level IV 270 cell designed facilities and a standalone Administrative Segregation Unit (ASU), all surrounded by an electrified perimeter fence. There is also a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,308
Overcrowding Beds		2,010
Non-Traditional Beds		0
Sub Total		4,318
Proposed New Construction		590
Short-term capacity with new construction	4,908	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,908	

INFRASTRUCTURE ISSUES* - $17,387,307

WATER	Flushometers
	WATER TANK - 1 MG
	FILTERS
	WATER PIPE - 8"
	UPGRADE SUPPLY
	PUMPS
WASTEWATER	
	Add second grinder and screen
	Modify "Y" channel- increase pipe to 12"
	Replace 10" Sparling meter with new 12" meter.
	Increase City pond capacity
ELECTRICAL	
	Gen-Set- 120 KW with transfer switch.
ONSITE	
	Chilled water and natural gas lines run behind proposed area-Relocate

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $96,749,551

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the secure perimeter the proposal includes the construction of a new ASU (190 beds). A total of 590 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $472,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Calipatria State Prison, Ad Seg (1)	$46,742,674
Calipatria State Prison, Level I/II E-bed Dorms (2)	$50,006,877
Calipatria State Prison, Infrastructure	$17,387,307
Total	**$114,136,858**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Calipatria State Prison, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Calipatria, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (190 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	2,126	$1,761,627
Administration Space	2,588	$945,635
Program Space	3,599	$1,744,726
Support Space	4,602	$2,033,227
Subtotal	12,915	

ESTIMATED TOTAL CURRENT COSTS:		$26,296,992
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,296,992
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,301,474	
ESTIMATED TOTAL CONTRACTS:		$31,598,466
Contingency At:7%	$2,211,893	
ESTIMATED TOTAL CONSTRUCTION COST		$33,810,359

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Calipatria State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Calipatria, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	4,254	$3,523,783
Administration Space	5,177	$1,891,553
Program Space	7,199	$3,489,975
Support Space	9,205	$4,067,065
Subtotal	25,835	

ESTIMATED TOTAL CURRENT COSTS:		$28,044,570
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$28,044,570
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,653,785	
ESTIMATED TOTAL CONTRACTS:		$33,698,355
Contingency At:7%	$2,358,885	
ESTIMATED TOTAL CONSTRUCTION COST		$36,057,240

CALIFORNIA CORRECTIONAL CENTER (CCC)

INSTITUTION DETAIL

CCC has three (3) separate facilities for Level I, II, and III inmates; in addition it is the hub for the Northern Fire Camp system. The Lassen Unit consists of five (5) 270 cell design housing units with an electrified perimeter fence and is designated as a Level III. The two (2) dormitory housing units, Cascade and Sierra are designated as Level I/II, and the Arnold Unit is a Level I, Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,883
Overcrowding Beds		1,841
Non-Traditional Beds		450
Sub Total		6,174
Proposed New Construction		400
Short-term capacity with new construction	6,574	
Long-term capacity with new construction (with deactivation of nontraditional beds)	6,124	

INFRASTRUCTURE ISSUES* - $3,558,500

WATER	
	Storage tank- 1,000,000 Gallons
WASTEWATER	
ELECTRICAL	
	Gen-Set, 120 KW with transfer switch
ONSITE	
	Add new tower in corner of D & E units Chilled water and natural gas lines run behind proposed area-Relocate

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $51,686,056

CDCR proposes to construct two (2) Level II E-bed dormitory housing units (400 beds) outside the secure perimeter. The existing secure perimeter will be expanded, including towers, to encompass the new dorms. A total of 400 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $320,000 is included for this purpose, to be split evenly between the local the city or county, and the county superintendent of schools.

California Correctional Center, Level II E-bed Dorms (2)	$51,686,056
California Correctional Center, Infrastructure	$ 3,558,500
Total	**$55,244,556**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California Correctional Center, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Susanville, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/29/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
New Level I / II Dorm	26,488	$10,040,070
New Secure Perimeter		$5,115,715
Support Space:		
Health Care Space	5,256	$4,228,300
Administration Space	5,265	$1,923,517
Program Space	7,321	$3,548,950
Support Space	9,361	$4,135,791
Subtotal	27,203	

ESTIMATED TOTAL CURRENT COSTS:		$28,992,343
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$28,992,343
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,844,856	
ESTIMATED TOTAL CONTRACTS:		$34,837,199
Contingency At:7%	$2,438,604	
ESTIMATED TOTAL CONSTRUCTION COST		$37,275,803

CALIFORNIA CORRECTIONAL INSTITUTION (CCI)

INSTITUTION DETAIL

CCI consists of five (5) separate facilities designated as Units I, II, III, IV-A and IV-B. The Level I facility is dormitory housing surrounded by a single fence. The Level II facility is also dormitory housing surrounded by a double perimeter. The Level III facility is 270 design cell housing unit with an electrified perimeter fence and is also where the Reception Center is located. Facility IV-A and IV-B are two (2) separate Level IV facilities with an electrified perimeter fence.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,781
Overcrowding Beds		2,150
Non-Traditional Beds		1,227
Sub Total		6,158
Proposed New Construction		875
Short-term capacity with new construction	7,033	
Long-term capacity with new construction (with deactivation of nontraditional beds)	5,806	

INFRASTRUCTURE ISSUES* - $4,513,764

WATER

WASTEWATER
- Improve sewer lines

ELECTRICAL
- Gen-set 300KW with transfer switch.
- Pole line 12KV
- Transformer-Pole top 300 KVA

ONSITE
- Road base and hard surface for winter (Units I & II)
- Landscape irrigation lines impacted
- Gas service line need to be upgraded
- Exercise areas need to be relocated & reduce in size

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $148,617,259

CDCR proposes to construct two (2) E-bed dormitory housing units (400 beds) within the Secure Level I Facility and two (2) Administrative Segregation Units within Facility IV-B (475 beds). A total of 875 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $700,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California Correctional Institution, Ad Seg (2)	$100,545,325
California Correctional Institution, Level II E-bed Dorms (2)	$ 48,071,934
California Correctional Institution, Infrastructure	$ 4,513,764
Total	**$153,131,023**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California Correctional Institution, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Tehachapi, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Administration Segregation Housing Units (475 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	55,094	$39,623,555
Support Space:		
Health Care Space	8,971	$6,403,337
Administration Space	5,758	$2,103,847
Program Space	8,008	$3,881,664
Support Space	10,239	$4,523,522
Subtotal	32,975	

ESTIMATED TOTAL CURRENT COSTS:		$56,535,923
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$56,535,923
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$11,397,642	
ESTIMATED TOTAL CONTRACTS:		$67,933,565
Contingency At:7%	$4,755,350	
ESTIMATED TOTAL CONSTRUCTION COST		$72,688,915

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California Correctional Institution, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Tehachapi, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Support Space:		
Health Care Space	8,971	$6,403,337
Administration Space	5,758	$2,103,847
Program Space	8,008	$3,881,664
Support Space	10,239	$4,523,522
Subtotal	32,975	

ESTIMATED TOTAL CURRENT COSTS:		$26,952,438
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,952,438
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,433,612	
ESTIMATED TOTAL CONTRACTS:		$32,386,050
Contingency At:7%	$2,267,023	
ESTIMATED TOTAL CONSTRUCTION COST		$34,653,073

CENTINELA STATE PRISON (CEN)

INSTITUTION DETAIL

CEN consists of four (4) semi-autonomous facilities, four (4) Level III 270 cell designed facilities, and one (1) standalone Administrative Segregation Unit (ASU) all surrounded by an electrified perimeter fence. In addition, CEN has one (1) outside Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,308
Overcrowding Beds		2,035
Non-Traditional Beds		780
Sub Total		5,123
Proposed New Construction		590
Short-term capacity with new construction	5,713	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,933	

INFRASTRUCTURE ISSUES* - $23,248,539

WATER

- Filter
- Storage tank- 1,000,000 gallons
- Expand treatment process by 200,000 GPD
- Expand for new buildings

WASTEWATER

- Increase WWTP BY 250,000 GPD

ELECTRICAL

- Gen Set -200KW with transfer swtich

ONSITE

- Relocate storm drain for Ad Seg building
- One on-site light relocated for Ad Seg building

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $96,843,844

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) Level II E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting, and religious services. Within the secure perimeter, the proposal includes the construction of a new ASU (190 beds). A total of 590 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $472,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Centinela State Prison, Ad Seg (1)	$ 46,774,102
Centinela State Prison, Level II E-bed Dorms (2)	$ 50,069,742
Centinela State Prison, Infrastructure	$ 23,248,539
Total	**$120,092,383**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Centinela State Prison, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Imperial, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (190) beds and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	1,779	$1,779,366
Administration Space	2,588	$945,635
Program Space	3,599	$1,744,726
Support Space	4,602	$2,033,227
Subtotal	12,568	

ESTIMATED TOTAL CURRENT COSTS:		$26,314,731
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,314,731
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,305,050	
ESTIMATED TOTAL CONTRACTS:		$31,619,781
Contingency At:7%	$2,213,385	
ESTIMATED TOTAL CONSTRUCTION COST		$33,833,165

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Centinela State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Imperial, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	3,560	$3,559,265
Administration Space	5,177	$1,891,553
Program Space	7,199	$3,489,975
Support Space	9,205	$4,067,065
Subtotal	25,141	

ESTIMATED TOTAL CURRENT COSTS:		$28,080,053
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$28,080,053
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,660,939	
ESTIMATED TOTAL CONTRACTS:		$33,740,991
Contingency At:7%	$2,361,869	
ESTIMATED TOTAL CONSTRUCTION COST		$36,102,861

CALIFORNIA INSTITUTION FOR MEN (CIM)

INSTITUTION DETAIL

CIM consists of four (4) semi-autonomous facilities: East Facility houses Level III inmates and has an electrified perimeter fence; West Facility houses Reception Center (RC) inmates and also has an electrified perimeter fence; Main houses Level I inmates; and Central also houses RC inmates.

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,278
Overcrowding Beds		2,079
Non-Traditional Beds		1,525
Sub Total		6,882
Proposed New Construction		400
Short-term capacity with new construction	7,282	
Long-term capacity with new construction (with deactivation of nontraditional beds)	5,757	

INFRASTRUCTURE ISSUES* - $13,599,005

WATER

Add wells

WASTEWATER

Oxidation ditch.
Modify plant including:
Additional "Boat Clarifier" unit in WW System
Upgrade plant power supply in WW System
Upgrade switchgear in WW System
Upgrade controller cabinets in WW System

ELECTRICAL

Gen-set-120KW with transfer switch

ONSITE

New units sit on top of 10" sewer line & 3 manholes Move

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $45,577,154

CDCR proposes to construct two (2) E-bed dormitory housing units within the Level I Facility. A total of 400 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $320,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California Institution for Men, Level II E-bed Dorms (2)	$45,577,154
California Institution for Men, Infrastructure	$13,599,005
Total	**$59,176,159**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California Institution for Men, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Chino, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Support Space:		
Health Care Space	8,025	$5,895,991
Administration Space	5,265	$1,923,517
Program Space	7,321	$3,548,950
Support Space	9,361	$4,135,791
Subtotal	29,972	

ESTIMATED TOTAL CURRENT COSTS:		$25,544,319
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$25,544,319
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,149,735	
ESTIMATED TOTAL CONTRACTS:		$30,694,053
Contingency At:7%	$2,148,584	
ESTIMATED TOTAL CONSTRUCTION COST		$32,842,637

CALIFORNIA MEN'S COLONY (CMC)

INSTITUTION DETAIL

CMC consists of two (2) physically separate facilities: the East, Level III general population celled housing facility is divided into four (4) quadrangles; and the West, Level I and II dormitory which also contains a Level I camp program for fire suppression.

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,840
Overcrowding Beds		2,454
Non-Traditional Beds		280
Sub Total		6,574
Proposed New Construction		0
Short-term capacity with new construction	6,574	
Long-term capacity with new construction (with deactivation of nontraditional beds)	6,294	

INFRASTRUCTURE ISSUES* - $0

WATER
WASTEWATER
ELECTRICAL
ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION

None.

California Men's Colony, Infrastructure	$0
Total	$0

CALIFORNIA MEDICAL FACILITY (CMF)

INSTITUTION DETAIL

CMF consists of one (1) celled Level III housing unit and two (2) 200-inmate dormitory housing units surrounded by an electrified perimeter fence. In addition, there is a Level I Minimum Support Facility.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,299
Overcrowding Beds		980
Non-Traditional Beds		0
Sub Total		3,279
Proposed New Construction		440
Short-term capacity with new construction	3,719	
Long-term capacity with new construction (with deactivation of nontraditional beds)	3,719	

INFRASTRUCTURE ISSUES* - $11,349,874

WATER Flushometers

WASTEWATER
Increase agreement (permit)

ELECTRICAL
Gen-Set 150KW with transfer switch
Normal power system upgrade

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $49,266,351

CDCR proposes to construct Level II modular housing units (440 beds) inside the secure perimeter.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $352,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California Medical Facility, Level II Modulars	$49,266,351
California Medical Facility, Infrastructure	$11,349,874
Total	**$60,616,225**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California Medical Facility, Modular Buildings	BUDGET ESTIMATE:	3270M7
LOCATION:	Vacaville, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of Modular Buildings (440 beds) inside the secure perimeter.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Replace Modular		$5,924,160
Support Space:		
Health Care Space	19,555	$11,115,292
Administration Space	5,791	$2,115,869
Program Space	8,053	$3,903,845
Support Space	10,297	$4,549,370
Subtotal	43,696	

ESTIMATED TOTAL CURRENT COSTS:		$27,608,536
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$27,608,536
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,565,881	
ESTIMATED TOTAL CONTRACTS:		$33,174,417
Contingency At:7%	$2,322,209	
ESTIMATED TOTAL CONSTRUCTION COST		$35,496,626

CALIFORNIA STATE PRISON-CORCORAN (COR)

INSTITUTION DETAIL

COR consists of five (5) semi-autonomous facilities; two (2) 180 design Security Housing Units, three (3) 270 cell designed facilities for Level III and IV inmates, and a standalone Administrative Segregation Unit (ASU), all surrounded by an electrified perimeter fence. COR also has Minimum Support Facility.

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,116
Overcrowding Beds		1,971
Non-Traditional Beds		453
Sub Total		5,540
Proposed New Construction		0
Short-term capacity with new construction	5,540	
Long-term capacity with new construction (with deactivation of nontraditional beds)	5,087	

INFRASTRUCTURE ISSUES* - $22,403,560

WATER

WASTEWATER Upgrades WWTP by 600,000 GPD

ELECTRICAL

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION

None.

California State Prison-Corcoran, Infrastructure	$22,403,560
Total	**$22,403,560**

CALIFORNIA REHABILITATION CENTER (CRC)

INSTITUTION DETAIL

CRC is a Level II institution which separately houses men and women (800) felons/civil addicts in dormitory type housing.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,314
Overcrowding Beds		2,346
Non-Traditional Beds		196
Sub Total		4,856
Proposed New Construction		200
Short-term capacity with new construction	5,056	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,860	

INFRASTRUCTURE ISSUES* - $162,057

WATER	Minor Modifications Required
WASTEWATER	
ELECTRICAL	Major Upgrades Required
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $20,177,694

CDCR proposes to construct one (1) dormitory type housing unit within the secure perimeter (200 beds).

PROPOSED CONVERSION - $789,075

Conversion: CDCR proposes to convert 800 existing female beds to male. The construction includes but is not limited to the construction of a work change area, installation of a close circuit TV system (security cameras), visiting room expansion, construction of a mini-exercise yard, and installation of security hardware in the housing units.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $160,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California Rehabilitation Center, Level II Dorm	$20,177,694
California Rehabilitation Center, Conversion	$ 789,075
California Rehabilitation Center, Infrastructure	$ 162,057
Total	**$21,128,827**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California Rehabilitation Center, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Norco, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Level II Housing Unit (200 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	13,244	$5,020,035
Support Space:		
Health Care Space	1,474	$1,474,344
Administration Space	2,632	$961,759
Program Space	3,660	$1,774,475
Support Space	4,680	$2,067,896
Subtotal	12,446	

ESTIMATED TOTAL CURRENT COSTS:		$11,298,509
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$11,298,509
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$2,277,779	
ESTIMATED TOTAL CONTRACTS:		$13,576,288
Contingency At:7%	$950,340	
ESTIMATED TOTAL CONSTRUCTION COST		$14,526,628

CORRECTIONAL TRAINING FACILITY (CTF)

INSTITUTION DETAIL

CTF is a three (3) facility complex, each functioning independently: South Facility is a Level I Minimum Support Facility; Central Facility is a Level II dorm and celled housing unit, which also serves as the institution's Administrative Segregation Unit; and North Facility houses Level III inmates.

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,301
Overcrowding Beds		2,856
Non-Traditional Beds		970
Sub Total		7,127
Proposed New Construction		0
Short-term capacity with new construction	7,127	
Long-term capacity with new construction (with deactivation of nontraditional beds)	6,157	

INFRASTRUCTURE ISSUES* - $2,893,298

WATER	Flushometers
	Minor Modifications Required
WASTEWATER	
ELECTRICAL	
	Major Upgrades Required
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION

None.

Correctional Training Facility, Infrastructure	$2,893,298
Total	**$2,893,298**

CHUCKAWALLA VALLEY STATE PRISON (CVSP)

INSTITUTION DETAIL

CVSP consists of four (4) semi-autonomous Level II 270 dorm designed facilities surrounded by an electrified perimeter fence. There is a Level I Minimum Support Facility (MSF) housing the Fire House.

BEDS CURRENT/PROPOSED

Design Bed Capacity		1,738
Overcrowding Beds		1,705
Non-Traditional Beds		849
Sub Total		4,292
Proposed New Construction		990
Short-term capacity with new construction	5,282	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,433	

INFRASTRUCTURE ISSUES* - $4,538,235

WATER

Reactivate well #5 including treatment and piping.
Add sand removal system
Add well including treatment and piping.

WASTEWATER

ELECTRICAL

Gen-Set 100KW with transfer switch

ONSITE

Need to relocate utilities at north or south end of new building area.

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION -$138,920,046

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the secure perimeter the proposal includes the construction of a new Administrative Segregation Unit (190 beds) and two (2) E-bed dormitory-type housing units (400 beds). A total of 990 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $792,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Chuckawalla Valley State Prison, Ad Seg (1)	$46,959,871
Chuckawalla Valley State Prison, Level I/II E-bed Dorms (2)	$50,437,823
Chuckawalla Valley State Prison, Level I/II E-bed Dorms (2)	$41,522,352
Chuckawalla Valley State Prison, Infrastructure	$ 4,538,234
Total	**$143,458,280**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Chuckawalla Valley State Prison, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Blythe, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (190 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	1,925	$1,851,719
Administration Space	2,606	$952,141
Program Space	3,624	$1,756,730
Support Space	4,634	$2,047,217
Subtotal	12,789	

ESTIMATED TOTAL CURRENT COSTS:		$26,419,584
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,419,584
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,326,188	
ESTIMATED TOTAL CONTRACTS:		$31,745,772
Contingency At:7%	$2,222,204	
ESTIMATED TOTAL CONSTRUCTION COST		$33,967,976

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Chuckawalla Valley State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Blythe, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	3,850	$3,703,438
Administration Space	5,212	$1,904,282
Program Space	7,248	$3,513,460
Support Space	9,267	$4,094,433
Subtotal	25,577	

ESTIMATED TOTAL CURRENT COSTS:		$28,287,807
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$28,287,807
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,702,822	
ESTIMATED TOTAL CONTRACTS:		$33,990,629
Contingency At:7%	$2,379,344	
ESTIMATED TOTAL CONSTRUCTION COST		$36,369,973

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Chuckawalla Valley State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Blythe, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
New Level I / II Dorm	26,488	$10,040,070
Support Space:		
Health Care Space	3,850	$3,703,438
Administration Space	5,212	$1,904,282
Program Space	7,248	$3,513,460
Support Space	9,267	$4,094,433
Subtotal	25,577	

ESTIMATED TOTAL CURRENT COSTS:		$23,255,683
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$23,255,683
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$4,688,346	
ESTIMATED TOTAL CONTRACTS:		$27,944,028
Contingency At:7%	$1,956,082	
ESTIMATED TOTAL CONSTRUCTION COST		$29,900,110

DEUEL VOCATIONAL INSTITUTION (DVI)

INSTITUTION DETAIL

DVI consists of three (3) semi-autonomous facilities: a Reception Center, Level III General Population, and a Minimum Support Facility.

BEDS CURRENT/PROPOSED

Design Bed Capacity		1,787
Overcrowding Beds		1,328
Non-Traditional Beds		696
Sub Total		3,811
Proposed New Construction		0
Short-term capacity with new construction	3,811	
Long-term capacity with new construction (with deactivation of nontraditional beds)	3,115	

INFRASTRUCTURE ISSUES* - $1,743,849

WATER	Flushometers
WASTEWATER	
ELECTRICAL	Major Upgrades Required
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION

None.

Deuel Vocational Institution, Infrastructure	$1,743,849
Total	$1,743,849

FOLSOM STATE PRISON (FSP)

INSTITUTION DETAIL

FSP consists of a walled perimeter encompassing five (5) Level II and Level III General Population cellblocks and an Administrative Segregation Unit. There is also a Level I Minimum Support Facility.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,236
Overcrowding Beds		1,842
Non-Traditional Beds		0
Sub Total		4,078
Proposed New Construction		0
Short-term capacity with new construction	4,078	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,078	

INFRASTRUCTURE ISSUES* - $1,638,422

WATER	Flushometers
	Minor Modifications Required
WASTEWATER	
	Minor Modifications Required
ELECTRICAL	
	Minor Upgrades Required
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION

None.

Folsom State Prison, Infrastructure	$1,638,422
Total	**$1,638,422**

HIGH DESERT STATE PRISON (HDSP)

INSTITUTION DETAIL

HDSP is designated as Level III and IV consisting of four (4) semi-autonomous facilities: two (2) 270 cell designed and two (2) 180 designed facilities, and a standalone Administrative Segregation Unit (ASU), all surrounded by an electrified perimeter fence. There is also a Level I Minimum Support Facility.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,324
Overcrowding Beds		2,022
Non-Traditional Beds		360
Sub Total		4,706
Proposed New Construction		350
Short-term capacity with new construction	5,056	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,696	

INFRASTRUCTURE ISSUES* - $4,668,955

WATER

Add well

Minor Modifications Required

WASTEWATER

ELECTRICAL

Transformer - 12KV/480 V 6,000 KVA

ONSITE

High mast lights need to be relocated + 1 additional high mast light

Possible re-route 8" water line and HWS& R line behind CTC and ASU

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $92,085,973

CDCR proposes to construct two (2) new Administrative Segregation Units, (350 beds) within the secure perimeter.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $280,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

High Desert State Prison, Ad Seg (2)	$92,085,973
High Desert State Prison, Infrastructure	$ 4,668,955
Total	**$96,754,928**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	High Desert State Prison, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Susanville, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Administration Segregation Housing Units (350) beds and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	55,094	$39,623,555
Support Space:		
Health Care Space	4,646	$3,786,906
Administration Space	4,607	$1,683,078
Program Space	6,406	$3,105,331
Support Space	8,191	$3,618,817
Subtotal	23,850	

ESTIMATED TOTAL CURRENT COSTS:		$51,817,687
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$51,817,687
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$10,446,446	
ESTIMATED TOTAL CONTRACTS:		$62,264,132
Contingency At:7%	$4,358,489	
ESTIMATED TOTAL CONSTRUCTION COST		$66,622,622

IRONWOOD STATE PRISON (ISP)

INSTITUTION DETAIL

ISP has four (4) semi-autonomous Level III 270 cell designed facilities, surrounded by an electrified perimeter fence. In addition, ISP also has a Level I Minimum Support Facility. The institutions four (4) gymnasiums have been converted to housing dormitories for Level III inmates.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,200
Overcrowding Beds		1,985
Non-Traditional Beds		1,284
Sub Total		5,469
Proposed New Construction		365
Short-term capacity with new construction	5,834	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,550	

INFRASTRUCTURE ISSUES* -$ 3,035,645

WATER

WASTEWATER

ELECTRICAL

75 KW Gen-set with transfer switch

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $76,366,973

CDCR proposes to construct one (1) Administrative Segregation Unit (175 beds) and one (1) 270 housing unit (190 beds) within the secure perimeter. A total of 365 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $292,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Ironwood State Prison, Ad Seg (1)	$46,059,587
Ironwood State Prison, Level III Unit (1)	$30,307,385
Ironwood State Prison, Infrastructure	$ 3,035,645
Total	**$79,402,618**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Ironwood State Prison, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Blythe, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (175 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	1,723	$1,722,668
Administration Space	2,402	$877,605
Program Space	3,340	$1,619,209
Support Space	4,271	$1,886,955
Subtotal	11,736	

ESTIMATED TOTAL CURRENT COSTS:		$25,918,213
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$25,918,213
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,225,112	
ESTIMATED TOTAL CONTRACTS:		$31,143,325
Contingency At:7%	$2,180,033	
ESTIMATED TOTAL CONSTRUCTION COST		$33,323,358

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Ironwood State Prison, Level III Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Blythe, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 270 Level III Housing Unit (190 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
270 GP -Level III	24,646	$10,914,050
Support Space:		
Health Care Space	1,723	$1,722,668
Administration Space	2,402	$877,605
Program Space	3,340	$1,619,209
Support Space	4,271	$1,886,955
Subtotal	11,736	

ESTIMATED TOTAL CURRENT COSTS:		$17,020,486
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$17,020,486
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$3,431,330	
ESTIMATED TOTAL CONTRACTS:		$20,451,816
Contingency At:7%	$1,431,627	
ESTIMATED TOTAL CONSTRUCTION COST		$21,883,443

KERN VALLEY STATE PRISON (KVSP)

INSTITUTION DETAIL

KVSP is a Level IV facility consisting of four (4) semi-autonomous 180 designed facilities and two (2) standalone Administrative Segregation Units all surrounded by an electrified perimeter fence. There is also a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,448
Overcrowding Beds		2,118
Non-Traditional Beds		560
Sub Total		5,126
Proposed New Construction		400
Short-term capacity with new construction	5,526	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,966	

INFRASTRUCTURE ISSUES* - $8,959,855

WATER	Flushometers
	Upgrade piping system
	Add for additional building
WASTEWATER	
ELECTRICAL	
ONSITE	
	Existing fence on East side of compound to be moved to encompass new bldg
	High mast light on North/East corner to be moved North to accomm. new bldg

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $50,279,829

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. A total of 400 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $320,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Kern Valley State Prison, Level II E-bed Dorms (2)	$50,279,829
Kern Valley State Prison, Infrastructure	$ 8,959,855
Total	**$59,239,684**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Kern Valley State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Delano, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), harden existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	3,783	$3,518,179
Administration Space	5,265	$1,923,517
Program Space	7,321	$3,548,950
Support Space	9,361	$4,135,791
Subtotal	25,730	

ESTIMATED TOTAL CURRENT COSTS:		$28,198,631
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$28,198,631
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,684,844	
ESTIMATED TOTAL CONTRACTS:		$33,883,475
Contingency At:7%	$2,371,843	
ESTIMATED TOTAL CONSTRUCTION COST		$36,255,318

CALIFORNIA STATE PRISON-LOS ANGELES COUNTY (LAC)

INSTITUTION DETAIL

LAC consists of four (4) semi-autonomous 270 cell designed facilities, and a standalone Administrative Segregation Housing unit all surrounded by an electrified perimeter fence. LAC also contains a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,300
Overcrowding Beds		1,890
Non-Traditional Beds		738
Sub total		4,928
Proposed New Construction		664
Short-term capacity with new construction	5,592	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,854	

INFRASTRUCTURE ISSUES* - $16,022,976

WATER	Flushometers
	Bring wells on line. Includes comm system.
WASTEWATER	
	Capacity units at $2,150 per unit annually
	Retention Basin
	Equalization Basin
ELECTRICAL	
	Gen-Set 250KW with transfer switch
	Add 12KV/480 volt transformer (500 KVA) including pad and fencing for kitchen.
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $105,265,173

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the perimeter, a Substance Abuse Treatment Unit (SATU) dormitory type housing unit (264 beds) is proposed. A total of 664 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $531,200 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California State Prison-Los Angeles County, SATU	$46,440,614
California State Prison-Los Angeles County, Level II E-bed Dorms (2)	$58,824,559
California State Prison-Los Angeles County, Infrastructure	$16,022,976
Total	**$121,288,149**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California State Prison- Los Angles County, SATU	BUDGET ESTIMATE:	3270M7
LOCATION:	Lancaster, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Substance Abuse Treatment Unit (264 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
SATU (EOPs)	41,935	$17,119,781
Support Space:		
Health Care Space	5,178	$3,657,269
Administration Space	2,913	$1,064,240
Program Space	4,051	$1,963,556
Support Space	5,179	$2,288,242
Subtotal	17,320	

ESTIMATED TOTAL CURRENT COSTS:		$26,093,088
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,093,088
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,260,367	
ESTIMATED TOTAL CONTRACTS:		$31,353,454
Contingency At:7%	$2,194,742	
ESTIMATED TOTAL CONSTRUCTION COST		$33,548,196

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California State Prison- LA County, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Lancaster, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), harden existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	10,357	$7,315,635
Administration Space	5,826	$2,128,799
Program Space	8,102	$3,927,700
Support Space	10,360	$4,577,171
Subtotal	34,646	

ESTIMATED TOTAL CURRENT COSTS:		$33,021,500
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$33,021,500
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$6,657,134	
ESTIMATED TOTAL CONTRACTS:		$39,678,634
Contingency At:7%	$2,777,504	
ESTIMATED TOTAL CONSTRUCTION COST		$42,456,138

MULE CREEK STATE PRISON (MCSP)

INSTITUTION DETAIL

MCSP consists of three (3) semi-autonomous Level III 270 cell designed facilities surrounded by an electrified perimeter fence. In addition, there is a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		1,694
Overcrowding Beds		1,437
Non-Traditional Beds		852
Sub Total		3,983
Proposed New Construction		400
Short-term capacity with new construction	4,383	
Long-term capacity with new construction (with deactivation of nontraditional beds)	3,531	

INFRASTRUCTURE ISSUES* - $10,555,551

WATER

WASTEWATER
- WWTP improvements

ELECTRICAL
- Gen-Set 120KW with transfer switch
- Gen-Set 1000 KW with transfer switch (for MSF)
- Add pad mounted transformers- 750 KVA

ONSITE
- Relocate existing high voltage lines to underground
- Add pad mounted transformers- 750 KVA
- Remove existing hot water loop in new building area.
- Relocate existing road to range
- Increase Hot water System

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $53,352,678

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. A total of 400 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $320,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Mule Creek State Prison, Level II E-bed Dorms (2)	$53,352,678
Mule Creek State Prison, Infrastructure	$10,555,551
Total	**$63,908,229**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Mule Creek State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Ione, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), harden existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	6,918	$5,252,575
Administration Space	5,265	$1,923,517
Program Space	7,321	$3,548,950
Support Space	9,361	$4,135,791
Subtotal	28,865	

ESTIMATED TOTAL CURRENT COSTS:		$29,933,027
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$29,933,027
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$6,034,498	
ESTIMATED TOTAL CONTRACTS:		$35,967,525
Contingency At:7%	$2,517,727	
ESTIMATED TOTAL CONSTRUCTION COST		$38,485,252

NORTHERN CALIFORNIA WOMEN'S FACILITY (NCWF)

INSTITUTION DETAIL

NCWF was designed as a facility for women and constructed with lower security requirements than a comparable men's facility. In 2006 the institution was converted to and is currently used as a training academy. The facility consists of four 270 housing units with 100 cells each. One of the housing units is divided to provide Administrative Segregation housing.

BEDS CURRENT/PROPOSED

Design Bed Capacity	400
Overcrowding Beds	360
Non-Traditional Beds	0
Sub Total	760
Proposed New Construction	380
Total Capacity with new construction	1140

INFRASTRUCTURE ISSUES * - $ 14,173,688

WATER	Flushometers
	Addition of Secondary Water Tank- 1,000,000 gallons
	Addition of Well
	Upgrade chlorination system and booster pump
WASTEWATER	
	Set of aeration/sedimentation lagoons
	Pre-screening facility
	Upgrade headworks
ELECTRICAL	
	300 KW Gen set with transfer switch
	12 KV underground circuit
	Transformer- 12 KV/480 v 750 KVA
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $116,615,462

CDCR proposes to reactivate NCWF as an adult male re-entry or reception center (760 beds). Required security enhancements include, but are not limited to; upgrade perimeter lighting, construct six gun towers, construct two yard gun posts, harden medical space, replace cell fixtures with stainless steel, upgrade housing unit to male design standards, modify program support building, upgrade fire alarm, personal alarm and telecom systems and modify exercise yards. Within the secure perimeter, construct two (2) additional 270 housing units (380 beds).

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $912,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Northern California Women's Facility, Housing Units (2)	$ 63,521,680
Northern California Women's Facility, Reactivation	$ 53,093,782
Northern California Women's Facility, Infrastructure	$ 14,173,688
Total	**$130,789,150**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Northern CA Women's Facility, Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Stockton, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/29/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 270 Housing Units (380 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
270 GP	49,292	$21,828,101
Support Space:		
Health Care Space	5,693	$4,726,675
Administration Space	5,001	$1,827,159
Program Space	6,954	$3,371,165
Support Space	8,892	$3,928,609
Subtotal	26,541	

ESTIMATED TOTAL CURRENT COSTS:		$35,681,708
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$35,681,708
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$7,193,432	
ESTIMATED TOTAL CONTRACTS:		$42,875,141
Contingency At:7%	$3,001,260	
ESTIMATED TOTAL CONSTRUCTION COST		$45,876,401

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Northern CA Women's Facility, Reactivation	BUDGET ESTIMATE:	3270M7
LOCATION:	Stockton, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/29/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction to reactivate NCWF as an adult male reception center or re-entry center for (760 beds) and hardened existing associated support facilities. Including but not limited to: security enhancements, upgrade perimeter lighting, construct six gun towers, construct two yard gun post and replace cell fixtures with stainless steel.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Reactivation		$16,600,000
Support Space:		
Health Care Space	5,353	$4,443,741
Administration Space	4,701	$1,717,787
Program Space	6,538	$3,169,371
Support Space	8,360	$3,693,446
Subtotal	24,952	

ESTIMATED TOTAL CURRENT COSTS:		$29,624,345
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$29,624,345
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,972,268	
ESTIMATED TOTAL CONTRACTS:		$35,596,613
Contingency At:7%	$2,491,763	
ESTIMATED TOTAL CONSTRUCTION COST		$38,088,376

NORTH KERN STATE PRISON (NKSP)

INSTITUTION DETAIL

NKSP is a Level III institution with four (4) semi-autonomous facilities; one is a 270 cell designed facility and three (3) wing-nut cell and dorm designed facilities for the Reception Center, all surrounded by an electrified perimeter fence. In addition, there is a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,692
Overcrowding Beds		2,497
Non-Traditional Beds		284
Sub Total		5,473
Proposed New Construction		1,940
Short-term capacity with new construction	7,413	
Long-term capacity with new construction (with deactivation of nontraditional beds)	7,129	

INFRASTRUCTURE ISSUES* - $ 5,322,764

WATER	Flushometers
WASTEWATER	
	Diesel pump- 3700 Gal/60 HP.
	Upgrade Yard B piping (assume 8" SS line)
	Upgrade Yard B SS manholes
ELECTRICAL	
ONSITE	
	Fac B Yard- Relocate light pole
	Relocate inner perimeter road.(30FT wide) Paved
	Fac B Yard- Remove razor ribbon, lower fence.

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $283,803,439

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the secure perimeter, six (6) additional wing-nut designed housing units (1140 beds) and two (2) E-bed dormitory type housing units (400 beds) will be constructed. A total of 1,940 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $1,552,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

North Kern State Prison, Wing Nut (6)	$173,673,259
North Kern State Prison, Level II E-bed Dorms (2)	$ 50,607,354
North Kern State Prison, Level II E-bed Dorms (2)	$ 59,522,826
North Kern State Prison, Infrastructure	$ 5,322,764
Total	**$289,126,203**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	North Kern State Prison, Wing-Nut Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Delano, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 6 Wing-Nut Housing Units (1,140 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
Wing Nut	123,000	$60,824,112
Support Space:		
Health Care Space	17,300	$13,386,825
Administration Space	12,767	$4,664,530
Program Space	17,754	$8,606,203
Support Space	22,700	$10,029,294
Subtotal	70,521	

ESTIMATED TOTAL CURRENT COSTS:		$97,510,963
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$97,510,963
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$19,658,210	
ESTIMATED TOTAL CONTRACTS:		$117,169,173
Contingency At:7%	$8,201,842	
ESTIMATED TOTAL CONSTRUCTION COST		$125,371,015

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	North Kern State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Delano, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Support Space:		
Health Care Space	8,650	$6,693,413
Administration Space	6,384	$2,332,265
Program Space	8,877	$4,303,102
Support Space	11,350	$5,014,647
Subtotal	35,260	

ESTIMATED TOTAL CURRENT COSTS:		$28,383,495
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$28,383,495
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,722,113	
ESTIMATED TOTAL CONTRACTS:		$34,105,608
Contingency At:7%	$2,387,393	
ESTIMATED TOTAL CONSTRUCTION COST		$36,493,000

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	North Kern State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Delano, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), harden existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	8,650	$6,693,413
Administration Space	6,384	$2,332,265
Program Space	8,877	$4,303,102
Support Space	11,350	$5,014,647
Subtotal	35,260	

ESTIMATED TOTAL CURRENT COSTS:		$33,415,620
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$33,415,620
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$6,736,589	
ESTIMATED TOTAL CONTRACTS:		$40,152,209
Contingency At:7%	$2,810,655	
ESTIMATED TOTAL CONSTRUCTION COST		$42,962,863

PELICAN BAY STATE PRISON (PBSP)

INSTITUTION DETAIL

PBSP is a Level IV facility consisting of three (3) semi-autonomous facilities and a standalone Administrative Segregation Unit (ASU) all surrounded by an electrified perimeter fence. One (1) facility is a Security Housing Unit design and the other two (2) are 180 design housing units. In addition, PBSP also maintains a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,380
Overcrowding Beds		1,064
Non-Traditional Beds		200
Sub Total		3,644
Proposed New Construction		550
Short-term capacity with new construction	4,194	
Long-term capacity with new construction (with deactivation of nontraditional beds)	3,994	

INFRASTRUCTURE ISSUES* - $ 4,819,782

WATER Flushometers

WASTEWATER
Modification to WWTP

ELECTRICAL
Gen-set -175KW w/ transfer switch

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $ 95,531,894

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the perimeter, a new ASU housing unit (150 beds) is proposed. A total of 550 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $440,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Pelican Bay State Prison, Ad Seg	$46,315,495
Pelican Bay State Prison, Level I/II E-bed Dorms (2)	$49,216,399
Pelican Bay State Prison, Infrastructure	$ 4,819,782
Total	**$100,351,676**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Pelican Bay State Prison, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Crescent City, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (150 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	2,360	$1,858,821
Administration Space	2,413	$881,524
Program Space	3,355	$1,626,439
Support Space	4,290	$1,895,381
Subtotal	12,418	

ESTIMATED TOTAL CURRENT COSTS:		$26,073,943
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,073,943
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,256,507	
ESTIMATED TOTAL CONTRACTS:		$31,330,450
Contingency At:7%	$2,193,131	
ESTIMATED TOTAL CONSTRUCTION COST		$33,523,581

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Pelican Bay State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Crescent City, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	4,722	$3,718,199
Administration Space	4,826	$1,763,312
Program Space	6,711	$3,253,367
Support Space	8,581	$3,791,332
Subtotal	24,840	

ESTIMATED TOTAL CURRENT COSTS:		$27,598,404
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$27,598,404
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,563,838	
ESTIMATED TOTAL CONTRACTS:		$33,162,242
Contingency At:7%	$2,321,357	
ESTIMATED TOTAL CONSTRUCTION COST		$35,483,599

PLEASANT VALLEY STATE PRISON (PVSP)

INSTITUTION DETAIL

PVSP consists of four (4) semi-autonomous Level III 270 cell designed facilities and a standalone Administrative Segregation Unit surrounded by an electrified perimeter fence. There is also a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,308
Overcrowding Beds		2,060
Non-Traditional Beds		1,104
Sub Total		5,472
Proposed New Construction		600
Short-term capacity with new construction	6,072	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,968	

INFRASTRUCTURE ISSUES* $16,429,807

WATER Minor Modifications

WASTEWATER

Increase (or add parallel) plant by 400,000 GD

ELECTRICAL

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $73,759,719

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the perimeter, one (1) E-bed dormitory type housing unit (200 beds) is proposed. A total of 600 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $480,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Pleasant Valley State Prison, Level I/II E-bed Dorms (2)	$52,146,226
Pleasant Valley State Prison, Level I/II E-bed Dorm (1)	$21,613,493
Pleasant Valley State Prison, Infrastructure	$16,429,807
Total	**$90,189,526**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Pleasant Valley State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Coalinga, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	5,292	$4,571,142
Administration Space	5,265	$1,923,614
Program Space	7,321	$3,549,127
Support Space	9,361	$4,135,998
Subtotal	27,238	

ESTIMATED TOTAL CURRENT COSTS:		$29,252,074
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$29,252,074
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,897,218	
ESTIMATED TOTAL CONTRACTS:		$35,149,293
Contingency At:7%	$2,460,450	
ESTIMATED TOTAL CONSTRUCTION COST		$37,609,743

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Pleasant Valley State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Coalinga, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Level II Housing Unit (200 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	13,244	$5,020,035
Support Space:		
Health Care Space	2,646	$2,285,228
Administration Space	2,632	$961,662
Program Space	3,660	$1,774,297
Support Space	4,680	$2,067,689
Subtotal	13,618	

ESTIMATED TOTAL CURRENT COSTS:		$12,108,911
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$12,108,911
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$2,441,157	
ESTIMATED TOTAL CONTRACTS:		$14,550,068
Contingency At:7%	$1,018,505	
ESTIMATED TOTAL CONSTRUCTION COST		$15,568,573

R. J. DONOVAN CORRECTIONAL FACILITY (RJD)

INSTITUTION DETAIL

RJD is a Level III institution with four (4) semi-autonomous 270 cell designed facility surrounded by an electrified perimeter fence. In addition, RJD also has a Level I Minimum Support Facility.

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,200
Overcrowding Beds		1,920
Non-Traditional Beds		780
Sub Total		4,900
Proposed New Construction		600
Short-term capacity with new construction	5,500	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,720	

INFRASTRUCTURE ISSUES* - $3,442,821

WATER	Flushometers
WASTEWATER	
	Grinder system-1 MGD
ELECTRICAL	
	Transformer-12 KV/480V 1000 KVA
	Feeder- 12 KV 300 MCM
	Concrete pad 20' by 40' w/ xfmr and sub panels need to be removed
ONSITE	
	HHW main, domestic water main & storm drain manhole relocate
	Add street lights

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $66,278,671

CDCR proposes to construct three (3) E-bed dormitory type housing units within the secure perimeter. A total of 600 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $480,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Richard J. Donovan Correctional Facility, Level II E-bed Dorms (3)	$66,278,671
Richard J. Donovan Correctional Facility, Infrastructure	$ 3,442,821
Total	**$69,721,492**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	R. J. Donovan Correctional Facility, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	San Diego, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 3 Level II Housing Units (600 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	39,732	$15,060,104
Support Space:		
Health Care Space	10,134	$7,665,996
Administration Space	7,897	$2,885,276
Program Space	10,981	$5,323,424
Support Space	14,041	$6,203,687
Subtotal	43,053	

ESTIMATED TOTAL CURRENT COSTS:		$37,138,487
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$37,138,487
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$7,487,119	
ESTIMATED TOTAL CONTRACTS:		$44,625,606
Contingency At:7%	$3,123,792	
ESTIMATED TOTAL CONSTRUCTION COST		$47,749,399

CALIFORNIA STATE PRISON-SACRAMENTO (SAC)

INSTITUTION DETAIL

SAC is a Level IV institution consisting of three (3) semi-autonomous 180 designed facilities and a standalone Administrative Segregation Unit, all surrounded by an electrified perimeter fence. SAC also has a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		1,788
Overcrowding Beds		1,185
Non-Traditional Beds		350
Sub Total		3,323
Proposed New Construction		264
Short-term capacity with new construction	3,587	
Long-term capacity with new construction (with deactivation of nontraditional beds)	3,237	

INFRASTRUCTURE ISSUES* - $5,551,591

WATER	Flushometers
WASTEWATER	
ELECTRICAL	Gen-set-100KW with transfer switch
ONSITE	Inner perimeter roads impacted by new construction- 30 FT wide, paved

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $47,601,910

CDCR proposes to construct one (1) Substance Abuse Treatment Unit (SATU) housing unit within the secure perimeter. A total of 264 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $211,200 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California State Prison-Sacramento, SATU	$47,601,910
California State Prison-Sacramento, Infrastructure	$ 5,551,591
Total	**$53,153,501**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California State Prison- Sacramento, SATU	BUDGET ESTIMATE:	3270M7
LOCATION:	Represa, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/29/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Substance Abuse Treatment Unit (264 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
SATU (EOPs)	41,935	$17,119,781
Support Space:		
Health Care Space	4,365	$3,287,322
Administration Space	3,475	$1,269,521
Program Space	4,832	$2,342,307
Support Space	6,178	$2,729,622
Subtotal	18,850	

ESTIMATED TOTAL CURRENT COSTS:		$26,748,553
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,748,553
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,392,508	
ESTIMATED TOTAL CONTRACTS:		$32,141,062
Contingency At:7%	$2,249,874	
ESTIMATED TOTAL CONSTRUCTION COST		$34,390,936

SUBSTANCE ABUSE TREATMENT FACILITY – CORCORAN (SATF)

INSTITUTION DETAIL

SATF consists of eight (8) semi-autonomous facilities and one (1) standalone Administrative Segregation Unit (ASU) surrounded by an electrified perimeter fence. Level II inmates are housed in two (2) dormitory facilities, Level III inmates are housed in two (2) 270 cell housing units, the Level IV inmates are housed in two (2) 180 cell housing units, and the remaining two (2) facilities are the Substance Abuse Treatment Program dormitory housing units.

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,424
Overcrowding Beds		2,936
Non-Traditional Beds		1,233
Sub Total		7,593
Proposed New Construction		150
Short-term capacity with new construction	7,743	
Long-term capacity with new construction (with deactivation of nontraditional beds)	6,510	

INFRASTRUCTURE ISSUES* - $1,782,143

WATER Flushometers

WASTEWATER

Upgrade WWTP by 600,000 GPD

Included in COR costs

ELECTRICAL

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $44,794,184

CDCR proposes to construct one (1) new ASU housing unit within the secure perimeter. A total of 150 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $120,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Substance Abuse Treatment Facility-Corcoran, Ad Seg	$44,794,184
Substance Abuse Treatment Facility-Corcoran, Infrastructure	$ 1,782,143
Total	**$46,576,327**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Substance Abuse Treatment Facility, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Corcoran, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (150 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	2,320	$1,800,401
Administration Space	1,974	$721,319
Program Space	2,745	$1,330,856
Support Space	3,510	$1,550,922
Subtotal	10,549	

ESTIMATED TOTAL CURRENT COSTS:		$25,215,275
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$25,215,275
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,083,400	
ESTIMATED TOTAL CONTRACTS:		$30,298,675
Contingency At:7%	$2,120,907	
ESTIMATED TOTAL CONSTRUCTION COST		$32,419,582

SIERRA CONSERVATION CENTER (SCC)

INSTITUTION DETAIL

SCC consists of two (2) dormitory-type Level I and Level II facilities and a separate Level III 270 cell designed facility. SCC is also the hub institution for the Southern Fire Camp System.

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,736
Overcrowding Beds		1,921
Non-Traditional Beds		594
Sub Total		6,251
Proposed New Construction		400
Short-term capacity with new construction	6,651	
Long-term capacity with new construction (with deactivation of nontraditional beds)	6,057	

INFRASTRUCTURE ISSUE* - $1,205,717

WATER Flushometers

WASTEWATER

ELECTRICAL
Gen-set 120KW w/ transfer switch

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $42,302,291

CDCR proposes to construct two (2) Level II E-bed dormitory type housing units within the secure perimeter. A total of 400 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $320,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Sierra Conservation Center, Level II E-bed Dorms (2)	$42,302,291
Sierra Conservation Center, Infrastructure	$ 1,205,717
Total	**$43,508,008**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Sierra Conservation Center, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Jamestown, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/29/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Support Space:		
Health Care Space	4,962	$4,047,573
Administration Space	5,265	$1,923,517
Program Space	7,321	$3,548,950
Support Space	9,361	$4,135,791
Subtotal	26,909	

ESTIMATED TOTAL CURRENT COSTS:		$23,695,901
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$23,695,901
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$4,777,094	
ESTIMATED TOTAL CONTRACTS:		$28,472,994
Contingency At:7%	$1,993,110	
ESTIMATED TOTAL CONSTRUCTION COST		$30,466,104

CALIFORNIA STATE PRISON (SOL)

INSTITUTION DETAIL

SOL consists of a four (4) semi-autonomous facilities, two (2) Level II 270 dorm designed facilities and two (2) Level III 270 cell designed facilities surrounded by an electrified perimeter fence. SOL does not have a Level I Minimum Support Facility.

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BEDS CURRENT/PROPOSED

Design Bed Capacity		2,610
Overcrowding Beds		2,460
Non-Traditional Beds		1,013
Sub Total		6,083
Proposed New Construction		190
Short-term capacity with new construction	6,273	
Long-term capacity with new construction (with deactivation of nontraditional beds)	5,260	

INFRASTRUCTURE ISSUES* - $2,945,746

WATER

WASTEWATER

Refurbish WWTP for storage

ELECTRICAL

Gen-Set 100KW with transfer switch

ONSITE

Electrical vaults- need to relocate
Telephone vaults-need to relocate
Strom drains-need to relocate
Yard light poles-need to relocate
Gas valves and lines
Irrigation valves for building 7 & 8
Relocation of I.W.L. fence on corner of Building 7 to mental health building

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $47,835,823

CDCR proposes to construct one (1) Administrative Segregation Unit within the secure perimeter. A total of 190 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $152,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

California State Prison, Ad Seg (1)	$47,835,823
California State Prison, Infrastructure	$ 2,945,746
Total	**$50,781,569**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	California State Prison- Solano, Ad Seg	BUDGET ESTIMATE:	3270M7
LOCATION:	Vacaville, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 1 Administration Segregation Housing Unit (190 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Ad Seg	27,547	$19,811,777
Support Space:		
Health Care Space	3,340	$2,538,294
Administration Space	2,501	$913,671
Program Space	3,477	$1,685,751
Support Space	4,446	$1,964,501
Subtotal	13,764	

ESTIMATED TOTAL CURRENT COSTS:		$26,913,994
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$26,913,994
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$5,425,861	
ESTIMATED TOTAL CONTRACTS:		$32,339,856
Contingency At:7%	$2,263,790	
ESTIMATED TOTAL CONSTRUCTION COST		$34,603,645

CALIFORNIA STATE PRISON-SAN QUENTIN (SQ)

INSTITUTION DETAIL

SQ is a Level II institution consisting of a Reception Center, Condemned Row (CIC), Level II General Population, and a Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		3,109
Overcrowding Beds		1,879
Non-Traditional Beds		287
Sub Total		5,275
Proposed New Construction		0
Short-term capacity with new construction	5,275	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,988	

INFRASTRUCTURE ISSUES* - $895,894

WATER

Major Modifications Required

WASTEWATER

Minor Modifications Required

ELECTRICAL

Major Upgrades Required

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION

None.

California State Prison-San Quentin, Infrastructure	$ 895,894
Total	**$ 895,894**

SALINAS VALLEY STATE PRISON (SVSP)

INSTITUTION DETAIL

SVSP is a Level IV institution consisting of two (2) 270 cell designed facilities and two (2) 180 designed facilities, and a standalone Administrative Segregation Unit, all surrounded by an electrified perimeter fence. In addition, SVSP also has a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,372
Overcrowding Beds		1,828
Non-Traditional Beds		780
Sub Total		4,980
Proposed New Construction		400
Short-term capacity with new construction	5,380	
Long-term capacity with new construction (with deactivation of nontraditional beds)	4,600	

INFRASTRUCTURE ISSUES* - $17,652,222

WATER

Add 2nd RO train to new RO plant (300,000 GPD)

WASTEWATER

Modify CTF headworks- Increased by 400,000 GPD

Replace sewer line- 8"

ELECTRICAL

150 KW Gen Set with transfer switch.

ONSITE

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $61,967,743

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. A total of 400 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $320,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Salinas Valley State Prison, Level II E-bed Dorms (2)	$61,967,743
Salinas Valley State Prison, Infrastructure	$17,652,222
Total	**$79,619,965**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Salinas Valley State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Soledad, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	Sq Ft	Cost
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	17,349	$10,115,143
Administration Space	5,265	$1,923,517
Program Space	7,321	$3,548,950
Support Space	9,361	$4,135,791
Subtotal	39,296	

ESTIMATED TOTAL CURRENT COSTS:		$34,795,595
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$34,795,595
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$7,014,792	
ESTIMATED TOTAL CONTRACTS:		$41,810,387
Contingency At:7%	$2,926,727	
ESTIMATED TOTAL CONSTRUCTION COST		$44,737,114

WASCO STATE PRISON (WSP)

INSTITUTION DETAIL

WSP is a Level III institution with four (4) semi-autonomous facilities; one (1) is a 270 cell designed facility and three (3) wing-nut and dorm designed facilities for the Reception Center all surrounded by an electrified perimeter fence. In addition, WSP also has a Level I Minimum Support Facility (MSF).

BEDS CURRENT/PROPOSED

Design Bed Capacity		2,934
Overcrowding Beds		2,773
Non-Traditional Beds		404
Sub-Total		6,111
Proposed New Construction		1,350
Short-term capacity with new construction	7,461	
Long-term capacity with new construction (with deactivation of nontraditional beds)	7,057	

INFRASTRUCTURE ISSUES* - $10,264,889

WATER	Flushometers
	Addition of a Secondary Water tank-1,000,000 gallons
	Addition of a well
	Upgrade chlorination system and booster pump
WASTEWATER	
	Set of aeration/sedimentation lagoons
	Pre-screening facility
	Upgrade headworks.
ELECTRICAL	
	300 KW Gen set with transfer switch
	12 KV underground circuit.
	Transformer- 12KV/480v 750 KVA
ONSITE	

*Subject to Site Assessment/Field Verification

PROPOSED NEW CONSTRUCTION - $219,420,978

CDCR proposes to convert the existing MSF to a commingled Level I/II facility. This requires the enhancement of the existing perimeter with a double fence, 4 towers, vehicle and pedestrian sallyports, and an entrance building for staff/visitor processing. Additional construction includes two (2) E-bed dormitory housing units (400 beds), installation of a personal alarm system, modifications to existing support services such as dining, visiting and religious services. Within the secure perimeter, five (5) additional wing-nut designed housing units (950 beds) will be constructed. A total of 1,350 new beds are proposed.

Contained within this construction appropriation is mitigation funding for local agencies pursuant to Penal Code Section 7005.5. A total of $1,080,000 is included for this purpose, to be split evenly between the local city or county, and the county superintendent of schools.

Wasco State Prison, Wing Nut (5)	$164,441,984
Wasco State Prison, Level II E-bed Dorms (2)	$ 54,978,994
Wasco State Prison, Infrastructure	$ 10,264,889
Total	**$229,685,867**

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Wasco State Prison, Wing-Nut Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Wasco, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/23/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 5 Wing-Nut Housing Units (950 beds) and associated support facilities, inside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
Wing Nut	123,000	$60,824,112
Support Space:		
Health Care Space	12,097	$9,942,610
Administration Space	11,846	$4,328,130
Program Space	16,473	$7,985,536
Support Space	21,063	$9,305,995
Subtotal	61,479	

ESTIMATED TOTAL CURRENT COSTS:		$92,386,383
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$92,386,383
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$18,625,095	
ESTIMATED TOTAL CONTRACTS:		$111,011,478
Contingency At:7%	$7,770,803	
ESTIMATED TOTAL CONSTRUCTION COST		$118,782,282

PROJECT COST SUMMARY
FY2006-2007

PROJECT:	Wasco State Prison, Level II Housing Unit	BUDGET ESTIMATE:	3270M7
LOCATION:	Wasco, CA	EST./ PROJ. CCCI:	4609/4609
CLIENT	California Department of Corrections & Rehabilitation	DATE ESTIMATED:	7/24/2006
DESIGN BY:	TBD	DATE UPDATED:	1/19/2007
PROJECT MGR:	Kitchell CEM	ABMS NO:	N/A
PLAN DATE:	N/A	PREPARED BY:	Kitchell CEM
		DOF PROJ. I.D. NO.:	N/A

DESCRIPTION

Design and Construction of 2 Level II Housing Units (400 beds), hardened existing Level I to Level II (400 beds) and associated support facilities, outside the secure perimeter. The buildings types, numbers & square feet are delineated below, and will be of I-3 occupancy. The construction type will be Type II-fire resistive.

ESTIMATE SUMMARY

DIRECT COST	**Sq Ft**	**Cost**
New Level I / II Dorm	26,488	$10,040,070
Level II -hardened from Level I	26,488	$5,032,125
Support Space:		
Health Care Space	6,048	$4,970,559
Administration Space	5,922	$2,163,741
Program Space	8,235	$3,992,169
Support Space	10,530	$4,652,300
Subtotal	30,735	

ESTIMATED TOTAL CURRENT COSTS:		$30,850,963
Adjust CCCI from 4609 to 4609		
ESTIMATED TOTAL CURRENT COSTS ON July 2006 :		$30,850,963
Escalation to Mid Point 48 Months @ 0.42%/Mo.:	$6,219,554	
ESTIMATED TOTAL CONTRACTS:		$37,070,517
Contingency At:7%	$2,594,936	
ESTIMATED TOTAL CONSTRUCTION COST		$39,665,453

EXHBIT 21

California Department of Corrections and Rehabilitation
In-Fill Bed Plan
January 2007

Institution	In-Fill Beds Total	# Beds Per Security Level	Security Level	Proposed Health Care Space (Sq. Ft.)
ASP	1190			
		190	ASU[1]	2970
		400	L-II[2]	5946
		600	L-I	8920
CAL	590			
		190	ASU	2126
		400	L-II	4254
CCC	400	400	L-II	5256
CCI	875			
		475	ASU	8971
		400	L-II	8971
CEN	590			
		190	ASU	1779
		400	L-II	3560
CIM	400	400	L-II	8025
CMC	-	-	-	-
CMF	440	440	L-II	19555
COR	-	-	-	-
CRC	200	200	L-II	1474
CTF	-	-	-	-
CVSP	990			
		190	ASU	1925
		400	L-II	3850
		400	L-II	3850
DVI	-	-	-	-
FSP	-	-	-	-
HDSP	350	350	ASU	4646
ISP	365			
		175	ASU	1723
		190	L-III	1723
KVSP	400	400	L-II	3783
LAC	664			
		264	SATU[3]	5178
		400	L-II	10357
MCSP	400	400	L-II	6918
NCWF	380	380	RC[4]	5693
NKSP	1940			
		1140	RC	17300
		400	L-II	8650
		400	L-II	8650

[1] ASU= Administrative Segregation Unit
[2] L= Level I, II, III

[3] SATU= Substance Abuse Treatment Unit
[4] RC= Reception Center

Institution	In-Fill Beds Total	# of Beds Per Security Level	Security Level	Proposed Health Care Space (Sq. Ft.)
PBSP	550			
		150	ASU	2360
		400	L-II	4772
PVSP	600			
		400	L-II	5292
		200	L-II	2646
RJD	600	600	L-II	10134
SAC	264	264	SATU	4365
SATF	150	150	ASU	2320
SCC	400	400	L-II	4962
SOL	190	190	ASU	3340
SQ	-	-	-	-
SVSP	400	400	L-II	17349
WSP	1350	950 400	RC L-II	12097 6048

Source: CDCR In-Fill Bed Plan, January 2007

EXHBIT 22

There can be benefits to a self-medication program, particularly if it includes patient education and monitoring. Patients learn to take more responsibility for their own health care. In addition, the program can save staff time in administering medications and escorting patients to and from the clinic area.

In all medication service practices, adverse patient outcomes can occur when: (1) the provider frequently changes orders; (2) the provider fails to review patient medication histories; or (3) treating staff are unaware of each other's prescribing practices (which also can encourage inappropriate inmate drug-seeking behavior).

Recommendations

Over-the-counter (OTC) medications received by inmates from other than health staff (e.g., through the commissary) need not be documented in the medical record. Administration of OTC medications by health personnel, however, should be documented in the medication administration record.

The facility can use its continuous quality improvement program to focus periodically on these issues.

Patients with alcohol and other drug (AOD) disorders present special challenges in diagnosis and treatment, and their physicians should have special training accordingly.

Both health and custody staff should be aware of the potential phototoxic effects of medications (particularly psychotropics). Patients taking these medications and exposed to sunlight should be provided appropriate sunscreen or shading.

✳ **P-D-03**
important

CLINIC SPACE, EQUIPMENT, AND SUPPLIES

Standard

Sufficient and suitable space, supplies, and equipment are available for the facility's medical, dental, and mental health care services.

Compliance Indicators

1. All aspects of the standard are addressed by written policy and defined procedures.
2. Examination and treatment rooms for medical, dental, and mental health care are large enough to accommodate the necessary equipment, supplies, and fixtures, and to permit privacy during clinical encounters.

3. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked regularly.
4. There is adequate office space with administrative files, secure storage of health records, and writing desks.
5. Mental health services are provided in an area with private interview space for both individual assessment and group treatment, as well as desks, chairs, lockable file space, and relevant testing materials.
6. When laboratory, radiological, or other ancillary services are provided on site, the designated area is adequate to hold equipment and records.
7. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.
8. At a minimum, weekly inventories are maintained on items subject to abuse (e.g., syringes, needles, scissors, other sharp instruments).
9. The facility has, at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:
   a. hand-washing facilities or appropriate alternate means of hand sanitization;
   b. examination tables;
   c. a light capable of providing direct illumination;
   d. scales;
   e. thermometers;
   f. blood pressure monitoring equipment;
   g. stethoscope;
   h. ophthalmoscope;
   i. otoscope;
   j. transportation equipment (e.g., wheelchair, stretcher);
   k. trash containers for biohazardous materials and sharps; and
   l. equipment and supplies for pelvic examinations if female inmates are housed in the facility.
10. Basic equipment required for on-site dental examinations includes, at a minimum:
    a. hand-washing facilities or appropriate alternate means of hand sanitization;
    b. dental examination chair;
    c. examination light;
    d. sterilizer;
    e. instruments;
    f. trash containers for biohazardous materials and sharps; and
    g. a dentist's stool.
11. The presence of a dental operatory requires the addition of at least:
    a. an x-ray unit with developing capability;
    b. blood pressure monitoring equipment; and
    c. oxygen.

Discussion

An intent of this standard is that the facility provides sufficient equipment and space to support the health services program. The amount of space and the configuration of the room(s) needed for the care and treatment of patients may vary with the size of the facility and the kinds of services provided on site.

The types of equipment, supplies, and materials for examination and treatment depend upon the level of health care provided in the facility and the capabilities and needs of specific health care providers.

Recommendations

It is good administrative practice to maintain inventory lists of all equipment, materials, and supplies purchased for health services.

Suitable medical and health care reference books, periodicals, audiotapes, video tapes, and online computer resources should be available to health staff. Publications should include current medical, mental health, dental, pharmacological and nursing textbooks, and a medical dictionary.

Facilities housing pregnant inmates should have a fetal heart monitor.

P-D-04
important

DIAGNOSTIC SERVICES

Standard

On-site *diagnostic services* are registered, accredited, or otherwise meet applicable state and federal law.

Compliance Indicators

1. All aspects of the standard are addressed by written policy and defined procedures.
2. The health authority maintains documentation that on-site diagnostic services (e.g., laboratory, radiology) are certified or licensed to provide that service.
3. When the facility provides on-site diagnostic services, there is a procedure manual for each service, including protocols for the calibration of testing devices to assure accuracy.
4. Facilities with full-time health staff have multiple-test dipstick urinalysis, finger-stick blood glucose tests, peak flow meters (handheld or other), stool blood-testing material, and in facilities housing women, pregnancy test kits.

EXHBIT 23

Clinical Space				
Clinic	**Current NSF**	**Needed NSF**	**Per yard**	
Nurse station	60	120	Per clinic	
Waiting/holding	120	120	Per clinic	
Exam room	110	110	1per 250 inmates	
Physician office	100	100	Per clinic	
Physical Therapy	200	600	CTC/Inf	
Laboratory	300	300	CTC/Inf	
Pharmacy	350	800	CTC/Inf	
Central Supplies	600	800	CTC/Inf	
Radiology	460	650	CTC/Inf	
Clean Utility room	30	60	CTC/Inf	
Soiled utility room	30	60	CTC/Inf	
Clean linen	30	60	CTC/Inf	
Soiled linen	30	60	CTC/Inf	
Health Records	varies(all inadequate)	unknown	CTC/Inf	

EXHBIT 24

Assembly Bill – 900

Institution	Temporary Beds by Institution[1]
ASP	1942
CAL	-
CCC	450
CCI	1007
CEN	588
CIM	1553
CMC	280
CMF	-
COR	363
CTF	840
CVSP	849
DVI	696
FSP	-
HDSP	360
ISP	624
KVSP	500
LAC	612
MCSP	776
NKSP	212
PBSP	160
PVSP	924
RJD	636
SAC	280
SATF	1233
SCC	558
SOL	1013
SQ	287
SVSP	660
WSP	260
Male Total	**17,663**
CCWF	396
CIW	56
VSPW	0
Female Total	**452**

[1] Temporary Beds are inmates being housed in gymnasiums, triple bunks in housing units, day rooms, or other locations.

EXHBIT 25

Assembly Bill – 900
Comparison of Existing Temporary Beds & Proposed In-Fill Bed Plan by Institution and Security Level

Institution	Temporary Beds		Proposed In-Fill Beds
	Security Level	# Beds Per Security Level	# Beds Per Security Level
PVSP	L-II	-	600
	L-III	774	-
	L-IV	150	-
PBSP	L-II	-	400
	L-IV	160	-
	ASU	-	150
LAC	L-II	-	400
	L-IV	120	-
	RC	492	-
	SATU	-	264
CAL	L-II	-	400
	ASU	-	190
CEN	L-II	-	400
	L-III	588	-
	ASU	-	190
SVSP	L-II	-	100
	L-III	300	-
	L-IV	360	-
KVSP	L-II	-	400
	L-IV	500	-
WSP	L-II	-	400
	RC	260	950
NKSP	L-II	-	800
	RC	212	1140
MCSP	L-II	-	400
	L-III	616	-
	L-IV	160	-

Temporary Beds by Security Level	
Level	**#**
ASU	0
L-I	0
L-II	0
L-III	2278
L-IV	1450
RC	1024
SATU	0
Total	4752

Proposed In-Fill Beds by Security Level	
Level	**#**
ASU	530
L-I	0
L-II	4300
L-III	0
L-IV	0
RC	2090
SATU	264
Total	7184

EXHBIT 26

Assembly Bill – 900
Projected Placement Needs for Total Male Population by Fiscal Year and Level

Fiscal Year	RC	L-I	L-II	L-III	L-IV	PHU	SHU	Grand Totals
2007/08	28,345	30,919	41,842	33,970	27,545	20	3250	165,891
2008/09	28,305	31,417	42,090	34,675	28,490	20	3370	168,345
2009/10	28,490	31,344	42,184	35,495	29,410	20	3450	170,393
2010/11	28,695	31,341	42,429	36,430	30,375	20	3555	172,845
2011/12	28,770	31,554	42,794	37,425	31,375	20	3675	175,613
Increase (Decrease)	425	635	952	3455	3830	0	425	9722

Source: CDCR Populations Projections Unit, Spring 2007; Adult Population Projections, 2007-2012.

Assembly Bill – 900
Comparison of Projected Bed Increases by Level with Proposed In-Fill Beds by Level
For Fiscal Year 2007/08 through 2011/12

Level	Projected Bed Increase 2007/08 through 2011/12	Proposed In-Fill Beds 2007/08 through 2011/12
RC	425	3,230
L-I	635	600
L-II	952	9,440
L-III	3,455	190
L-IV	3,830	0
PHU	0	0
SHU	425	0
ASU	0	2,250
SATU	0	528
TOTAL	9,722	16,238

PROOF OF SERVICE BY MAIL

I, Kristina Hector, declare:

I am a resident of the County of Alameda, California; that I am over the age of eighteen (18) years of age and not a party to the within titled cause of action. I am employed as the Inmate Patient Relations Manager to the Receiver in *Plata v. Schwarzenegger*.

On May15, 2007 I arranged for the service of a copy of the attached documents described as APPENDIX OF EXHIBITS IN SUPPORT OF RECEIVER'S REPORT RE OVERCROWDING on the parties of record in said cause by sending a true and correct copy thereof by pdf and by United States Mail and addressed as follows:

ANDREA LYNN HOCH
Legal Affairs Secretary
Office of the Governor
Capitol Building
Sacramento, CA 95814

ELISE ROSE
Counsel
State Personnel Board
801 Capitol Mall
Sacramento, CA 95814

BRIGID HANSON
Director (A)
Division of Correctional Health Care Services
CDCRS
P.O. Box 942883
Sacramento, CA 94283-0001

J. MICHAEL KEATING, JR.
285 Terrace Avenue
Riverside, Rhode Island 02915

ROCHELLE EAST
Deputy Attorney General
455 Golden Gate Ave., Suite 11000
San Francisco, CA 94102

STEVEN FAMA
DON SPECTER
ALLISON HARDY
Prison Law Office
General Delivery
San Quentin, CA 94964-0001

PAUL MELLO
Hanson Bridgett
425 Market Street, 26th Floor
San Francisco, CA 94105

BRUCE SLAVIN
General Counsel
CDCR-Office of the Secretary
P.O. Box 942883
Sacramento, CA 94283-0001

KATHLEEN KEESHEN
Legal Affairs Division
California Department of Corrections
P.O. Box 942883
Sacramento, CA 94283

RICHARD J. CHIVARO
JOHN CHEN
State Controller
300 Capitol Mall, Suite 518
Sacramento, CA 95814

MOLLY ARNOLD
Chief Counsel, Department of Finance
State Capitol, Room 1145
Sacramento, CA 95814

LAURIE GIBERSON
Staff Counsel
Department of General Services
707 Third Street, 7th floor, Suite 7-330
West Sacramento, CA 95605

MATTHEW CATE
Inspector General
Office of the Inspector General
P.O. Box 348780
Sacramento, CA 95834-8780

DONNA NEVILLE
Senior Staff Counsel
Bureau of State Audits
555 Capitol Mall, Suite 300
Sacramento, CA 95814

WARREN C. (CURT) STRACENER
PAUL M. STARKEY
Labor Relations Counsel
Department of Personnel Administration
Legal Division
1515 "S" Street, North Building, Suite 400
Sacramento, CA 95814-7243

GARY ROBINSON
Executive Director
UAPD
1330 Broadway Blvd., Suite 730
Oakland, CA 94612

YVONNE WALKER
Vice President for Bargaining
SEIU
1108 "O" Street
Sacramento, CA 95814

PAM MANWILLER
Director of State Programs
AFSME
555 Capitol Mall, Suite 1225
Sacramento, CA 95814

RICHARD TATUM
CSSO State President
CSSO
1461 Ullrey Avenue
Escalon, CA 95320

TIM BEHRENS
President
Association of California State Supervisors
1108 O Street
Sacramento, CA 95814

STUART DROWN
Executive Director
Little Hoover Commission
925 L Street, Suite 805
Sacramento, California 95814

MICHAEL BIEN
Rosen, Bien & Asaro
155 Montgomery Street, 8th Floor
San Francisco, CA 94104

Jay D. Shulman, D.M.D., M.A., M.S.P.H.
Associate Professor, Public Health Sciences
Baylor College of Dentistry
3302 Gaston Avenue
Dallas, TX 75246

Benjamin C. Sybesma
Chief Legal Counsel
CCPOA
755 Riverpoint Drive, Suite 200
W. Sacramento, CA 95605-1634

Ronald Yank
Carroll, Burdick & McDonough
44 Montgomery Street, Suite 400
San Francisco, CA 94104-4606

Joseph D. Schazo, D.D.S., C.C.H.P.
3785 N. 156th Lane
Goodyear, AZ 85338

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on May 15, 2007 at San Francisco, California.

Kristina Hector