EXHIBIT 1

State of California Department of Corrections and Rehabilitation

Memorandum

Date : April 25, 2007

To : Associate Directors, Division of Adult Institutions
Wardens
Classification and Parole Representatives
Classification Staff Representatives
Correctional Counselor IIIs, Reception Centers

Subject: **DEACTIVATION OF CALIFORNIA REHABILITION CENTER - WOMEN**

This memorandum is to inform you of the deactivation of California Rehabilitation Center (CRC) Facility "4", which currently houses female offenders. The deactivation of the 600 beds is tentatively scheduled to begin May 2007.

The CRC will no longer house female offenders or female Civil Addicts. The majority of the female felon offenders from CRC will be relocated to Valley State Prison for Women and Central California Women's Facility. Exceptions would be inmates that have enemy concerns at both facilities. The female Civil Addicts will be relocated to California Institution for Women (CIW).

- The female Civil Addicts transferred to CIW will require a Unit Classification Committee review to ensure there are no enemy concerns at CIW. All enemy concerns shall be resolved prior to movement to CIW. These cases will not require a Classification Staff Representative endorsement.
- CIW will be able to absorb the Civil Addicts from CRC through attrition of their population between the beginning of May and the end of June.
- 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 to relocate this population. On the schedule, in the "Number of Inmates" column, the number reflected is required in order to accomplish the deactivation.

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
Tracy Johnson
Bonnie Kolesar
Richard Hawkins
Eric Arnold
Virginia Mercado

Deactivation Schedule:
California Rehabilitation Center - Women Population

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	
	05/07/07	05/14/07	05/21/07	CRC-W	VSPW	50	(20 CCCMS)
	05/07/07	05/14/07	05/21/07	CRC-W	CCWF	20	(10 CCCMS)
[redacted]							
	05/21/07	05/28/07	06/04/07	CRC-W	CIW	50	(SAP)
	05/21/07	05/28/07	06/04/07	CIW	VSPW	60	
	N/A	05/28/07	06/04/07	CRC-W	CIW	75	(CIVIL ADDICTS)
[redacted]							
	N/A	06/11/07	06/18/07	CRC-W	CIW	75	(CIVIL ADDICTS)
[redacted]							
TOTAL						680	

THESE BUS SEATS MUST BE CALLED IN TO TRANSPORTATION EVERY WEEK

VM041307-30A Attach#1 (CRC Deact)

EXHIBIT 2

ACTION PLAN
WEEKLY BEDS MEETING
March 28, 2007

Weekly Count as of March 21, 2007: **171,992 (1,945 below Fall Projections)**

Required attendees: CSU, TU, Case Records, Missions, HCPU, DAPO, CCFA, OFM, OISB, BMB, DCHCS, Court Compliance, OFM

Institutions that are more than (50) inmates below staffed capacity	• Missions	On Going	No	Institutions under staffed capacity by mission and roadblocks impacting achieving staffed capacity: ***Status:*** Female Mission: • CRC (67 vacancies- 29 male) Reception Center Mission: • SQ (66 vacancies) [147-Level II/ 44 SQ Main] High Security & Transitional Housing: • KVSP (88 vacancies) [level II] • PBSP (122 vacancies) [ASU overflow, THU] • SAC (139 vacancies) [88 in ASU, 30-level II] • SVSP (219 vacancies) [81-Level III/ 44- Level II Gym/ 73-DMH ICF] General Population, Levels III & IV: • CMC (73 vacancies) [Level II/ III 75 ASU overflow] • CMF (214 vacancies) [Reduction of 200 in May Revise] • SATF (196 vacancies) [activation of newly funded Level II SAP beds] • LAC (181 vacancies) [level I, EOP, ASU] General Population, Levels II & III: • ASP (185 vacancies) [148 Level II] • CCC (181 vacancies) [Level I/II/III] • CVSP (407 vacancies) [SNY conversion]
Moving inmates Out of State.	• COCF	June 2007	On Hold	Move approximately 1000 + inmates out of state by June 2007. Phase III plan is to move 600 inmates out of state. **Potential changes due to involuntary transfers. Pending discussion and development. ***Status:*** • Currently 358 inmates housed out of state- no scheduled date for appeal has been established. • Current direction is to continue referrals to have pool of endorsed cases ready to transfer.

ACTION PLAN
WEEKLY BEDS MEETING
March 28, 2007

Conversion of CVSP Facility B to SNY	• Pop Management	5/7/07	Yes	There continues to be a backlog of level II SNY inmates. In order to not impact Health Care or the Medical Department, a facility at CVSP is being converted to SNY. ***Status:*** • Movement began on 2/15/07- scheduled for completion by week of 5/7/07. • Currently moving SNY inmates into second building this week. • Movement into the third building will begin the week of 4/2/07. • A gym at MCSP will convert from Level II SNY to Level III SNY to accommodate the EOP expansion • 100 inmates are moving from MCSP to CVSP the week of 4/2/07. • A gym at COR will convert from Level II SNY to level III SNY.
Conversion of Golden State MCCF to an SNY.	• Meier • Missions • CCFA	Ongoing	No	Further evaluation of existing SNY populations need review to ensure filling the SNY MCCF. Institutions are experiencing difficulty with inmates that are not eligible due to dental class, medical evaluations not being completed, "VIO" reviews excluding inmates, and inmates designated as DDO for DDP evaluations ***Status:*** • There are 210 vacancies in the SNY MCCF on 3/23/07. • Criteria update: VIO and R suffix reviews are eligible as well as SVP yes/maybe cases. • On 2/26/07, distributed Excel spreadsheets to MCSP, SATF, CVSP, ASP, and PVSP to screen potential MCCF SNY inmates. Due date of 3/9/07. Referrals appear to be up. • See attached report for referrals and potential population. 98 bus seats requested for the week of 4/2/06.
Vacancies in MCCF/CCF beds.	• Missions • Meier • CCFA	Dec 2006	No	The RC's have been unable to produce enough cases to fill the CCF beds- which has required GP institutions to refer cases from secure facilities for CCF placement. **On 8/22/06, a Deputy Director memorandum directed institutions to the number of cases referred to CCF each month to demonstrate efforts to move inmates from secure facilities.** ***Status:*** • There are currently 69 vacancies in GP MCCF/CCF contract beds. • Additional 140 CCF beds scheduled to activate in April 2007. • 3/19/07, a conference call to institutions and CSR's completed for policy clarification and to stress priority of CCF / MCCF referrals due to large number of vacancies. • See attached spreadsheet for GP referrals and projected goals for each prison.

ACTION PLAN
WEEKLY BEDS MEETING
March 28, 2007

Complete Revised CCF/MCCF handbook	• CCFA	1/31/07	No	There is a need to update the CCF/MCCF handbook. The last handbook was issued in 1991 and does not include MCCF criteria. ***Status:*** • Meeting held between CSU and CCFA to evaluate handbook- CSU provided feedback. • Additional information to be added / clarified for inclusion in handbook by CCFA.
Evaluate 500 inmates in CTC beds to determine if they can be more appropriately housed.	• CSU • HCPU	Unknown	Yes	***Status:*** • Receiver contracted with independent company to conduct evaluation. • Currently under review by receiver • *Tentative date:* 3/23/07, custody review of snapshot • Snapshot completed.
Activation of Transitional Housing Unit at KVSP.	• Missions	May 2006	No	CCR 3378.1 will need to be changed in order to house THU inmates at KVSP. Establishing the THU will ensure consistency with housing inmates in Phase II of the Debriefing process and will free up SHU beds. ***Status: No change*** • Warden at KVSP assigned to revise Regulations • Meeting scheduled with KVSP staff this week to address Regulation changes • These regulations are currently under review • Current THU bed needs are: 25 at COR and 40 at PBSP.
Conversion of SOL from a Level III to an RC	• RPRM	TBA	Yes	If the Receiver places a population cap or intake cap on SQ-RC, SOL will need to be converted to an RC. ***Status:*** SOL has provided (2) draft proposals for review. • May be required due to increased RC intake from Northern Counties • Environmental Impact Report (EIR) is required.
Deactivation of CRC-W	• Female Missions	6/1/07	Yes	Female Missions to implement plan to deactivate the female offender housing at CRC-W and convert to house male felons in June 2007. ***Status: No change*** • Meeting held on 2/1/07 to identify steps necessary to deactivate and convert to male facility. • Requires Receiver review

ACTION PLAN
WEEKLY BEDS MEETING
March 28, 2007

KVSP IV SAP- Fill to capacity	• OSAP • Pop Management • High Security Missions	3/29/07	Yes	Office of Substance Abuse Programs along with H.S. Missions will lead plan to bring SAP population at KVSP IV to capacity of 256. *Status:* • Potential Level IV SAP populations have been identified • Current population above160 inmates. • KVSP has approx. 100 inmates on the SAP waiting list.
Potential housing exclusion of DPW inmates at CIM and KVSP per the Armstrong Injunction.	• Missions • Court Compliance Unit	ASAP		Current Armstrong injunction court order indicates that housing areas at CIM and KVSP are to be modified / retrofitted to adequately accommodate inmates requiring the use of a wheelchair (DPW). *Status:* • CIM modifications appear to have been completed, status of KVSP not known.
Restitution Center inmates- needed	• DAPO	ASAP		Restitution Center population has dropped. Increase in population is requested. *Status:* • Flyers and recruitment process underway in an attempt to increase population.
LAC conversion to RC	• Pop management	May / June 07	Yes	Additional facility scheduled for conversion at LAC to increase RC beds on facility D. Three buildings on the facility will become RC. *Status:* • Conversion to begin in Mid May • Division of Addition and Recovery to determine SAP • Draft memo and schedule to the Deputy Director this week
CEN conversion from Level III to Level IV	• Pop management	May / June 07	Yes	CEN conversion from Level III to Level IV on Facility C. Three buildings on the facility will be converted to Level IV and two buildings will remain Level III. *Status:* • Draft memo and schedule to the Deputy Director this week
SATF SAP population increase.	• Division of Addiction and Recovery	TBD	Yes	Additional 400 beds added to the SAP at SATF. These beds need to be filled in a timely manner. *Status:* • Pending identification of eligible inmates. • Potential pool of eligible inmates at ASP, SOL, CRC

EXHIBIT 3

From: Rougeux, Tim
To: John Hagar
Date: Friday, May 25, 2007 2:00:52 PM
Cc: Steve Weston, CPR
Subject: FW: CRC MOVING FEMALE INMATE

John, here is the email with the complaint from the health care manager at VSPW regarding the impact on her operations due to the increase in population as a result of the CRC female conversion.

Tim

From: Ritter, Steven D.O.
Sent: Friday, May 25, 2007 7:30 AM
To: Rougeux, Tim
Subject: FW: CRC MOVING FEMALE INMATE

Tim
I thought that this was interesting and no one addressed this at yesterdays meeting. Steve

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From: Winslow, Dwight
Sent: Thu 5/24/2007 5:34 PM
To: 'rsillen@aol.com'
Cc: 'Terry Hill'; 'Lori Estrada-Kim'; Ritter, Steven D.O. ; Scott, Susan ; Spiwak, Herb ; Turner, Susan
Subject: CRC MOVING FEMALE INMATE

A BRIEF HEADS UP

I just got off of the phone with Steve Ritter and he was at CRC for the meeting about moving out the female inmates. Apparently they are ½ way through the move and have moved 100's of inmates out to Community Corrections Facilities and to the other women's prison.

Incidentally and related, I got a call form Dawn Martin at VSPW this am and they are being overwhelmed with the influx of inmates and custody has closed down some of the off site transportation which is now causing a delay in care. She stated that they were at 200% of capacity and that there were inmates on the floors. She does not know how she is going to deliver the care to these inmates.

Steve Ritter is completing a report on this issue and he will forward it tonight or in the am. I have discussed this also with Dr. Hill.

Thanks

Dwight W. Winslow, MD
Statewide Medical Director (A)
Division of Correctional Health Care Services
California Department of Corrections and Rehabilitation
(916) 802-4061

EXHIBIT 4

Mental Health Population - Placement Per Institution

Download Date May 25, 2007

		CCCMS			EOP			MHCB	Total Mental Health Pop
		Capacity	Current Pop	% of Capacity	Capacity	Current Pop	% of Capacity	Capacity	
ASP	II	1,099	1,089	99%		5			1,094
ASP Ad-Seg			58			3			61
CAL	I,IV +		18			4			22
CAL Ad-Seg			9						9
CCC	I,II,III		1						1
CCI	I,II,III,IV *	1,053	951	90%		7			958
CCI Ad-Seg			113			6			119
CCI-RC		166	170	102%		16			186
CCI-SHU		130	159	122%		8			167
CCWF		739	978	132%	54	68	126%	12	1,046
CCWF Ad-Seg			24						24
CCWF-RC		110	159	145%		4			163
CEN	III		16			1			17
CEN Ad-Seg			0			1			1
CIM	I	366	590	161%		11		18	601
CIM-RC		633	676	107%		129			805
CIM-RC-Ad-Seg			64			12			76
CIW		349	352	101%	75	92	123%	10	444
CIW Ad-Seg			89			1			90
CIW-RC		100	75	75%		28			103
CMC	I,II,III	1,049	1,084	103%	580	564	97%	36	1,648
CMC Ad-Seg			55		54	32	59%		87
CMF	I,II,III	599	550	92%	600	537	90%		1,087
CMF Ad-Seg			23		58	38	66%		61
CMF**			84			0			84
COR	I,II,IV + *	499	521	104%	150	149	99%	23	670
COR Ad-Seg			146		54	58	107%		204
COR-SHU		450	473	105%		4			477
CRC-M	II	599	865	144%					865
CRC-W		249	161	65%					161
CTF	I,II	699	783	112%		6			789

**This population includes inmates in Hospice and S3, as well as HIV inmates in Unit IV and Y dorm at CMF. These inmates are not counted against the capacity identified in the Gates -Coleman Court Order.

Health Care Placement Unit

Mental Health numbers are as accurate as the information provided by the DDPS identifier system.

R1-1

5/25/2007

"+" is a 270 Design Facility. "*" is a 180 Design Facility.

Grand Totals do not include MHCB data

COR Ad-Seg EOP housing is located in the SHU.

Since approximately February 2005, SQ EOP ASU numbers have been and continue to be understated. SQ's housing of EOP ASU is such that database tracking is unreliable at this time.

Beginning 4/10/06, part of SAC's ASU is converting to a 64 bed PSU. During this conversion, SAC's ASU census will not be accurate.

Beginning 8/2/06, CMC reflects a temporary MHCB capacity of 36 due to a court order.

		CCCMS			EOP			MHCB	Total Mental Health Pop
		Capacity	Current Pop	% of Capacity	Capacity	Current Pop	% of Capacity	Capacity	
CTF Ad-Seg			35						35
CVSP	I,II		17			2			19
CVSP Ad-Seg			3						3
DVI	I,II	85	31	36%		1			32
DVI Ad-Seg			42			3			45
DVI-RC		564	720	128%		19			739
DVI-RC--Ad-Seg			54			4			58
FOL	III	599	633	106%		2			635
FOL Ad-Seg			59						59
HDSP	I,III,IV *	608	623	102%		8		10	631
HDSP Ad-Seg			47			2			49
HDSP-RC		91	183	201%		3			186
ISP	I,III		9					5	9
ISP Ad-Seg			7						7
KVSP	I,IV	349	422	121%		7		12	429
KVSP Ad-Seg			69			5			74
LAC	I,III,IV +	1,000	345	35%	300	295	98%	12	640
LAC Ad-Seg			141		54	59	109%		200
LAC-RC		149	396	266%		29			425
MCSP	I,II,III,IV +	999	1,156	116%	510	384	75%	8	1,540
MCSP Ad-Seg			53		36	32	89%		85
NCWF			0						0
NKSP	I,III	80	73	91%		2		10	75
NKSP-RC		719	775	108%		32			807
NKSP-RC--Ad-Seg			52			3			55
PBSP	I,IV *	349	233	67%	64	63	98%	10	296
PBSP Ad-Seg			54						54
PBSP SHU			7						7
PVSP	I,III	1,299	1,560	120%		10		5	1,570
PVSP Ad-Seg			137			1			138
RJD	I,III	800	583	73%	330	275	83%	14	858
RJD Ad-Seg			88		63	45	71%		133
RJD-RC		399	475	119%		39			514
SAC	I,IV *	849	578	68%	384	399	104%	24	977

**This population includes inmates in Hospice and S3, as well as HIV inmates in Unit IV and Y dorm at CMF. These inmates are not counted against the capacity identified in the Gates -Coleman Court Order.

Mental Health numbers are as accurate as the information provided by the DDPS identifier system.

"+" is a 270 Design Facility. "*" is a 180 Design Facility.

Grand Totals do not include MHCB data

COR Ad-Seg EOP housing is located in the SHU.

Since approximately February 2005, SQ EOP ASU numbers have been and continue to be understated. SQ's housing of EOP ASU is such that database tracking is unreliable at this time.

Beginning 4/10/06, part of SAC's ASU is converting to a 64 bed PSU. During this conversion, SAC's ASU census will not be accurate.

Beginning 6/2/06, CMC reflects a temporary MHCB capacity of 36 due to a court order.

Health Care Placement Unit

R1-2

5/25/2007

		CCCMS			EOP			MHCB	Total Mental Health Pop
		Capacity	Current Pop	% of Capacity	Capacity	Current Pop	% of Capacity	Capacity	
SAC Ad-Seg			110		124	90	73%		200
SATF	II,III,IV *	1,049	1,272	121%		6		16	1,278
SATF Ad-Seg			88			6			94
SCC	I,II,III	499	539	108%		5			544
SCC Ad-Seg			49			7			56
SOL	II,III	1,199	1,429	119%		7		9	1,436
SOL Ad-Seg			107			2			109
SQ	I,II	350	437	125%		49			486
SQ-RC		549	428	78%		18			446
SQ-RC--Ad-Seg			64		36	3	8%		67
SVSP	I,IV *	999	1,010	101%	192	204	106%	10	1,214
SVSP Ad-Seg			188		45	46	102%		234
VSPW		606	936	154%		6			942
VSPW Ad-Seg			15		9	7	78%		22
VSPW SHU			32			1			33
VSPW-RC		143	185	129%		9			194
WSP	I,III	105	81	77%		1		6	82
WSP-RC		944	1,153	122%		71			1,224
WSP-RC--Ad-Seg			35			8			43

**This population includes inmates in Hospice and S3, as well as HIV inmates in Unit IV and Y dorm at CMF. These inmates are not counted against the capacity identified in the Gates -Coleman Court Order.

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Since approximately February 2005, SQ EOP ASU numbers have been and continue to be understated. SQ's housing of EOP ASU is such that database tracking is unreliable at this time.

Beginning 4/10/06, part of SAC's ASU is converting to a 64 bed PSU. During this conversion, SAC's ASU census will not be accurate.

Beginning 8/2/06, CMC reflects a temporary MHCB capacity of 38 due to a court order.

Health Care Placement Unit

R1-3

5/25/2007

	CCCMS			EOP			MHCB	Total Mental Health Pop
	Capacity	Current Pop	% of Capacity	Capacity	Current Pop	% of Capacity	Capacity	
Totals :	24,271	28,154	116.0%	3,772	4,054	107.5%	250	32,208

	PSU		
	Capacity	Current Pop	% of Capacity
PBSP	128	122	95.3%
SAC	192	179	93.23%
Total PSU:	320	301	94.06%

	DMH		
	Capacity	Current Pop	% of Capacity
ASH	256	73	29%
DMH CMF-AIP	150	139	93%
DMH CMF-ICF	76	67	88%
DMH CMF-DTP	44	40	91%
DMH SVPP	175	130	74%
Totals :	701	449	64.1%

The ASH cap includes the 25 APP beds.

Grand Totals		
Total MH Capacity	Total MH Population	Percent of Total MH
29,064	32,958	113.4%

**This population includes inmates in Hospice and S3, as well as HIV inmates in Unit IV and Y dorm at CMF. These inmates are not counted against the capacity identified in the Gates -Coleman Court Order.

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COR Ad-Seg EOP housing is located in the SHU.

Since approximately February 2005, SQ EOP ASU numbers have been and continue to be understated. SQ's housing of EOP ASU is such that database tracking is unreliable at this time.

Beginning 4/10/06, part of SAC's ASU is converting to a 64 bed PSU. During this conversion, SAC's ASU census will not be accurate.

Beginning 6/2/06, CMC reflects a temporary MHCB capacity of 36 due to a court order.

Health Care Placement Unit

5/25/2007

Combined Mental Health Population Per Institution

Includes Ad-Seg, SHU, Reception Center and GP Mental Health Populations Combined

Download Date May 25, 2007

	CCCMS			EOP			MHCB	Total Mental Health Pop
	Capacity	Current Pop	% of Capacity	Capacity	Current Pop	% of Capacity	Capacity	
ASP	1099	1147	104%		8			1155
CAL		27			4			31
CCC		1						1
CCI	1349	1393	103%		37			1430
CCWF	849	1161	137%	54	72	133%	12	1233
CEN		16			2			18
CIM	999	1330	133%		152		18	1482
CIW	449	516	115%	75	121	161%	10	637
CMC	1049	1139	109%	634	596	94%	36	1735
CMF	599	657	110%	658	544	83%		1201
COR	949	1140	120%	213	211	99%	23	1351
CRC-M	599	865	144%					865
CRC-W	249	161	65%					161
CTF	699	818	117%		6			824
CVSP		20			2			22
DVI	649	847	131%		27			874
FOL	599	692	116%		2			694
HDSP	699	853	122%		13		10	866
ISP		16					5	16
KVSP	349	491	141%		12		12	503
LAC	1149	882	77%	345	383	111%	12	1265
MCSP	999	1209	121%	546	416	76%	8	1625
NKSP	799	900	113%		37		10	937
PBSP	349	294	84%	64	63	98%	10	357
PVSP	1299	1697	131%		11		5	1708
RJD	1199	1146	96%	393	359	91%	14	1505
SAC	849	688	81%	508	489	96%	24	1177
SATF	1049	1360	130%		12		16	1372
SCC	499	588	118%		12			600
SOL	1199	1536	128%		9		9	1545
SQ	899	929	103%	36	70	194%		999
SVSP	999	1198	120%	237	250	105%	10	1448
VSPW	749	1168	156%	9	23	256%		1191
WSP	1049	1269	121%		80		6	1349
Totals	24271	28154	116%	3772	4023	107%	250	32177

**This population includes inmates in Hospice and S3, as well as HIV inmates in Unit IV and Y dorm at CMF. These inmates are not counted against the capacity identified in the Gates -Coleman Court

Mental Health numbers are as accurate as the information provided by the DDPS identifier system.

Health Care Placement Unit

5/25/2007

EXHIBIT 5

ACTION PLAN
WEEKLY BEDS MEETING
May 23, 2007

Weekly Count as of May 16, 2007 172,719 (1,884 below Spring Projections)

Required attendees: CSU, TU, Case Records, Missions, HCPU, DAPO, CCFA, OFM, OISB, BMB, DCHCS, Court Compliance, OFM

Area of Concern Recommendation	*Lead*	*Recommended Date of Completion*	*On Target (Yes/No)*	*Summary and Status (Include Roadblocks and what has been done to address them)*

Institutions that are more than (50) inmates below staffed capacity	Missions	On Going	No	Institutions under staffed capacity by mission and roadblocks impacting achieving staffed capacity:
				Status:
				Female Mission:
				• VSPW (116 vacancies for CRC conversion- staffed capacity increase)
				• CIW (96 Vacancies- Primarily RC)
				Reception Center Mission:
				• RJD (141 vacancies)
				  • Eligible RC EOP inmates housed in GP EOP Unit.
				  • Currently RJD has 186 of 350 ASU or 53 % of inmates single celled causing them to have 86 ASU inmates overflowing into an RC building.
				High Security & Transitional Housing:
				• PBSP (136 vacancies) [Level I's, ASU overflow, THU]
				  • PBSP submitted request to IAS to adjust staff capacity in THU.
				  • Current count in the building housing the BMU is 91 inmates, 29 inmates below staff capacity.
				  • HS&TH is evaluating Double Cell policy for SHU inmates.
				  • PBSP requested intake of 3 level IV's for week of 5-28-07.
				• SVSP (120 vacancies) [(41) Level I, (21) Level II, and 50 DMH ICF vacancies]
				General Population, Levels III & IV:
				• CEN (288 vacancies pending Level III to IV conversion)
				• MCSP (167 vacancies pending Door Project end of June)
				• SATF (200 vacancies) [277 vacancies in newly funded Level II SAP beds]
				  • Recommend moving Level II Lifers from CVSP to SATF, Warden has approved.
				  • Recommend moving SAP eligible inmates from ASP to SATF-SAP.
				• LAC (177 vacancies) [ASU, RC, Level II, pending additional RC conversion]
				  • Eligible RC EOP inmates in GP EOP Unit.
				General Population, Levels II & III:
				• ASP (77 vacancies) [Level II]
				• CVSP (122 vacancies) [intake stopped for GP due to pending roof project in August]
				• SOL (80 vacancies) [level II/III]

ACTION PLAN
WEEKLY BEDS MEETING
May 23, 2007

Area of Concern Recommendation	*Lead*	*Recommended Date of Completion*	*On Target (Yes/No)*	*Summary and Status (include Roadblocks and what has been done to address them)*
Moving Inmates Out of State.	COCF	June 2007	Yes	Phase III plan is to move an additional 8,000 inmates out of state. **Potential changes due to involuntary transfers. This process was delayed. Status: Currently 353 inmates housed out of state. 43 endorsed volunteer inmates have been relocated to ISP and CVSP for COCF HUB placement. Transfers are tentatively scheduled for the week of 6-1-07. Involuntary movement of 680 inmates is tentatively scheduled to begin mid-June. These initial inmates will be retained at their respective institutions until date of transport..
Complete Revised CCF/MCCF handbook	CCFA	1/31/07	No	There is a need to update the CCF/MCCF handbook. The last handbook was issued in 1991 and does not include MCCF criteria. Status: Meeting held between CSU and CCFA to evaluate handbook- CSU provided feedback. Additional information to be added / clarified for inclusion in handbook by CCFA. CSU held meeting with Health Care on 4-9-07 to standardize medical criteria and staff training. Handbook delivered to Health Care for review on 5-4-07.
Deactivation of CRC-W	Pop management	6/1/07	Yes	Status: Requires Receiver review Memorandum completed and distributed on 4-26-07. Movement began 5-21-07 and is to be completed by 6-25-07. CRC-W produced 38 of the 70 cases on the conversion schedule to be moved the week of 5-21-07. On Friday 5-18-07, CRC-W has 454 inmates including female N #'s pending relocation. Meeting on 5-24-07, at CRC to discuss male activation. Conversion memo identified (70) inmates transferring to VSPW and CCWF for the week of 5-21-07, CRC-W only produced (36) cases to move to VSPW and CCWF.

ACTION PLAN
WEEKLY BEDS MEETING
May 23, 2007

Area of Concern Recommendation	*Lead*	*Recommended Date of Completion*	*On Target (Yes/No)*	*Summary and Status (Include Roadblocks and what has been done to address them)*
Restitution Center inmates- needed	DAPO	ASAP	N/A	Restitution Center population has dropped. Increase in population is requested. Status: Flyers and recruitment process initiated to increase population. Region III staff to distribute recruitment material to local facilities to increase interest in programs. Restitution's current population on Friday, 5-18-07 was 42 males and 42 females. Restitution has been established as priority over DTF.
LAC conversion to RC	Pop management	May / June 07	Yes	Additional facility scheduled for conversion at LAC to increase RC beds on facility D. Three buildings on the facility will become RC. Status: Division of Addition and Recovery to determine SAP location Approved by the Deputy Director and memo distributed on 3-30-07 Movement began on 5-7-07 (one week ahead of schedule) Conversion is falling behind schedule due to institutions not producing cases KVSP was scheduled to produce 103 cases to CEN IV for movement by the week of 5-28, they are (32) cases short. SVSP was scheduled to produce (50) cases to CEN IV for movement by the week of 5-28, they are (47) cases short. COR was scheduled to produce (58) cases to CEN IV for movement by the week of 5-28, they are (21) cases short. Without movement to SVSP and COR, the LAC conversion will be unable to move CCCMS inmates from D Facility.
CEN conversion from Level III to Level IV	Pop management	May / June 07	Yes	CEN conversion from Level III to Level IV on Facility C. Three buildings on the facility will be converted to Level IV and two buildings will remain Level III. Status: Approved by the Deputy Director and memo distributed on 3-30-07

ACTION PLAN
WEEKLY BEDS MEETING
May 23, 2007

Area of Concern Recommendation	*Lead*	*Recommended Date of Completion*	*On Target (Yes/No)*	*Summary and Status (include Roadblocks and what has been done to address them)*
SATF SAP population increase.	Division of Addiction and Recovery	TBD	Yes	Additional 400 beds added to the SAP at SATF. Status: There are currently 59 SAP eligible inmates on the waiting list. G Facility has 867 and F Facility has 706 • DARS staff at ASP last week to review and committee SAP eligible cases for transfer to SATF SAP. Potential pool of eligible inmates at ASP, SOL, CRC There are currently 277 vacancies at SATF SAP, including the pipeline gym CSU and DARS will develop potential lists at Level II institutions to identify inmates eligible for SAP and transfer to SATF CSU sent list of potentially eligible cases to DARS on 5/11/07 for their input DARS has not provided input on the lists. CSU has Excel Spreadsheets prepared for impacted institutions. Recommend conference call with Wardens to advise the lists are going to be emailed and establish goals for production.
DDP program matrix revision.	Alberto Caton	ADDED 4/18/07 TBD	N/A	Develop an updated program matrix for current summary of institutions that are able to accommodate DDP inmates due to recent mission changes. Status: Updated version sent to CSU Health Care Section for review.
Medium A custody lifers: movement from CTF	Population Management	ADDED 4/18/07 TBD	N/A	Movement of Level II Medium custody lifers eligible for dorm or gym housing to be reviewed for transfer to alternate level II's to create celled housing for Close custody inmates. Currently CTF has over 1200 inmates living in cells that can be housed in gyms and dorms. Currently there are approximately 3000 Level-II Close-B custody inmates in Level-III cell beds. This movement will create additional celled capacity as CDCR runs out of available cells. Status: Draft plan pending review for implementation.

ACTION PLAN
WEEKLY BEDS MEETING
May 23, 2007

Area of Concern Recommendation	*Lead*	*Recommended Date of Completion*	*On Target (Yes/No)*	*Summary and Status (include Roadblocks and what has been done to address them)*
Evaluate ASU EOP HUB's staffed capacity.	GP III / IV Missions	ADDED 4/25/07 TBD	N/A	Institutions that operate an EOP ASU HUB have difficulty achieving staffed capacity. This could create a situation in which it appears an institution may have bed capacity when there is actually no space due to single celling EOP ASU inmates. EOP ASU HUB inmates traditionally require a high percentage of single cell housing. Status: Pending review by Missions staff. Missions met with Healthcare on 5-15-07 to develop a plan.
SCC conversion from Level III GP to Level III SNY	Pop Management	ADDED 5-2-07 TBD	N/A	SCC conversion from Level III GP to Level III SNY on Tuolumne Facility. Status: Draft form SCC staff met with DAI staff to discuss conversion concerns at SCC. Tentative start date of 6/25/07
PREV-MIX Review-capacity update	HCSD	ADDED 5-2-07 TBD	N/A	The treatment capacity for CCCMS inmates has not been increased in over a year and a half. Normally treatment capacity is adjusted every six months through the Prev-Mix process. Not adjusting treatment capacity has made it difficult to manage the population where most institutions are at their treatment capacity and the only available beds are in prisons that have nominal movement. Currently there are 589 inmates in RCs unable to move. This could have significant impact on County Intake. Status: Pending Healthcare revision.

EXHIBIT 6

Memorandum To: John Hagar, Chief of Staff

Re: McFarland Community Correctional Facility

This report summarizes the unannounced on-site inspection of the McFarland Community Correctional Facility ("MCCF")conducted May 16,2007 by Jackie Clark RN, Director of Nursing Operations, Dr. Kent Imia Medical Consultant Office of the Receiver, and Karen Rea, RN, Central Region Director of Nurses.

Description: MCCF is a minimum security private prison operated by the Global Expertise in Outsourcing ("GEO") Corporation. MCCF is located at 120 Taylor Ave. McFarland, California. It is one of three private prison facilities located together in McFarland. The other two facilities are Golden State and Central Valley. Between the three facilities there were a total of 1292 inmates on the day of our visit. GEO currently operates under a Ten year contract with the California Department of Correction and Rehabilitations (CDCR). According to MCCF staff, the facility has a capacity of 210 inmates. On the day of our visit there were 198 inmates at MCCF and the facility was pending intake of 8 new arrivals.

Access to Care:

Process of Care: routine medical care is provided by one FTE Nurse Practitioner (NP) who is onsite from 8:00- 4:30 M-F with weekend and holidays off. Registered Nurses ("RN") are scheduled to work from 4:00- 8:00 pm M-F and from 8:00- 8:00 on Saturdays, Sundays and Holidays. From 8:00 pm until 8:00 am there is no onsite medical coverage. The GEO staff informed us if there is a problem they can contact the nurse via telephone. After hours urgent and emergent cases are telephone triaged by the GEO correctional staff to the nurse on call, who may or may not come into the facility to see the patient before deciding on a disposition. The GEO staff has not been provided any training or policies as to what medical complaints should generate a call to the nurse on call. There is no system that track the number of calls made after hour to the nurse on call. The GEO chief of Security did state they return 1-2 inmates per month to North Kern State Prison ("NKSP") for medical complaints.

Clinical cases beyond the clinical capability of the NP can be referred to NKSP for further evaluation by a physician. Inmates with dental or mental health problems are also referred NKSP for evaluation. According to GEO staff these transfers (medical and

return) to NKSP occurs once per week, and they average 8-10 patients with the majority of the cases being dental. There was no log that would indicate the reason why the patients were being sent to NKSP and no log that would indicate the treatment or disposition of the patient.

There is currently no physician back up for the NP on site. According to NP Jovet, a Dr. Odeluya was available for telephone back up only but has terminated his relationship with the facility as of two weeks ago. She called him perhaps "once every three months" to discuss very abnormal lab values. With the lack of on site physician supervision for the nurse practitioner, and given the level of NP Jovet clinical skills, there is a potential mismanagement of inmate's medical issues or delay in diagnosis of medical conditions.

NP Jovet maintains a log of "chronic condition" patients, which includes a handful of hypertensive, a few asthmatics and 10 or more patients with chronic liver function abnormalities. No diabetics are housed at MCCF.

Interviews:

We interviewed 6 inmates chosen at random, NP Jovet, the GEO chief of security, and the CDCR Captain in charge of the all three facilities, as well as random GEO correctional staff.

The inmates were generally satisfied with their care, and knew how to access care. They reported being seen within one working day of presenting a ducat. None had chronic medical problems and all of their medical complaints were minor ("spider bite", minor trauma, etc.) One inmate reported that a fellow inmate, with severe abdominal pain, had experienced a prolonged delay in transfer from McFarland to NKSP sometime in the second week of April of 2007.

Case Reviews:

We reviewed two charts of patients from the "Chronic condition" log, and asked for the transfer information on the patient who had experienced the delay in transfer for abdominal pain. There was no documentation that logged the treatment and disposition of the patient.

Gonzales, M: V-078923. Staff believe that this man to be the referenced patient with severe abdominal pain. He had presented about 1 AM on April 11, 2007. NKSP transportation was "asked for" at 2:00a.m., but by 8:00 a.m. the response team had not yet arrived. At that time, a covering NP and the facility GEO Captain arrived at the

facility, called NKSP again, and arranged for emergency transport. No one was sure what had become of Mr. Gonzales, but the NP thought he might have had acute appendicitis. He did not return to McFarland and no medical records on this patient were available.

Jackson, J.: V-93855. This 30 year old man has a "history of asthma." He was seen for acute shortness of breath and wheezing, had a peak flow of 200 and was treated by the NP with steroid MDI (QVAR) and albuterol inhalers. According to her, he "did well'. A chart note one month after the episode noted he was doing much better. The chart, however, was incomplete. The initial intake questionnaire was not filled out (the NP noted that was the responsibility of the R and R facility, not McFarland), the treatment of the initial episode did not include nebulizer treatment, and follow-up was not timely.

Garcia E.: F02582. This 40 year old patient with "hypertension", seen twice by the NKSP physician. The last visit in the record was 1/07/07, at which time the pt had a BP of 182.90, and was switched from dyazide to atenolol. He had not been seen since the visit on 1/07/07. The NP admitted that he seemed to have "slipped through the cracks" and that she would see him again "tomorrow."

We also reviewed an appeal from an inmate who complained of recurrent shortness of breath, and asked to be seen by a physician. The request was not allowed. When NP Jovet was asked about this case, she said "he didn't want to see me", but had no explanation was provided concerning why she subsequently wrote an order for ASA Bid times 30 days, and why he was not ducated and transferred for the MD backup at NKSP.

Conclusions:

1. Routine non-emergency medical care at McFarland appears to be adequate during regular hours Monday through Friday on day shift only. The "pm" and "night" shift clinical staffing, however, is not adequate. There are no on-site clinical staff to identify and respond to emergency medical issues from 8:00 p.m. to 8:00 a.m. seven days a week.

2. The inmate population is basically young and healthy (there were no diabetics or other chronically ill patients, for example, in the population).

3. The clinical competence of the NP Jovet requires additional review. During our site visit, for example, she was unable to explain the process of access to care. It was also reported to her that there was currently a case of confirmed chicken pox of which she was unaware (Dorm D was on a 28 day restricted movement due to the confirmed case).

This is the second case of Vermicelli Zoster (chicken pox) at McFarland in the past 5 months. There has also been three different out breaks of Norivirus that NP Jovet failed to identify and treat in a timely manner. The Public health Nurse III in Headquarters has spent many hours directing and guiding NP Jovet in managing these patients.

4. There is no physician backup or oversight for the NP. This factor and the clinical competency issues of the NP has resulted in the mismanagement of inmates medical problems.

5. Record keeping by the GEO staff is incomplete. There is no tracking system in place to track and following chronic patients. There is no tracking system in place that tracks the inmates being sent out for medical (routine or emergent).

6. The arrangement with NKSP for emergency transfer of patients after hours is not adequate. There have been unnecessary and dangerous delays concerning the transfer of inmates who required urgent medical care.

Recommendations:

1. Develop, implement, and monitor a McFarland/NKSP corrective action plan for emergency transfers.

2. Develop, implement, and monitor a corrective action plan which requires GEO staff to maintain an adequate log of all patients' transfers, including reason for transfer. Develop, implement, and monitor a corrective action plan which requires GEO and CDCR staff to review and document the review of any transfers that did not go well.

3. Verify the credentials of NP Jovet. Conducting a professional practice review of NP Jovet. Develop, implement, and monitor a corrective action plan which requires credentialing and professional practice reviews of all Community Correctional Facility clinical staff.

4. Establish a quality management system to review the clinical care at McFarland.

5. Instruct CDCR to fund and establish 24/7 on-site clinical coverage for the McFarland CTF campus within 30 days.

6. Develop, implement, and monitor a corrective action plan which requires GEO to establish written policies as to when the clinical staff is to be notified or an inmate's medical complaint.

It should be noted that these additional remedial programs may warrant establishing a new CTF monitoring unit within the medical organization which reports to the Receiver.

EXHIBIT 7

City of Coalinga

COPY

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April 10, 2007

Mr. Terry Dickinson, Correctional Administrator-Support Services
Community Correctional Facilities Administration
1515 S Street, Room 212-N
Sacramento, CA 95814

RE: Current Urgent Medical Needs & Issues

Dear Mr. Dickinson,

On Monday, February 26, 2007, Registered Nurse (RN) Garcia from Pleasant Valley State Prison (PVSP) informed our Nurse Tollison (LVN), here at the Claremont Custody Center (CCC), that PVSP would no longer be supplying the TB test to CCC staff. RN Garcia stated that this directive came from the Assistant Warden, Mr. Jim Maddingley.

This action creates a financial burden for CCC in that this is not covered within our facility contract with the California Department of Corrections & Rehabilitation (CDCR). Since this facility opened in 1990, CDCR has been supplying TB testing to the CCC staff. At first, Avenal State Prison, our first HUB, supplied the test and then PVSP, our following and current HUB, has continued to supply the testing until now.

Because the Claremont Custody Center (CCC) is not a medical treatment center, CDCR must realize that our facility does not have the authority, let alone the funding, to purchase the necessary testing supplies required.

Recently, our facility experienced an influenza outbreak. Back in September, 2006, Claremont Custody Center was informed by PVSP that it was not the State's responsibility to vaccinate the inmates housed here. As a result, CCC experienced a large outbreak of the influenza virus, which included not only inmates, but staff as well. At the time of the outbreak, it was a concern to not only PVSP, but also to the Public Health Department. This outbreak became such a concern that PVSP authorized the influenza vaccination for CCC staff.

It is my understanding that TB testing of staff is a mandatory requirement and it has been a well-known past practice to rely on CDCR for the TB testing. My research assistant, Ms. Edwards, conducted thorough interviews with all public Community Correctional Facilities (CCF's). It seems that the practice is to for the HUB facilities to send out enough TB supplies to test the inmates and the CCF staff. As such, I fail to understand why PVSP denies the TB testing supplies to Claremont Custody Center for staff.

Due to this recent directive, CCC must request from the Community Correctional Facility Administration (CCFA) funding to provide the testing for the Claremont Custody Center staff or request that CCFA intervene and instruct PVSP to provide the TB testing supplies for the staff to the Claremont Custody Center. Our facility Nurse will administer the testing.

It is a common practice for CDCR to send the Claremont Custody Center (CCC) inmates that require TB medication. As such, I believe that the potential for a person to contract TB is high. Therefore, by denying the TB testing to CCC staff, CDCR would be exposing the public to another potential health hazard—and of course they will also be exposing inmates, CCC staff and other staff, in addition to CDCR staff that work at Claremont Custody Center. Because TB is considered to be a public health concern of great importance, one would think that CDCR and CCFA would do everything they could to aid in the prevention of its spread.

If PVSP had wanted to discontinue the TB testing for CCC staff, the proper and ethical course of action would have been to notify CCC in plenty of time to allow the City of Coalinga to find other options and resources. Instead, PVSP has just arbitrarily stopped supplying the TB testing. As a direct result of this action by PVSP, CCC is unable to comply with CDCR mandatory testing at this time.

Once again, I must stress that TB testing for staff is not funded in the current contract between the State and the Claremont Custody Center. Therefore, any suggestions you might have on how the Claremont Custody Center and the City of Coalinga can obtain the funding and TB supplies needed would be greatly appreciated.

Sadly, this current action by PVSP staff seems to be reflective of a potential animosity felt toward CCC staff. Even more regrettable is the treatment shown by PVSP Medical staff toward their own inmates. Previously, when CCC was contracted to house 391 inmates, our facility was only allowed to send a maximum of 10 inmates per week to PVSP for medical and dental problems.

Claremont Custody Center Medical employees and staff are forced to watch in silence as PVSP Medical denied medical attention to other additional inmates. Often only the sickest were able to be sent to PVSP Medical for care. Oftentimes, inmates with toothaches were forced to wait with swollen gums and/or intense pain for numerous weeks before receiving adequate medical care, including antibiotics. Now that our inmate population has been increased to 491, Claremont Custody Center is unfortunately still only allowed to send a maximum of 10 inmates per week to PVSP for medical or dental treatment.

This sort of inmate treatment is unfair and cruel. CDCR and CCFA have not updated nor authorized the Community Correctional Facilities to receive necessary funding in order to meet court mandates, such as retaining a Registered Nurse to care for the inmates. However, it is my understanding that the State did allocate funding for our public CCF's for this purpose, but CCFA has kept quiet about that funding. This action does not relieve CCFA of its responsibility to the CCF's simply because they believe that if we do not ask then they do not have to give. Instead, the action only increases CCFA liability to the inmates and the State. Claremont Custody Center (CCC) is still working off of the 1990 contract which only funds a Licensed Vocational Nurse. As a direct result, CCC Medical staff cannot even give an aspirin to the inmates. During our recent quarantine for the influenza outbreak, this practice proved to be an unethical and unsafe practice. Inmates were laid up for days sick—running fevers, coughing, experiencing diarrhea and other flu symptoms—until CCC could convince the Public Health Department and PVSP Medical staff that the inmates housed at CCC needed immediate treatment. PVSP has been designated as the Claremont Custody Center's HUB and is therefore ultimately responsible for the medical treatment of the inmates.

Once Mr. Kohler, from the CDCR Health Division and the Public Health Department, became involved, Dr. Igbinosa, the current Chief Medical Officer (CMO) from PVSP, was kind enough to send doctors and nurses to CCC to treat the inmates. However, the inmates should not have had to wait and suffer due to the inability of CDCR and CCFA to coordinate and create a health care program beneficial to the inmates. Instead, the medical issues of the inmates are ignored. Sadly, the battle between the departments turned into an argument over funding rather than inmate health care. Medical needs of the inmates are ignored while CCFA and CDCR continue to argue over who is going to fund the salary of the Registered Nurse(s) or Physician Assistant(s) and medical transportation issues. As the Director of Claremont Custody Center and on behalf of the inmates housed at Claremont Custody Center, I can no longer wait. CCFA is taking

too long to resolve the medical care issues of inmates at the facility. In addition, this practice is causing the State and CCFA unnecessary costs. Quite frankly, it is a waste of taxpayer monies.

Because PVSP Medical policy is to only allow the Claremont Custody Center to send a maximum of 10 inmates per week to them for medical treatment, PVSP often orders CCC Medical staff to send the inmates with infected teeth, stomach pain and other more serious symptoms to the local hospital—Coalinga Regional Medical Center (CRMC)—for treatment. This action costs PVSP and CCC more money than it would have cost to actually fund a Registered Nurse (RN) or Physician Assistant (PA) full-time for an entire week.

In such a scenario, first the ambulance is called. Please note that currently transportation to CRMC is approximately $600.00 per inmate. Then, CCC must pay overtime for officers to ensure coverage of the necessary additional positions required to follow the ambulance to the hospital for security reasons. This cost is not provided for in the contract between the State and CCC. Then, PVSP must also send a team of their officers to relieve our officers. Of course, CDCR officers are paid at a substantially higher rate than CCC officers. Normally, PVSP teams guard each inmate until the hospital determines whether or not the inmate is ill enough to admit—usually about 4 to 6 hours. Nine times out of ten, the inmate is not admitted to the hospital and PVSP staff must then transport the inmate to PVSP to obtain medical clearance from a PVSP doctor to allow the inmate to be housed back at CCC. If clearance is given, the PVSP team then transports the inmate back to CCC. Just think how much money could be saved by either funding a RN for CCC or by transporting the inmate directly to PVSP instead.

I must also question current PVSP policy for accounting for an inmate while they are at the hospital. Even though they have sent a team of officers to relieve CCC officers and they have signed a body receipt, they will not accept the transfer CDCR-135 adding the body to their count. This concerns me because if they are in possession of the inmate body then PVSP should account for the inmate. Instead, they request that we account for the inmate body on our count, despite the fact that we do not have physical possession of the inmate. Until the inmate is actually admitted to the hospital, even though PVSP officers are already guarding the inmate, PVSP will not add them to their count. Of course this procedure varies depending on the Watch Commander in charge at the time that the inmate needs medical care. Acting Captain R. Tuman, our Correctional Counselor II (CCII), is currently working to resolve this issue.

In other cases, PVSP Medical will direct the Central Transportation Unit (CTU) to pick up the inmate and transport them to the local hospital or PVSP. The CTU is located at North Kern and it generally takes between 4 to 5 hours for them to arrive. Of course once CTU arrives they must stay with the inmate until PVSP or CRMC admits the inmate or returns them to CCC. The CTU ultimately spends approximately 12 to 16 hours on the situations, between travel time and waiting time. The cost for the salaries alone for two transportation officers to and from North Kern would fund the salary of an RN for a week.

Most of the time, Claremont Custody Center (CCC) inmates require only minor medical care. These simple issues could be effectively solved by having a RN onsite at CCC, along with an on-call doctor at PVSP. The majority of these types of emergencies are abscessed teeth, needing inhalers for asthma, stomach aches, and those who generally are faking symptoms in an attempt to just try to get attention. In nine out of ten cases, an RN could have taken the inmate's vitals and symptoms, reported to the CDCR on-call doctor, issued antibiotics, inhalers, or Maalox—or even determined that the inmate was not in need of medical care. Instead, the inmates suffer physically and mentally by having to wait, sometimes days, to be treated. In the one case where the inmate is really in need of emergency medical attention, they might not receive the necessary treatment they because CCC does not have proper medical staff to diagnose and issue medication.

On various different occasions CCC has attempted to address the lack of medical care for inmates at the facility. On January 16, 2002, the then-current Director Mr. Larson wrote a letter to Pamela Prudhomme at CCFA, addressing the inmate medical issues. Director Larson addressed the unreasonable length of time it takes for Central Transportation to respond and transfer inmates for receipt of medical care. Due to a lack of State funding, the inmate medical issues were pushed aside. In June, 2006, I myself

addressed the issue of inadequate care provided by PVSP Medical to inmates housed at CCC. Then in August, 2006, I addressed the issue of PVSP Medical not allowing enough PVSP Medical transports to send all inmates in need of medical care. I also asked if CCC inmates would be screened for dental problems, as agreed in the court decision of *Perez vs. Schwarzenegger*, as it seemed like a logical course of action. However, I was informed that CCC inmates were screened by the receiving center. Unfortunately, that did little to assist the 421 inmates already housed at the Claremont Custody Center at that time.

On October 17, 2006, PVSP Medical employees Maureen Mahoney, Lieutenant W. Myers, and Doctor Hernon conducted an inspection of the CCC Medical Department. All agreed that the Claremont Custody Center Medical department does not meet legal standards. Ronald Hansen, former Associate Warden, suggested to his staff that they staff CCC with Registered Nurses. However, due to arguments regarding funding between CCFA and CDCR, nothing has been done.

The Claremont Custody Center and the City of Coalinga cannot provide funding to update the CCC Medical Department unless CDCR or CCFA allocates the funding. Already, CDCR owes the City of Coalinga over two million dollars in unpaid ambulance bills and Claremont Custody Center has incurred in excess of over one million dollars in loss due to CDCR's refusal to update the current contract, which has been in place since 1991.

Another issue that is driving up the cost of the inmate medical care at CCC is failure of reception centers to properly screen inmates before sending them to Claremont Custody Center. Most of the time when inmates arrive at Claremont Custody Center, before the transportation team departs, the facility nurse has already reviewed and accepted or rejected the inmates based on their medical history. Lately, we have been receiving inmates that are not medically approved to be at any CCF. When the nurse reviews the inmate files she is finding criteria such as inmates who are on psychotropic drugs (or have just recently stop taking them), inmates who have seizures, inmates in need of insulin shots, inmates with inappropriate dental classes, and a variety of other mental and medical issues that preclude them from being housed at any CCF. Yet, even on the most obvious cases, I am told that the transportation team cannot take the inmates back. I am told that CCC has to accept the inmate(s) until other arrangements can be made by CDCR on-site staff. This is not acceptable. This practice endangers the inmates, the staff, the general inmate population, the CDCR staff and it disrupts facility operations.

There is no logical reason why the inmates could not return with the transportation team and be transported to PVSP. PVSP is only six miles away and they have adequate medical staff, who are equipped to deal with the inmate medical needs until the medical status and housing needs of the inmate(s) can be reevaluated. Unfortunately, it is my understanding that once again, political and funding issues prevent simple solutions and increase costs. Once the inmates have be inappropriately classified for CCC intake, they have to be retained at CCC until our Facility Captain can make arrangements with the transportation unit to have the inmates transferred back to the facility they came from. This practice is a waste of State funding and taxpayer dollars.

Surely CDCR has adequate training to assist CDCR staff in understanding what the medical criteria is for housing inmates at CCF's. The training would be less costly than the current practices and the cost of the mistakes being made. However, it seems as though no person in CDCR can be held responsible to carry out their job duties. CDCR and CCFA have completely taken the medical care of the inmates out of the hands of the CCF's by withholding funding for adequate medical staffing and enforcing dangerous policies that prevent proper medical care for inmates. Therefore, because there is nothing I can do to correct the problem, I must now turn directly to CCFA for assistance.

As the Director of the Claremont Custody Center (CCC), I am requesting that CCFA provide additional funding to CCC for a Registered Nurse (RN) and/or Physician Assistant (PA)—also known as Family Nurse Practitioner (FNP). I will expect responding correspondence from CCFA within 30 days of the date of this letter. Please do not force me to make this a public issue by not responding or ignoring this request. Many of the requests that I have sent to CCFA have never been answered and I have no knowledge as to whether the issues are being considered or if they have just been thrown in the trash.

Again, I implore that you please do not ignore this issue. It is one that will not go away. Please note that I have attached the current local and state government wages for RN's and PA's.

Claremont Custody Center currently has 2.5 positions allocated for LVN's. I would prefer to have or add positions of Physician Assistant and Registered Nurses. Once CCFA decides which positions they will allow us to have, I will send a job description and a draft indicating the change in the current budgeted salaries with a Budget Change Proposal (BCP) for CCFA approval. However, until CCFA informs me of what positions they will approve I see no logical reason for completing the BCP beforehand. It has been past experience that when Claremont Custody Center and other CCF's complete the time consuming and costly process of BCP completion, we never hear the result of the BCP. As such, I am not going to waste time filling out a BCP if CCFA only intends to throw it in the trash or misplace it where it will never be found again. However, once CCFA acknowledges the problem and indicates which position(s) are available, we will complete and provide a BCP within 30 days.

If the funding has already been pre-allocated for medical staff, as stated in the job application online, then a formal State BCP should not be necessary. I believe that a cover letter with a financial page indicating changes should be adequate. However, the Claremont Custody Center shall await CCFA's instructions with regard this matter,

I do realize that this issue has created a problem for CCFA staff. I am aware of the extra time and effort that they will have to expend and I am truly sorry. However, it would be neglectful of me as a Facility Director to ignore the medical needs of inmates. Simple humanity dictates taking action in this unfortunate situation.

Should you have any questions or require any further information, please feel free to contact me at (559) 935-0851, extension 203, or via cellular telephone at (559) 942-6237. Thank you for your immediate attention to this matter. I greatly appreciate it and look forward to hearing from you soon.

Yours truly,

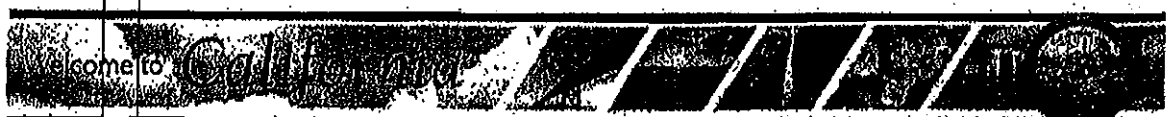
June Robinson

Ms. June Robinson
Facility Director

JR/de

Attachments: Copy of 11/15/06 e-mail: "Medical: Claremont Custody Center Follow-up to site visit"
Copy of Memo to N. Comaites dated August 4, 2006
Copy of State Memo to C. Krupp from N. Comaites dated June 6, 2006
Copy of Memo to N. Comaites dated June 1, 2006
Copy of State Memo to Carl Larson from Pamela Prudhomme dated February 25, 2002
Copy of 2-page Memo to Pamela Prudhomme dated January 16, 2002

cc: Ms. Joyce Hayhoe, Assistant Secretary—Office of Legislative Affairs
Mr. Stephen Julian, City Manager—City of Coalinga
Ms. Pamela A. Prudhomme, Chief--CCFA
Ms. Geri Garcia, Associate Governmental Program Analyst--CCFA
Mr. Russ Tuman, CCI / (A) Facility Captain
Dr. Igbinosa, CMO PVSO



Occupational Wages

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Year	Period	Area	Ind Code	Industry	Occ Code	Occupation	Wage Source	Rate Type	Mean Wage
2006	1st Qtr	California	000000	Total, All Industries	291071	Physician Assistants	Occupational Employment Statistics Survey	Annual wage or salary	$80,546
2006	1st Qtr	California	000000	Total, All Industries	291111	Registered Nurses	Occupational Employment Statistics Survey	Annual wage or salary	$71,927

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Comments, Complaints, Suggestions

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EXHIBIT 8

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION ARNOLD SCHWARZENEGGER, GOVERNOR

DIVISION OF ADULT INSTITUTIONS
COMMUNITY CORRECTIONAL FACILITIES ADMINISTRATION
P.O. BOX 942883
Sacramento, California 94283-0001

May 8, 2007

June Robinson
Facility Director
Claremont Custody Center
135 W. Gale Avenue
Coalinga, CA. 93210

Dear Ms. Robinson:

This is in response to your letter to me dated April 10, 2007, in which you express concerns for medical needs for inmates and staff and request additional Registered Nurses at the Claremont Custody Center (CCC).

The medical hub for the CCC is Pleasant Valley State Prison (PVSP), the Chief Medical Officer (CMO) is Felix Igbinosa and the Health Care Manager (HCM) is William Alvarez. The CCC currently provides 2.75 Licensed Vocational Nurse (LVN) positions. As you know, the CCC and all other Community Correctional Facilities (CCF) have limited capabilities regarding medical and dental treatment for inmates. One of the main criteria for an inmate to be eligible for placement in a CCF, is that they have no current medical or dental problems that cannot be managed in the CCF or that require ongoing medical/dental treatment. When it is determined by CCC medical staff that an inmate medical problem exists that cannot be managed in a CCF, the contractor staff is required to contact the HCM/CMO or the Medical Officer of the Day (MOD) at PVSP for direction. The HCM/CMO/MOD will decide the course of medical treatment for the inmate and whether the inmate needs to be transported out of the CCF. In a life threatening emergency, the CCC staff will contact 911 for emergency medical transportation of an inmate by ambulance to the nearest Medical Center or Hospital. The HCM/MOD may also authorize the utilization of a local medical contractor resource to provide treatment for a CCF inmate.

The Community Correctional Facilities Administration (CCFA) cannot determine or authorize the medical/dental treatment of inmates at CCC or any other CCF. Additionally, only the HCM/CMO at PVSP can authorize the scheduling of inmates to receive medical or dental treatment at the hub or other medical facility. Your request for Tuberculosis (TB), testing or Influenza vaccinations or supplies for CCC staff can only be authorized by the HCM/CMO at PVSP.

The CCFA has submitted the past two years a Budget Concept Statement (BCS) requesting the Department require 24-hour, Registered Nurse (RN) coverage at each CCF/MCCF. As of this date, CCFA is in discussion with Health Care Services Division regarding the BCS, which will likely include discussions with the court appointed Medical Receiver, Robert Sillen. I want to assure you that CCFA is not ignoring your request to convert the LVN's to RN's, in fact we support the need for healthcare coverage 24 hours a day at each CCF/MCCF. Unfortunately, we have not received funding authority for RN positions.

It is recommended that you directly contact Doctor Alvarez, HCM or Doctor Igbinosa, CMO at PVSP to express your concerns for TB testing, Influenza vaccinations and inmate medical treatment for inmates at CCC. If we receive further information on converting your LVN's to RN's 24 hours a day, we will let you know. Also, should you have other CCF program requests in the future, please submit them directly to Pamela A. Prudhomme, Chief (A), CCFA. Thank you for bringing up your concerns and feel free to contact me if you have any questions at 916-323-9217.

Sincerely,

TERRY DICKINSON
Correctional Administrator-Support Services
Community Correctional Facilities Administration

cc: Stephen Julian
Joyce Hayhoe
Anthony Kane
Pamela A. Prudhomme
Dave Bollinger
Mike Enos
Tim Rougeux