



CCHCS Fact Sheet

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Summary

The Receivership was established by U.S. District Court Judge Thelton E. Henderson as the result of a 2001 class-action lawsuit (Plata v. Schwarzenegger) against the State of California over the quality of medical care in the state's 33 prisons. The court found that the medical care was a violation of the Eighth Amendment of the U.S. Constitution, which forbids cruel and unusual punishment of the incarcerated.

The State settled the suit in 2002, agreeing to remedies that would bring prison health care in line with constitutional standards. However, the State failed to comply with the court's direction, and in June 2005, Judge Henderson established a Receivership for prison medical care. The Receiver reports to the federal court, not the Governor. Mental and dental health are not under Receivership authority, but under Department of Corrections and Rehabilitation.

The Receiver's responsibilities:

- Provides medical care to approximately 125,000 inmates (95% male, 5% female).
- Delivers medical care at 34 adult institutions in California.
- Oversees more than 9,000 medical care positions, including doctors, nurses, pharmacists, and administrative staff. (FY 2012-13 9,319 positions; 2013-14 10,033 positions authorized in the Governor's 2013-14 budget).

Receivership Timeline

- **August 29, 2001:** Plata v. Davis/ Schwarzenegger class-action lawsuit filed on prison health care neglect.
- **June 13, 2002:** State reaches a settlement with the plaintiffs promising to improve prison health care. However, the State failed to comply with the court's direction.
- **October 3, 2005:** Federal court establishes a Receivership to oversee prison medical care.



- **February 14, 2006:** Federal court appoints Robert Sillen as the first Receiver.
- **January 23, 2008:** Federal court appoints J. Clark Kelso who replaces Robert Sillen as Receiver.
- **June 16, 2008:** Receiver's "Turnaround Plan of Action" is approved by the federal court and State of California.
- **August 13, 2008:** Receiver and state officials go to court over funding for construction projects.
- **June 3, 2010:** Governor signs AB 552 (Solorio) which funds construction of integrated bed plan negotiated between the Receiver and the Administration.
- **October 2012:** Responsibility for Health Care Access Unit and Activation Unit is delegated back to the State under a revocable delegation of authority signed by the Receiver and CDCR.
- **July 2013:** The California Health Care Facility (Stockton) is open. The facility, when fully activated, will house 1,722 inmates. The facility will provide medical and mental health services to inmates needing the most intensive medical and mental health care.

Legal Authorities

There are four class-action lawsuits involving prison health care; only medical care is under Receivership: the Plata case involves medical care (Receiver) Plata v. Davis/Schwarzenegger.

California Department of Corrections' health care three areas of responsibility:

- **Coleman** case, which has continued more than 15 years, involves mental health. All 34 institutions in are monitored by a court-appointed special master to evaluate the compliance with the court's order. *Coleman v. Wilson*
- **Perez** case, which involves the dental program. The prisoners' attorneys and their consultants, as well as independent court-appointed experts monitored compliance. The Perez lawsuit was successfully dismissed in August 2012. *Perez v. Tilton*
- **Armstrong** case, which involves the Americans with Disabilities Act, where experts advise the court work on compliance issues. *Armstrong v. Wilson; Armstrong v. Davis*

For more information: <http://www.prisonlaw.com/cases.php>

Facts & Figures

- Annual inmate health care costs: \$10,000 (not including mental or dental health care.)
- Every month, more than 400,000 inmates have appointments for various forms of health care.
- The rate of preventable deaths has dropped 49 percent since 2006.
- Acuity of inmate-patients (as of May 2013):
 - 12,343 high-medical acuity
 - 50,592 medium-medical acuity



- 60,400 low-medical acuity
- Current prison overcrowding rate (October 2013) – 144 percent.

Licensed Facilities

CTC: Correctional Treatment Center

GACH: General Acute Care Hospital

ICF: Intermediate Care Facility

SNF: Skilled Nursing Facility

- **CCWF:** SNF, 39-bed capacity
- **CEN:** CTC, 13-bed capacity
- **CIW:** CTC, 63-bed capacity
- **CMC:** CTC, 50-bed capacity; GACH, 37-bed capacity
- **CMF:** GACH, 7-bed capacity; Acute Psychiatric, 218-bed capacity; CTC, 48-bed capacity; ICF, 114-bed capacity; Hospice Services
- **COR:** GACH, 50-bed capacity; Acute Psychiatric, 24-bed capacity
- **HDSP:** CTC, 32-bed capacity
- **KVSP:** Dialysis, 4 stations
- **LAC:** CTC, 18-bed capacity
- **MCSP:** CTC, 10-bed capacity
- **NKSP:** CTC, 16-bed capacity
- **PBSP:** CTC, 20-bed capacity
- **PVSP:** CTC, 16-bed capacity
- **RJD:** CTC, 28-bed capacity
- **SAC:** CTC, 26-bed capacity
- **SATF:** CTC, 38-bed capacity; Dialysis, 25 stations
- **SOL:** CTC, 15-bed capacity
- **SQ:** CTC, 50-bed capacity
- **SVSP:** CTC, 391-bed capacity
- **WSP:** CTC, 17-bed capacity; Dialysis, 6 stations

Remaining Key Goals

- Implementing Electronic Health Records System within next few years.
- Opening DeWitt Nelson Annex – 1,010-bed facility adjacent to CHCF, in mid 2014.
- Completing health care upgrade projects at existing prisons through 2017.

For more information: http://www.cphcs.ca.gov/project_const.aspx