

1 JAMES J. BROSNAHAN (34555)
GEORGE C. HARRIS (111074)
2 STUART C. PLUNKETT (187971)
EVA K. SCHUELLER (237886)
3 MORRISON & FOERSTER LLP
425 Market Street
4 San Francisco, California 94105
Telephone: (415) 268-6000
5 Facsimile: (415) 268-7522
jbrosnahan@mofo.com
6 gharris@mofo.com
splunkett@mofo.com
7 eschueller@mofo.com

8 MARTIN H. DODD (104363)
JAMIE L. DUPREE (158105)
9 FUTTERMAN & DUPREE LLP
160 Sansome Street, 17th Floor
10 San Francisco, California 94104
Telephone: (415) 399-3840
11 Facsimile: (415) 399-3838
martin@dfdlaw.com
12 jdupree@dfdlaw.com

13 Attorneys for Receiver
J. Clark Kelso

15 UNITED STATES DISTRICT COURT
16 NORTHERN DISTRICT OF CALIFORNIA

18 MARCIANO PLATA, et al.,
19 Plaintiffs,
20 v.
21 ARNOLD SCHWARZENEGGER, et al.,
22 Defendants.

Case No. C01-1351 TEH

**DECLARATION OF STEVEN
CAMBRA IN SUPPORT OF
RECEIVER'S OPPOSITION TO
DEFENDANTS' MOTION TO
TERMINATE THE
RECEIVERSHIP AND THE
RECEIVER'S CONSTRUCTION
PLANS**

Hon. Thelton E. Henderson

1 I, Steven Cambra, declare:

2 1. I am the Director of California Prison Health Care Services, and am responsible
3 for assisting with the development and implementation of the Receiver's plans to construct
4 10,000 medical and mental health beds. Unless otherwise stated, I know the following facts to be
5 true of my own knowledge, and if called as a witness I could competently so testify. I make this
6 declaration in support of the Receiver's Opposition to the Defendants' Motion to Terminate the
7 Receiver and the Receiver's Construction Plans.

8 2. I have approximately 39 years of experience in Corrections within California. I
9 have worked in six of California's prisons, working up through the custodial and counseling ranks
10 from Correctional Officer to Warden, Regional Administrator, Chief Deputy Director-Operations,
11 and acting Director of the Department of Corrections. I have also provided contract services to
12 the Division of Juvenile Justice, and expert witness testimony for cases in California, Georgia,
13 and Louisiana. I have also participated as a corrections expert in a project for the National
14 Academy of Sciences, Institute of Medicine.

15 **Planning and Design of Receiver's Construction Plans**

16 3. I have reviewed Deborah Hysen's declaration in support of Defendants' motion,
17 and am aware that she claims that California Department of Corrections and Rehabilitation
18 (CDCR) officials have been denied the opportunity to participate in formulating the Receiver's
19 construction plans. This is false. The Receiver has reached out to the CDCR officials, as well as
20 officials from the California Department of Mental Health (DMH), from the first day of the
21 planning process to ensure their participation in formulating the Receiver's plans.

22 4. The following is a list of just some of the CDCR and DMH personnel who have
23 been involved in the development of the Facility Program Statements versions 2 and 3 (FPS 2 and
24 FPS 3), which are the working documents describing the Receiver's Facility Expansion Program:
25 Vic Brewer, DMH; Kim Garcia, CDCR; Peg McAloon, CDCR; John O'Shaughnessy, CDCR;
26 Rollin Ives, DMH; Robert St. Germaine, CDCR; Char Schultz, DMH; and Suzanne Streater,
27 CDCR.

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1 9. In paragraph 11 of her declaration, Ms. Hysen also states that the “proposed
2 population for the facilities should be placed in housing suitable for their security
3 classification ...” It is unclear what point Ms. Hysen is making, since the expansion facilities *will*
4 use the classification scoring system currently used by the CDCR.

5 10. Using CDCR’s validated classification system, any inmate referred to an
6 expansion medical facility will initially be reviewed and evaluated by CDCR’s classification
7 staff. When an inmate arrives at an expansion facility, his/her critical case factors and central file
8 will be available to the receiving staff. Receiving staff will consider all case factors including the
9 inmate’s medical/mental health condition, age, mobility limitations, custody designation, and
10 recent behavior to determine living unit placement. Individual case factors will be considered at
11 the facility in order to determine the best housing and custody designation for each individual.
12 Inmates who have problems being housed together will be separated and directed to different
13 facilities whenever possible. In situations where housing at different facilities is not possible,
14 alternative placement considerations will be prioritized based upon the inmate’s medical or
15 psychological needs.

16 11. As is the practice for medical and psychological administrative placements within
17 CDCR, there will be a mix of inmates with varying security and custody levels housed at each of
18 the expansion facilities. The practice of administrative placement is used in various correctional
19 systems throughout the nation, and within CDCR at various facilities (*i.e.*, California Medical
20 Facility, Salinas Valley State Prison, and the Department of Mental Health). Using the
21 administrative placement designation, inmates with medical conditions are removed from their
22 normal security levels as a result of an administrative determination of medical or psychological
23 need and housed at a facility that is best suited to address their medical or psychological need.
24 Once the appropriate facility has been identified, the inmate’s custody designation (minimum to
25 maximum) for housing within the facility is determined. The expansion facilities’ custody
26 designation process will also be the same as that of CDCR.

27 12. This process is no different from CDCR, the Federal Bureau of Prisons, and
28 various other state correctional systems. The expansion facilities’ classification assessment will

1 be tempered by healthcare needs and individual case factors, including behavior. Each facility
2 will have housing options (dorms vs. cells) to manage possible conflicts that may occur after an
3 inmate's arrival. Some of these options include placing inmates in separate housing units or
4 transferring them to an alternate facility if necessary.

5 13. Ms. Hysen's declaration fails to recognize that the Facility Expansion Program is
6 being planned to accommodate the Direct Supervision model, which is a revolutionary, cost-
7 effective approach to corrections within California. That the Facility Expansion Program is
8 planned according to this model has been disclosed on numerous occasions to CDCR officials,
9 and to the public. With the Direct Supervision model, custodial officers manage inmate behavior
10 by commingling with the inmate population rather than from remote control stations or gun
11 positions. Research has proven that the Direct Supervision model results in monetary savings due
12 to a reduction in vandalism, violence, and overtime as a result of large-scale incidents. The use of
13 Direct Supervision will also allow for continued staff input into the housing and custody
14 designations for each individual inmate, and allows for the modification of treatment delivery
15 based on individual behavior changes. When a facility is specifically designed to be operated
16 under the principles of Direct Supervision, however, operational measures do require increased
17 staffing. It is thus difficult to make like comparisons (staffing ratios) with current prison
18 operations without taking into account the physical plant design.

19 14. Research also shows that in the past, new prison construction resulted in
20 overbuilding very expensive secure, segregated housing. A facility operated under the principles
21 of Direct Supervision requires less than 10% of the entire facility to be constructed as
22 confinement housing for patient-inmates who are non-compliant or who fit in one or more special
23 management categories. The management style of Direct Supervision does not eliminate the need
24 for short-term segregation entirely, but does reduce short-term segregation durations significantly.
25 In those instances where short-term segregation is required, secure cells will be available for
26 temporary segregation of inmates who are non-compliant with the rules and regulations
27 established for the expansion facilities. If it is determined an inmate requires secure cell housing
28 due to non-compliance or disruptive behavior, the inmate will have his or her custody level

1 increased and be placed in a secure cell while still receiving the appropriate level of care. This
2 practice is commonly referred to as disciplinary detention (another name for short-term
3 segregation), and is currently in use throughout the nation, in CDCR Correctional Treatment
4 Centers, and in mental health programs.

5 15. In those instances where long-term segregation will be required, current
6 regulations are in place within CDCR to deal with unruly inmates. These individuals will initially
7 be placed on disciplinary detention, and within 24 hours of an inmate's change in status, the
8 inmate will be referred to an Interdisciplinary Treatment Team (IDTT) for further evaluation.
9 IDTTs are integral to the Direct Supervision model. IDTTs are composed of representatives from
10 a cross-section of clinical disciplines, correctional custody, and counselors. If an IDTT makes a
11 final determination that more permanent secure housing is required, the inmate will be transferred
12 to the closest CDCR facility Administrative Segregation Unit that can provide the necessary
13 security and clinical care, in accordance with current CDCR regulations.

14 16. In the expansion facilities, it will be the IDTT's responsibility to decide the
15 inmate's needs and the best way to meet those needs while taking into account basic safety and
16 security practices. It is anticipated that the number of inmates who will not be able to be
17 managed through the principles of Direct Supervision and the disciplinary detention process will
18 be low.

19 17. In paragraph 12 of her declaration, Ms. Hysen also makes various vague
20 allegations with respect to the new facilities' security perimeters. The expansion program plans
21 include perimeter features that are entirely consistent with CDCR facility design guidelines for
22 level IV maximum custody prisons. FPS 3 requires design teams to provide each expansion
23 facility with a lethal fence perimeter including: no man's land, inner and outer perimeter roads;
24 electronic detection; and visual and physical barriers between inmates and no man's land. No
25 inmate to date has successfully breached this perimeter.

26 18. Ms. Hysen also states that the facilities have "expanded visiting privileges" which
27 will pose a number of security risks, including an increased risk that visitors will bring
28 contraband into the facilities. Ms. Hysen is again mistaken. The expansion facilities will provide

1 the same contraband control techniques used by CDCR in all 33 prisons statewide. The
2 pedestrian and vehicle traffic will be controlled and searched. Packages will be searched prior to
3 entering the perimeter. Custodial officers will continually be required to search the inmates,
4 living areas, program areas, recreation areas, and all other parts of the facility. The expansion
5 facilities will process inmate visitors in the same manner as CDCR prisons.

6 19. Overnight conjugal visiting facilities are available in all California prisons. The
7 expansion facilities will not provide overnight conjugal visiting facilities. The one expansion
8 facility with a hospice unit will provide waiting areas for inmates' visitors to remain overnight
9 with those inmates who are near death. CDCR's California Medical Facility operates a hospice
10 with the same policy. Potential overnight visitors will be screened, processed, and searched in
11 accordance with established CDCR regulations and policies.

12 20. I have also reviewed Scott Kernan's declaration in support of Defendants' motion,
13 and am aware that he claims the design of the expansion facilities will require increased staffing.
14 First, it is important to note that the staffing model in FPS 3 has been reduced from that described
15 FPS 2 as a result of changes in the facility design, and continues to be a work in progress. A
16 recent review of the custody staffing contained in FPS 3 has led to further reductions in staffing
17 that now have patient-inmate/custody staff ratios of approximately 2:1. Second, the new
18 facilities' inmate to staff ratio is no different than the ratio at the most recent facility constructed
19 by CDCR, Kern Valley State Prison.

20 21. Finally, it is worth noting that the Receiver has contracted with URS/Bovis Lend
21 Lease, a program management team, to ensure that his construction efforts are properly planned,
22 designed, and constructed in as expeditious and fiscally responsible manner as possible. The
23 URS/Bovis Lend Lease team includes specialty consultants in the fields of healthcare and
24 corrections planning, programming, architecture, engineering, and technical support.

25 **Design Elements**

26 22. I am aware that Defendants repeatedly list and criticize the inclusion of certain
27 design features related to space for therapeutic and recreational activities in their Motion. The
28 space for therapeutic and recreational activities Defendants criticize are design elements included

1 in the plans for new healthcare facilities in large part in order to address treatment requirements
2 of those inmates assigned to the mental healthcare program.

3 23. I am also aware that Defendants criticize the mission statements articulated in the
4 current version of the Facilities Program Statement mentioning the goal of returning ill prisoners
5 to “a condition that prepares him or her to return to general custody or to be released to the
6 community,” and noting that the expansion facilities will care for “prisoners as patients.” (Mot.
7 at 7.) Those goals, however, have been driven by CDCR and Department of Mental Health
8 (DMH), healthcare officials, assigned as members and advisors to the Core Planning Team, in
9 addition to medical experts on the Receiver’s staff

10 I declare under penalty of perjury under the laws of the United States that the foregoing is
11 true and correct. Executed on February 23, 2009 in Sacramento, California.

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13 _____
14 /s/ Steven Cambra
15 Steven Cambra
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GENERAL ORDER 45 ATTESTATION

I, James J. Brosnahan, am the ECF User whose ID and password are being used to file this Declaration of Steven Cambra in Support of Receiver’s Opposition to Defendants’ Motion to Terminate the Receivership and the Receiver’s Construction Plans. In compliance with General Order 45, X.B., I hereby attest that Steven Cambra has concurred in this filing.

/s/ James J. Brosnahan
James J. Brosnahan
Attorneys for Receiver