

SANFORD JAY ROSEN¹
MICHAEL W. BIEN
ERNEST GALVAN
GAY C. GRUNFELD

JANE KAHN²

ROSEN, BIEN & GALVAN, LLP

ATTORNEYS AT LAW
315 MONTGOMERY STREET, TENTH FLOOR
SAN FRANCISCO, CALIFORNIA 94104
TELEPHONE: (415) 433-6830
FAX: (415) 433-7104
EMAIL: rbg@rbg-law.com
www.rbg-law.com

HOLLY BALDWIN
LISA ELLS
SHIRLEY HUEY³
MEGHAN LANG
SARAH LAUBACH
ANNE MANIA
NURA MAZNAVI
MARIA MORRIS⁴
THOMAS NOLAN
LORI RIFKIN⁵
LOREN STEWART
KENNETH WALCZAK⁶
AMY WHELAN
SARAH O. ZIMMERMAN⁶

April 4, 2008

VIA EMAIL ONLY

J. Clark Kelso, Receiver
California Prison Health Care
Receivership Corp.
P.O. Box 4038, Suite 100
Sacramento, CA 95812-4038

Re: The Federal Receiver's Draft Strategic Plan, March 11, 2008
Our File No. 0489-3

Dear Mr. Kelso:

Plaintiffs' counsel in *Coleman v. Schwarzenegger* welcome this opportunity to provide comments on the Receiver's Draft Strategic Plan ("Draft Plan"), dated March 11, 2008. We recognize the serious coordinated efforts that are required to achieve constitutional health care within the California prisons and offer these comments in a cooperative fashion to help ensure that the efforts undertaken by the Receiver include, where possible, the needs of the *Coleman* class.

Our comments primarily address construction issues, which we are aware have been discussed extensively during the coordination meetings and been formalized in the construction agreement approved by Judges Karlton, Henderson, White and Wilken. E.D. 2/26/08 Order, [Docket 1107]. As part of that agreement, the Office of the Receiver will assume leadership responsibility for the "addition of needed temporary and permanent clinical, office, supply, and record space at existing California Department of Corrections and Rehabilitation (CDCR) adult prison." Docket 1107 at 4. As described, the upgrades are primarily medical, but will "consider, when possible, some of the additional space needs of the CDCR mental health and dental programs." *Id.*

As counsel for the *Coleman* class, we wish to highlight some of the court-ordered plans previously filed by CDCR to address treatment space deficits that impact on their ability to provide constitutionally adequate mental health care. We do so in order to identify these needs, and to seek clarification, if possible, whether the Receiver or CDCR will be addressing these critical deficits.

¹ MEMBER OF THE CONNECTICUT AND THE CALIFORNIA BAR

² OF COUNSEL

³ MEMBER OF THE WASHINGTON, D C AND THE CALIFORNIA BAR

⁴ MEMBER OF THE NEW YORK AND THE CALIFORNIA BAR

⁵ MEMBER OF THE CONNECTICUT, NEW YORK AND THE CALIFORNIA BAR

⁶ MEMBER OF THE ILLINOIS AND THE CALIFORNIA BAR

Goal 5: Construct Necessary Clinical, Administrative and Housing Facilities

The Draft Strategic Plan first acknowledges the critical need to upgrade administrative and clinical facilities at all of the CDCR prisons where sorely needed clinical treatment space, medical administration space, medical storage space, and pharmacy, medical records and medical laboratory spaces must be created. Draft Plan at 24. Thereafter the Draft Plan sets forth a schedule for the assessments and preliminary planning that has and will occur at the 33 CDCR prisons. *Id* at 24-26. The Receiver's Seventh Quarterly Report, filed on March 14, 2008, provides additional details regarding these assessments and the nature of the preliminary planning which has already occurred, at Avenal State Prison ("ASP"), California Training Facility ("CTF"), California Rehabilitation Center ("CRC") and Mule Creek State Prison ("MCSP"). Docket 2724 at 44-47.

Although several of these projects refer to upgrades in the administrative segregation units, where large numbers of mentally ill prisoners are housed, it is unclear whether the upgrades are intended to remedy the problems identified during *Coleman* monitoring. We understand that there has been involvement by the *Coleman* court representatives in the Avenal project.

There are at least three court-ordered plans in *Coleman*, in which defendants themselves, have identified treatment space deficits as a barrier to providing adequate mental health treatment to *Coleman* class members. These include defendants' plan to address suicides in administrative segregation ("ASU Suicide Plan") filed on July 30, 2007 [Docket 2335], defendants plan to improve Enhanced Outpatient ("EOP") care in administrative segregation filed on July 11, 2007 [Docket 2311], and defendants' EOP Reception Center Plan filed with the *Coleman* Special Master on December 3, 2007. Copies of these plans are attached hereto.

ASU Suicide Plan

On June 1, 2007 the *Coleman* court ordered defendants to implement the recommendations contained in the Special Master's report on defendants' plan to prevent suicides in administrative segregation. Docket 2255. A copy of this order is attached hereto. The recommendations set forth were quite specific and included a requirement that defendants provide with sixty days of the order a "specific assessment of their space needs for providing confidential mental health interviews." Docket 2255 at 5.e. This had been one of the recommendations adopted by the defendants as part of their initial Suicide Plan filed with the Court in 2006. Defendants had never implemented this element.

On July 30, 2007, after obtaining an extension of time, defendants filed their response to the June 1, 2007 Order. [Docket 2335] In their response, defendants stated only "Item e addresses confidential interview space. The space needs of the *Coleman* inmates are being addressed in pending coordination efforts with the Receiver." See

McKeever Declaration in Support of Defendants' Statement in Response to Court Order
Re: Compliance with Items To Reduce Suicides In Administrative Segregation Units
[Docket 2335-3].

Have these space needs of the *Coleman* class been addressed as part of the assessments and preliminary planning that has occurred to date? Once the plan at each prison is prepared, can the Receiver report as to whether and to what extent mental health issues have been addressed?

EOP ASU Plan

The EOP ASU facilities (administrative segregation units designated for prisoners requiring EOP level of care) are located in ten prisons, including: MCSP, California Men's Colony ("CMC"), California Medical Facility ("CMF"), Corcoran State Prison ("COR"), Lancaster State Prison ("LAC"), Richard J. Donovan Correctional Facility ("RJD"), CSP-Sacramento ("SAC"), San Quentin State Prison ("SQ"), Salinas Valley State Prison ("SVSP") and Valley State Prison for Women ("VSPW").

In response to the Special Master's 17th Monitoring Report finding that the space needs in the units were inadequate, Defendants' EOP ASU Plan stated:

"In order to ensure that space needs are adequately addressed, the Mental Health Program will be participating in the receiver's space survey...The survey will begin July 9, 2007, at Avenal State Prison and will conclude after all the prisons have been reviewed. It is anticipated that the site visits and survey results will take approximately 90 days to complete. The Mental Health Program will ensure that space requirements for the ASUs are factored into this for overall health care space needs for each institution." Docket 2311 at 9.

Have these space needs been shared with the Receiver and has the Receiver agreed to undertake responsibility for remedying the space deficits identified by the *Coleman* Special Master and his experts/monitors during their prison tours? If so, has there been any consideration of moving some of the prisons with larger EOP ASUs ahead in the assessment/preliminary planning schedule? *Coleman* counsel respectfully ask this question, fully aware that the Receiver is balancing many competing concerns and needs in the process of scheduling the prison space assessments.

We reiterate our request that once the plans are prepared, that the Receiver report on the extent to which mental health issues have been addressed in the upgrade projects.

EOP RC Plan

The *Coleman* court ordered defendants to implement EOP reception center programs in seven facilities, including LAC, RJD, North Kern State Prison ("NKSP"),

SQ, Wasco State Prison ("WAS"), California Institute for Men ("CIM") and Deuel Vocational Institute ("DVI"). 10/20/06 Order, ¶ 5 [Docket 1998]. A copy of that order is attached hereto. Defendants were directed to file a revised reception center plan, which would include a review of the "allocation of necessary staffing and space for each of the seven EOP reception center programs." 10/3/07 Order at 5 [Docket 2450]. A copy of that order is attached hereto. The Revised Reception Center EOP Plan ("RC Plan") found that:

"the lack of dedicated treatment space remains a primary obstacle to program compliance. RC mental health programs continue to utilize space shared with custody, medical departments, and religious programs...six of the reception centers have identified a potential need for additional and improved treatment space for individual and group therapy to provide settings with adequate privacy and confidentiality for the RC EOP program. These space needs are being developed, and if additional resources are required to support these needs, funding will be requested through the 2009-10 Budget development process."

RC Plan at 4.

Have these space needs been shared with the Receiver and his staff? Again, *Coleman* counsel respectfully asks whether the Receiver will be addressing the space deficits in the reception center EOP programs, and if so, whether these prisons can be expedited in the assessment schedule?

Emergency Response Policy

Coleman counsel recognizes the continued problems with the emergency response system within CDCR. This is an area of great interest to us because we have worked extensively on emergency response failures within the context of the suicide review process and custody/MTA responses. We hope to see the Receiver's draft policy prior to its adoption and distribution system-wide. Of particular concern to us is the role of custody staff as first responders, especially within the locked housing units, where a quick response by custody staff can save a life.

On June 9, 2005, the *Coleman* court issued an order requiring that defendants "develop and implement a policy that establishes clearly and unequivocally a requirement for custody staff to provide immediate life support, if trained to do so, until medical staff arrive to initiate or continue life support measures, irrespective of whether the obligation to do so is part of the particular custody staff member's duty statement." 6/9/05 Order, ¶ 2. [Docket 1668] A copy of that order is attached hereto. Defendants developed and implemented a policy, which has been monitored over the past few years with mixed results. The policy currently resides in the Revised Program Guide. 12-10-21 to 12-10-24. A copy of this section is attached hereto. We hope that any new policy developed

J. Clark Kelso, Receiver

April 4, 2008

Page 5

by the Receiver will retain the responsibility of the first responders, as set forth in Judge Karlton's June 9, 2005 Order.

Thank you for the opportunity to provide these comments. Please feel free to contact us with any questions.

Sincerely yours,

ROSEN, BIEN & GALVAN, LLP

/s/ Jane E. Kahn

By: Jane E. Kahn

JEK:

cc: Special Master Matthew A. Lopes
John Hagar, Chief of Staff for the Receiver
Coleman Special Master Team
Coleman Co-counsel

***Coleman, Plata, Perez and Armstrong* Order re Joint Construction Agreement, 2-26-08 (Docket 1107)**

IN THE UNITED STATES DISTRICT COURTS
FOR THE EASTERN DISTRICT OF CALIFORNIA
AND THE NORTHERN DISTRICT OF CALIFORNIA

RALPH COLEMAN, et al.,

Plaintiffs,

No. CIV S-90-0520 LKK JFM P (E.D.Cal.)

vs.

ARNOLD SCHWARZENEGGER,
et al.,

Defendants.

MARCIANO PLATA, et al.,

Plaintiffs,

No. C 01-1351 TEH (N.D.Cal.)

vs.

ARNOLD SCHWARZENEGGER,
et al.,

Defendants.

CARLOS PEREZ, et al.,

Plaintiffs,

No. C 05-05241 JSW (N.D.Cal.)

vs.

JAMES TILTON, et al.,

Defendants.

1 JOHN ARMSTRONG, et al.,

2 Plaintiffs,

No. C 94-2307 CW (N.D.Cal.)

3 v.

4 ARNOLD SCHWARZENEGGER,
5 et al.,

ORDER

6 Defendants.
/

7 The Receiver in Plata, the Special Master in Coleman, and the Court
8 Representatives in Perez and Armstrong have presented to the judges in the above-captioned
9 cases for review and approval an agreement that they have reached during the coordination
10 meetings that they have held to date. By order filed November 13, 2007, the parties in the
11 above-captioned cases were granted until November 26, 2007, to show cause why the attached
12 agreement should not be adopted as an order of the court. On November 26, 2007, all parties
13 filed responses to the order to show cause. Thereafter, by order filed November 30, 2007, the
14 Plata Receiver, at his request, was granted fifteen days to file a response to the responses filed by
15 the parties. The Receiver's response was filed on December 17, 2007.

16 The undersigned have reviewed, individually and jointly, the responses of the
17 parties and of the Receiver. Good cause appearing, the construction agreement will be approved,
18 subject to the following conditions. The Receiver shall file quarterly reports in each of the
19 above-captioned cases concerning developments pertaining to the matters that are the subject of
20 the construction agreement. In addition, the Receiver has indicated that he will be prepared to
21 meet with the parties within the next sixty days concerning the status of the construction of 5,000
22 mental health beds and 5,000 medical beds that is the subject of paragraph 3 of the construction
23 agreement. That will be the order of the undersigned.

24 In accordance with the above, IT IS HEREBY ORDERED that:

25 1. The construction agreement appended to this order is approved;


26 ////

2. The Plata Receiver shall file quarterly reports in each of the above-captioned cases concerning developments pertaining to matters that are the subject of the construction agreement;

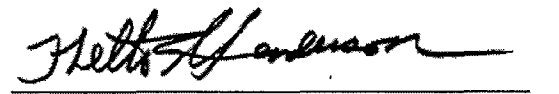
3. The first such quarterly report shall be filed on or before March 15, 2008; and

4. Within sixty days from the date of this order the Plata Receiver shall meet with the parties to all of the above-captioned actions, the Coleman Special Master, and the Perez and Armstrong court representatives concerning the status of the construction of 5,000 mental health beds and 5,000 medical beds that is the subject of paragraph 3 of the construction agreement.

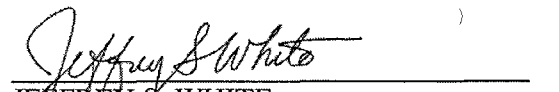
DATED: 02/26/08


LAWRENCE K. KARLTON
SENIOR JUDGE
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA


DATED: 02/26/08


THELTON E. HENDERSON
UNITED STATES DISTRICT JUDGE
NORTHERN DISTRICT OF CALIFORNIA

DATED: 02/26/08


JEFFREY S. WHITE
UNITED STATES DISTRICT JUDGE
NORTHERN DISTRICT OF CALIFORNIA

DATED: 02/26/08


CLAUDIA WILKEN
UNITED STATES DISTRICT JUDGE
NORTHERN DISTRICT OF CALIFORNIA

CONSTRUCTION

The Receiver in *Plata* has begun to implement three separate but related construction projects:

- A. The construction of a medical center at San Quentin State Prison;
- B. The addition of needed temporary and permanent clinical, office, supply, and record space at existing California Department of Corrections and Rehabilitation (CDCR) adult prisons; and
- C. The construction of approximately 5,000 additional CDCR medical beds and approximately 5,000 CDCR mental health beds.¹

The Office of the Receiver will assume leadership responsibility for each of the above referenced projects.

1. San Quentin Medical Center. The *Plata* receivership is the project lead for the San Quentin construction. The Medical Center, which has already been designed and for which construction has commenced, will provide additional reception, clinical, treatment, and office space for CDCR medical, mental health, and dental personnel. Medical Center facilities will be ADA compliant. Court representatives from *Perez* and *Coleman* as well as CDCR mental health and dental officials have been active participants in the design stage for this construction. The State has determined that funding for the San Quentin Medical Center will be provided through Assembly Bill (AB) 900 funds.

2. Additional temporary and permanent clinical, office, supply, and record space at CDCR prisons. The *Plata* receivership is the project lead for the additional medical construction projects at existing CDCR institutions. The Receiver is in the process of implementing his initial prison upgrade project at Avenal State Prison. Court representatives from *Coleman* and *Perez* have participated in this initial effort. The upgrades anticipated will be primarily medical; however the upgrades will be ADA compliant and will consider, when possible, some of the additional space needs of the CDCR mental health and dental programs. In this regard, the Court representatives in *Armstrong*, *Coleman*, and *Perez* agree to work with the Receiver by exploring with CDCR and their respective courts ways to effectuate the funding necessary for their specific programs in a timely and effective manner. This project will *not* involve the construction of the additional dental facilities necessary to effectuate the *Perez* roll-outs.

3. The construction of approximately 5,000 additional CDCR medical beds and approximately 5,000 CDCR mental health beds. The *Plata* receivership is the project lead for the 5,000/10,000 bed construction project. URS Corporation, Bovis Lend Lease, Brookwood Program Management, Lee Burkhard Liu, and Robert Glass & Associates will serve as the Receiver's Project Coordinator for 5,000/10,000 bed construction. The initial planning for design, site selection, and patient demographics will commence during August 2007.

Based on an initial review of the patient demographics by the Abt study, the Receiver anticipates that the majority of medical beds constructed will not be licensed. Given the significant need to

¹ The actual number of medical and mental health beds to be constructed by the Receiver will depend upon site selection, contingency issues, determinations concerning what year to build out to, as well as possible coordination of construction with CDCR's AB 900 building projects.

1 coordinate the long-term treatment and care of mentally ill patients who also have serious medical
2 problems, there exist both strong patient care and fiscal incentives to plan, design, and construct
3 health care facilities that will effectuate coordinated medical and mental health treatment.
4 Therefore, participation by *Coleman* representatives in this construction program is imperative.
5 Likewise, the special needs of disabled and elderly prisoner/patients, who represent a significant
6 number of patients who require improved housing, warrant participation by an expert in accessibility
7 for persons with disabilities. The Court expert in *Armstrong* and the Receiver in *Plata* mutually
8 selected such an expert who will be added to the program and who will communicate with both the
9 *Armstrong* court expert and the Receiver about his recommendations. The new facilities will be
10 designed and built to be in full compliance with applicable ADA requirements for both staff and
11 inmates, including applicable accessibility provisions of the ADA Accessibility Guidelines, the
12 Uniform Federal Accessibility Standards, and California Code of Regulations, Title 24, Part 2,
13 California Building Code (CBC). The Receiver also intends to construct adequate dental clinics and
14 other necessary dental program space in order to provide Perez standards of care for the
15 prisoner/patients housed in the 5,000/10,000 bed facilities. Therefore, participation by a *Perez*
16 representative will be necessary to coordinate dental construction design and planning. In this
17 regard, the Court representatives in *Armstrong*, *Coleman*, and *Perez* agree to work with the Receiver
18 by exploring with CDCR and their respective courts ways to effectuate the funding necessary for
19 their specific programs in a timely and effective manner.

20 This project will *not* involve the construction of the additional dental facilities necessary to
21 effectuate the *Perez* roll-outs.

22 The State has determined that funding for an 8,000-beds construction project will be provided
23 through AB 900 funds. The *Coleman* Special Master and the *Plata* Receiver have indicated that
24 up to 10,000 beds may be necessary. Whether the projected funding is adequate for the
25 necessary construction will be determined by the Receiver after site selection issues,
26 coordination issues, and design issues are resolved.

***Coleman* Defendants' Plan to Address Suicides in Administrative
Segregation, 7-30-07 (Docket 2335)**

1 EDMUND G. BROWN JR.
Attorney General of the State of California
2 DAVID S. CHANEY
Chief Assistant Attorney General
3 FRANCES T. GRUNDER
Senior Assistant Attorney General
4 ROCHELLE C. EAST
Supervising Deputy Attorney General
5 LISA A. TILLMAN, State Bar No. 126424
Deputy Attorney General
6 1300 I Street, Suite 125
P.O. Box 944255
7 Sacramento, CA 94244-2550
Telephone: (916) 327-7872
8 Fax: (916) 324-5205
Email: Lisa.Tillman@doj.ca.gov

9 Attorneys for Defendants

10
11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE EASTERN DISTRICT OF CALIFORNIA
13
14

15 **RALPH COLEMAN, et al.,**

16 Plaintiffs,

17 v.

18 **ARNOLD SCHWARZENEGGER, et al.,**

19 Defendants.
20

2:90-cv-00520 LKK JFM P

**DEFENDANTS' STATEMENT
IN RESPONSE TO COURT
ORDER RE: COMPLIANCE
WITH ITEMS TO REDUCE
SUICIDES IN
ADMINISTRATIVE
SEGREGATION UNITS,
DECLARATION OF DOUG
MCKEEVER**

21 In an order dated May 31, 2007, this Court ordered Defendants to accomplish, within
22 60 days, certain actions to address suicide trends in administrative segregation units. Those
23 actions included:

24 a. Plan to require each institution to train staff on accurate logging of 30-minute
25 welfare checks and to track and self-monitor compliance.

26 b. Provide budgetary figures for the construction of the physical features of the non-
27 stand alone intake cells.

28 c. Report on each institution's capability to provide TVs and/or radios to inmates in

1 administrative segregation units;

2 d. Provide a status report on the implementation of the suicide history tracking system
3 and a plan to train staff in its use and improve access to suicidal history data.

4 e. Provide a specific assessment of the space needs for confidential mental health
5 interviews.

6 f. Produce documentation of refresher training in cardiopulmonary resuscitation
7 training.^{1/}

8 (Order, filed 6/1/07.)

9 As to item b, Defendants hereby submit a chart showing that construction is nearly
10 completed on the physical features of the non-stand alone intake cells. (Dec. McKeever, ¶ 3, Ex.

11 1.) As to items d and e, Defendants state that those matters are the subject of pending
12 coordination efforts with the Receiver. (*Id.* at ¶ 4.)

13 Dated: July 30, 2007

14 Respectfully submitted,

15 EDMUND G. BROWN JR.
16 Attorney General of the State of California

17 DAVID S. CHANEY
18 Chief Assistant Attorney General

19 FRANCES T. GRUNDER
20 Senior Assistant Attorney General

21 ROCHELLE C. EAST
22 Supervising Deputy Attorney General

23 

24 LISA A. TILLMAN
25 Deputy Attorney General
26 Attorneys for Defendants

27 30306950 wpd
28 CF1997CS0003

1. Defendants have filed a request for an extension of time regarding items a, c, and f.

COLEMAN v. SCHWARZENEGGER
CASE NO. CIV S-90-0520 LKK JFM P

EXHIBIT 1 IN SUPPORT OF DEFENDANTS'
STATEMENT RE: COMPLIANCE ITEMS

Ad Seg Intake Cell Conversion Vent Installation Only

REVISED CDCR ASU INTAKE CELL CONVERSION						IWL Construction Schedule				
Region	Priority	PRISON	BUILDING DESIGN	REVISED # OF CELLS	CELLS TO BE MODIFIED	Material Delivery Date	Installation Start Date	Installation Completion Date	Completion Deadline	Comments
I	1	HDSP - Z UNIT	Stand Alone	2	101 & 102	N/A	2/20/07	2/22/07	4/1/07	Completed
I	1	PBSP - ASU 1	Stand Alone	5	A1 to A5	N/A	N/A	N/A	4/1/07	Completed
I	1	SAC - ASU	Stand Alone	5	101 through 105	N/A	2/28/07	2/28/07	4/1/07	Completed
I	2	HDSP - D7	180	2	114, 115	3/7/07	4/10/07	4/11/07	7/1/07	Completed
I	2	HDSP - D8	180	5	112 to 116	3/7/07	4/11/07	4/16/07	7/1/07	Completed
I	2	PBSP - A1	180	2	117, 118	5/4/07	5/7/07	5/9/07	7/1/07	Completed
I	2	PBSP - A2	180	2	105, 106	5/4/07	5/10/07	5/11/07	7/1/07	Completed
I	2	SAC - A6	180	3	113, 114, 115	5/4/07	5/14/07	5/15/07	7/1/07	Completed
I	2	SAC - A7	180	2	113, 114	5/4/07	5/16/07	5/17/07	7/1/07	Completed
I	2	SAC - B4	180	2	113, 114	5/4/07	5/17/07	5/17/07	7/1/07	Completed
I	3	CCC - LASSEN, Bldg 4	270	9	123 to 127, 224 to 227	3/7/07	4/16/07	4/20/07	9/1/07	Completed
I	3	CMF - UNIT IV (Willis)	Telephone	3	101 to 103	6/22/07	7/16/07	7/19/07	9/1/07	Completed
I	3	CMF - I3	Telephone	2	306, 307	6/22/07	7/30/07	8/1/07	9/1/07	On Schedule
I	3	CMF - M3	Telephone	2	302, 303	6/22/07	7/25/07	7/27/07	9/1/07	On Schedule
I	3	CMF - S3	Telephone	2	301, 302	6/22/07	7/30/07	8/1/07	9/1/07	On Schedule
I	3	CMF - T1	Telephone	2	101 & 103	6/22/07	8/2/07	8/7/07	9/1/07	On Schedule
I	3	DVI - K WING	Telephone	24	101 to 124	5/26/07	7/9/07	7/20/07	9/1/07	Completed
I	3	FSP - UNIT IV ASU	Telephone	8	B4-B1-01 through 08	5/11/07	5/21/07	5/22/07	9/1/07	Completed
I	3	MCSP - Fac C, Bldg 12	270	3	126 to 128	3/7/07	4/3/07	4/5/07	9/1/07	Completed
I	3	SCC - Tuolumne 2	270	12	120 to 131	3/7/07	5/7/07	5/11/07	9/1/07	Completed
I	3	SOL - FAC 2, BLDG 10	270	6	123 to 128	6/22/07	7/21/07	7/25/07	9/1/07	Completed
I	3	SOL - FAC 2, BLDG 9	270	4	122 to 125	6/22/07	7/18/07	7/21/07	9/1/07	Completed
I	3	SQ - EAST BLOCK	Telephone	15	1-EY-2 to 1-EY-16	7/18/07	7/30/07	8/10/07	9/1/07	RFI issue w/existing round grilles. A/E suggests mock-up and check CFM's
I	3	SQ - CARSON UNIT	Telephone	15	1-C-8 TO 1-C-22	7/18/07	8/13/07	8/24/07	9/1/07	RFI issue w/existing round grilles. A/E suggests mock-up and check CFM's
II	1	COR - ASU1	Stand Alone	5	100 to 104	N/A	N/A	N/A	4/1/07	Completed
II	1	KVSP - ASU #1	Stand Alone	5	101 to 105	N/A	N/A	N/A	4/1/07	Completed

Note: These changes (reconciled as of 3/29/07) supersede the cell numbers provided to the field on 3/20/07. Completion Status updated 7/25/07

Ad Seg Intake Cell Conversion Vent Installation Only

REVISED CDCR ASU INTAKE CELL CONVERSION					IWL Construction Schedule					
Region	Priority	PRISON	BUILDING DESIGN	REVISED # OF CELLS	CELLS TO BE MODIFIED	Material Delivery Date	Installation Start Date	Installation Completion Date	Completion Deadline	Comments
II	1	KVSP - ASU #2	Stand Alone	5	101 to 105	N/A	N/A	N/A	4/1/07	Completed
II	1	PVSP - ASU #1	Stand Alone	6	100 to 105	N/A	N/A	N/A	4/1/07	Completed
II	1	SATF - ASU	Stand Alone	5	100 to 104	N/A	N/A	N/A	4/1/07	Completed
II	1	SVSP - D9	Stand Alone	8	101 to 108	N/A	N/A	N/A	4/1/07	Completed
II	2	COR - 3A03	270	6	123 to 128	Scheduled	5/8/07	5/10/07	7/1/07	Completed
II	2	COR - 4B1R	180	3	113, 114, 115	Scheduled	5/11/07	5/14/07	7/1/07	Completed
II	2	KVSP - B1	180	10	116 to 120, 216 to 220	Scheduled	5/22/07	5/31/07	7/1/07	Completed
II	2	PVSP - Fac D Bldg 4	270	3	126 to 128	6/13/07	6/14/07	6/14/07	7/1/07	Completed
II	2	SATF - Fac E	270	5	113, 114, 123, 124, 125	Scheduled	5/15/07	5/21/07	7/1/07	Completed
II	2	SVSP - D1	180	4	117 & 118, 217 & 218	Scheduled	6/8/07	5/23/07	7/1/07	Completed
II	2	SVSP - D2	180	4	115 & 116, 215 & 216	Scheduled	6/15/07	5/23/07	7/1/07	Completed
II	2	SVSP - D8	180	4	115 & 116, 215 & 216	Scheduled	6/22/07	5/23/07	7/1/07	Completed
II	3	ASP - UNIT 140	270	8	124 to 129, 131 to 132	Scheduled	6/15/07	6/15/07	9/1/07	Completed
II	3	CCI - UNIT II	Old Style	3	RHE Cells 1 to 3	Scheduled	7/23/07	7/23/07	9/1/07	Completed
II	3	CCI - 4A Building 6	180	3	B Section 105 to 107	Scheduled	7/23/07	7/23/07	9/1/07	Completed
II	3	CCI - 4A Building 7	180	4	B Section 104 to 107	Scheduled	7/23/07	7/23/07	9/1/07	Completed
II	3	CCI - 4A Building 8	180	4	B Sec. 106 & 107, C Sec. 105 & 106	Scheduled	7/24/07	7/24/07	9/1/07	Completed
II	3	CCI - 4B ASU	180	3	A Section 103, 104, 105	Scheduled	7/24/07	7/24/07	9/1/07	Completed
II	3	CCWF - Bldg 504	270	4	128 to 131	Scheduled	6/21/07	6/21/07	9/1/07	Completed
II	3	CMC - B4 Annex	Quad	16	4151, 4152, 4198, 4199, 4254 to 4257, 4295 to 4298, 4302, 4303, 4345, 4346	Scheduled	5/29/07	5/30/07	9/1/07	Completed
II	3	CMC - Central ASU	Quad	1	102	Scheduled	9/1/07	9/1/07	9/1/07	On Schedule
II	3	CTF - O WING	Telephone	12	101 to 106, 143 to 148	Scheduled	6/20/07	6/20/07	9/1/07	Completed
II	3	NKSP - D6	Wing Nut	9	101, 110 to 113, 134 to 137	Scheduled	6/25/07	6/25/07	9/1/07	Completed
II	3	VSPW - A4	270	2	139 & 140	Scheduled	6/21/07	6/21/07	9/1/07	Completed
II	3	WSP - D6	Wing Nut	12	119 to 130	Scheduled	8/2/07	5/18/07	9/1/07	Completed
II	3	WSP - FAOR	270	3	123, 124 & 125	Scheduled	8/7/07	5/16/07	9/1/07	Completed
III	1	CAL - ASU #1	Stand Alone	3	100 to 102	3/8/07	3/20/07	3/21/07	4/1/07	Completed
III	1	CEN - C6	Stand Alone	11	100 to 110	3/8/07	3/26/07	3/29/07	4/1/07	Completed
III	1	LAC - ASU1	Stand Alone	7	100 to 106	3/8/07	3/12/07	3/16/07	4/1/07	Completed

Note: These changes (reconciled as of 3/29/07) supersede the cell numbers provided to the field on 3/20/07. Completion Status updated 7/25/07

Ad Seg Intake Cell Conversion Vent Installation Only

REVISED CDCR ASU INTAKE CELL CONVERSION					IWL Construction Schedule					
Region	Priority	PRISON	BUILDING DESIGN	REVISED # OF CELLS	CELLS TO BE MODIFIED	Material Delivery Date	Installation Start Date	Installation Completion Date	Completion Deadline	Comments
III	2	CAL - A5	270	8	124 to 124, 127 to 130	5/29/07	6/6/07	6/13/07	7/1/07	Completed
III	2	CEN - A5	270	8	124 to 127, 224 to 227	5/29/07	5/31/07	6/5/07	7/1/07	Completed
III	2	LAC - A5	270	7	120 to 126	5/29/07	5/31/07	6/6/07	7/1/07	Completed
III	2	LAC - A4	270	7	124 to 127	5/29/07	6/6/07	6/12/07	7/1/07	Completed
III	3	CIM - PALM HALL	Telephone	8	127 to 134	5/29/07	7/6/07	7/13/07	9/1/07	Completed
III	3	CIM - CYPRESS HALL	Telephone	8	101 to 108	5/29/07	7/6/07	7/13/07	9/1/07	Completed
III	3	CIW	270	7	108, 109, 110, 111, 208, 209, 210	5/29/07	7/9/07	7/20/07	9/1/07	Completed
III	3	CVSP - Facility A ASU	270	9	123 to 127, 137 to 140	5/29/07	7/19/07	6/27/07	9/1/07	Completed
III	3	ISP - A5	270	5	123 to 127	5/29/07	8/1/07	6/27/07	9/1/07	Completed
III	3	RJD - Fac 2, Bldg 6	270	12	123, 126 to 128, 222 to 229	5/29/07	6/26/07	7/13/07	9/1/07	Completed
III	3	RJD - Fac 2, Bldg 7	270	12	123 to 128, 223 to 228	5/29/07	6/26/07	7/13/07	9/1/07	Completed

Totals

406

Priorities	Cells Scheduled	Cells Completed	% of Completion as of 7/25/07	Date Due
1 Stand Alone	67	67	100.0%	4/1/07
2 Non-Stand Alone	87	87	100.0%	7/1/07
3 Non-Stand Alone	252	213	84.5%	9/1/07
Total Cells	406	367	90.4%	

Note: These changes (reconciled as of 3/29/07) supersede the cell numbers provided to the field on 3/20/07. Completion Status updated 7/25/07

1 EDMUND G. BROWN JR.
Attorney General of the State of California
2 DAVID S. CHANEY
Chief Assistant Attorney General
3 FRANCES T. GRUNDER
Senior Assistant Attorney General
4 ROCHELLE C. EAST
Supervising Deputy Attorney General
5 LISA A. TILLMAN, State Bar No. 126424
Deputy Attorney General
6 1300 I Street, Suite 125
P.O. Box 944255
7 Sacramento, CA 94244-2550
Telephone: (916) 327-7872
8 Fax: (916) 324-5205
Email: Lisa.Tillman@doj.ca.gov

9 Attorneys for Defendants

10
11
12 IN THE UNITED STATES DISTRICT COURT
13 FOR THE EASTERN DISTRICT OF CALIFORNIA
14

15 **RALPH COLEMAN, et al.,**

16 Plaintiffs,

17 v.

18 **ARNOLD SCHWARZENEGGER, et al.,**

19 Defendants.
20

2:90-cv-00520 LKK JFM P

**DECLARATION OF DOUG
MCKEEVER IN SUPPORT OF
DEFENDANTS' STATEMENT
IN RESPONSE TO COURT
ORDER RE: COMPLIANCE
WITH ITEMS TO REDUCE
SUICIDES IN
ADMINISTRATIVE
SEGREGATION UNITS**

21 I, Doug McKeever, declare:

22 1. I am employed by the Division of Correctional Health Care Services, Division of
23 the California Department of Corrections and Rehabilitation (CDCR). Since October 2006, I
24 have held the position of Director of the Mental Health Program, with direct oversight over the
25 overall program and policy development and implementation for the statewide mental health
26 program of the Division of Correctional Health Care Services.

27 2. I have personal knowledge of the facts stated in this declaration and if called to
28 testify upon those facts would do so competently.

1 3. I have received and reviewed this Court's order, filed June 1, 2007, concerning
2 compliance with certain tasks to reduce suicides in administrative segregation units.

4. Item b of that Order requires the production of budgetary figures for the construction of certain physical features of non-stand-alone intake units. The attached chart, prepared by Keith Beland of CDCR, shows that construction is nearly completed.

5. Item d addresses the suicide tracking system. Because the Receiver now has responsibility for the information system, this item is being addressed in coordination efforts with the Receiver.

9 6. Item e addresses confidential interview space. The space needs of the Coleman
10 inmates are being addressed in pending coordination efforts with the Receiver.

Dated: July 30, 2007 By:

Doug McKeever

30306983.wpd
CF1997CS0003

***Coleman* Defendants' Plan to Improve EOP Care in Administrative
Segregation, 7-11-07, (Docket 2311)**

1 EDMUND G. BROWN JR.
Attorney General of the State of California
2 DAVID S. CHANEY
Chief Assistant Attorney General
3 FRANCES T. GRUNDER
Senior Assistant Attorney General
4 ROCHELLE C. EAST
Supervising Deputy Attorney General
5 LISA A. TILLMAN, State Bar No. 126424
Deputy Attorney General
6 1300 I Street, Suite 125
P.O. Box 944255
7 Sacramento, CA 94244-2550
Telephone: (916) 327-7872
8 Fax: (916) 324-5205
Email: Lisa.Tillman@doj.ca.gov

9 Attorneys for Defendants

10
11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE EASTERN DISTRICT OF CALIFORNIA
13

14
15 **RALPH COLEMAN, et al.,**

16 Plaintiffs,

17 v.

18 **ARNOLD SCHWARZENEGGER, et al.,**

19 Defendants.
20

2:90-cv-00520 LKK JFM P

**DEFENDANTS' REPORT
AND PLAN FOR
IMPROVEMENT OF
ENHANCED OUTPATIENT
PROGRAMS IN
ADMINISTRATIVE
SEGREGATION UNITS**

21 This Court filed orders on March 12, 2007 and June 1, 2007 requiring Defendants to
22 provide a report and plan for improvement of the Enhanced Outpatient Programs in
23
24
25

26 ///

27 ///

28 ///

Def. Report re. EOP/Ad Seg

1 administrative segregation units. Attached as Exhibit A is Defendants' response to those court
2 orders.

3 Dated: July 11, 2007

4 Respectfully submitted,
5 EDMUND G. BROWN JR.
Attorney General of the State of California
6 DAVID S. CHANEY
Chief Assistant Attorney General
7 FRANCES T. GRUNDER
Senior Assistant Attorney General
8 ROCHELLE C. EAST
Supervising Deputy Attorney General
9

10

11 */s/ Lisa A. Tillman*

12 LISA A. TILLMAN
13 Deputy Attorney General
Attorneys for Defendants
14

15 30297690.wpd
CF1997CS0003
16
17
18
19
20
21
22
23
24
25
26
27
28

RALPH COLEMAN, et al., v. ARNOLD SCHWARZENEGGER, et al.,

CASE NO. CIV S-90-0520 LKK JFM P

**DEFENDANTS' REPORT AND PLAN FOR IMPROVEMENT OF
ENHANCED OUTPATIENT PROGRAMS IN ADMINISTRATIVE
SEGREGATION UNITS IN RESPONSE TO COURT ORDERS OF
MARCH 9, 2007 AND JUNE 1, 2007**

EXHIBIT A

DIVISION OF CORRECTIONAL HEALTH CARE SERVICES

P. O. Box 942883
Sacramento, CA 94283-0001



J. Michael Keating, Jr.
Office of the Special Master
2351 Sussex Lane
Fernandina Beach, FL 32034

via: Lisa Tillman
Deputy Attorney General
Department of Justice
1300 I Street, Suite 125
P. O. Box 944255
Sacramento, CA 94244-2550


**RE: ADMINISTRATIVE SEGREGATION UNIT ENHANCED OUTPATIENT
PROGRAM TREATMENT IMPROVEMENT PLAN**

Dear Mr. Keating:

In compliance with the *Coleman* court order of March 12, 2007, please find enclosed the *Administrative Segregation Unit Enhanced Outpatient Treatment Improvement Plan*, which details the California Department of Corrections and Rehabilitation's (CDCR) plan for improvement of Enhanced Outpatient Program level of care mental health services and out-of-cell time in the Administrative Segregation Unit hub programs.

If you need clarification on any aspect of this plan, please contact me at (916) 323-0229, or Doug McKeever, Director (A), Mental Health Program, Division of Correctional Health Care Services (DCHCS), at (916) 327-1168.

Sincerely,


ROBIN DEZEMBER
Director (A)
Division of Correctional Health Care Services

Enclosure

J. Michael Keating, Jr.
Page 2

cc: James Tilton, Secretary, CDCR
Kingston Prunty, Undersecretary, CDCR
Bruce Slavin, General Counsel, Office of Legal Affairs, CDCR
Kathleen Keeshen, Chief Deputy General Counsel, Office of Legal Affairs, CDCR
Scott Kernan, Chief Deputy Secretary, Adult Operations, CDCR
Lea Ann Chrones, Director (A), Division of Adult Institutions, CDCR
Brigid Hanson, Deputy Director, DCHCS, CDCR
Yulanda Mynhier, Deputy Director (A), Health Care Administrative Operations
Branch, DCHCS, CDCR
George A. Sifuentes, Deputy Director, Office of Facilities Management, CDCR
Doug McKeever, Director (A), Mental Health Program, DCHCS, CDCR
Michael Stone, Staff Counsel, Office of Legal Affairs, CDCR

ADMINISTRATIVE SEGREGATION UNIT
ENHANCED OUTPATIENT PROGRAM
TREATMENT IMPROVEMENT PLAN

BACKGROUND

The following is a plan for improvement of Enhanced Outpatient Program Level of Care mental health services and out-of-cell time in California Department of Corrections and Rehabilitation Administrative Segregation Unit Hub programs.

This plan is required by the *Coleman* Court's March 12, 2007 Order.

The Order stated:

"Defendants shall work with the special master's experts to review the provision of Enhanced Outpatient Programs (EOPs) in administrative segregation units.

The review process shall conduct an audit of the EOP administrative segregation population and examine more effective ways for reducing the lengths of stay of EOP inmates in administrative segregation; alternative methods for the delivery of mental health treatment, including the use of a different mix of clinical and paraclinical professionals; the use of different housing and/or service models for particular categories of EOP administrative segregation inmates; and any other strategy or approach likely to better serve the treatment needs of EOP administrative segregation inmates.

The study shall result in a brief report, prepared within 90 days from the date of this order, which must be shared with parties, counsel and the court."

A subsequent request from the California Department of Corrections and Rehabilitation (CDCR) resulted in an extension of the deadline for submission of this report to July 11, 2007.

The ten institutions with Administrative Segregation Unit Enhanced Outpatient Program Hubs are California Men's Colony; California Medical Facility; California State Prison, Corcoran; California State Prison, Lancaster; Mule Creek State Prison; Richard J Donovan Correctional Facility; California State Prison, Sacramento; San Quentin State Prison, Salinas Valley State Prison, and Valley State Prison for Women. Some institutions have more than one Administrative Segregation Unit Enhanced Outpatient Program location. For example, San Quentin State Prison provides Enhanced Outpatient Program treatment in Reception Center, the Condemned Unit, the Adjustment Center, and the standard Administrative Segregation program.

COORDINATION BETWEEN COLEMAN COURT EXPERTS AND PLAINTIFFS' ATTORNEYS

On April 20, 2007, and May 3, 2007, the CDCR participated in teleconferences with *Coleman* experts. On May 14, 2007, further discussion on this topic was held in Sacramento. These discussions resulted in the following conceptualization of space, staff, resources, and processes required to provide sufficient out-of-cell time and treatment services, to provide a group therapy environment that encourages participation, and to ensure that inmate-patients are moved out of Administrative Segregation Unit Enhanced Outpatient Programs as quickly as possible.

Space requirements for treatment include sufficiently sized rooms with therapeutic treatment modules, designed for the provision of mental health services. Treatment space, including but not limited to the modules, needs to be cleaned regularly and have adequate climate control. Sufficient Small Management Yards and/or creative scheduling are necessary for the provision of yard time.

Staffing requirements include sufficient numbers and types of custody and clinical staff, trained to understand and address the individualized needs of inmate-patients based on interdisciplinary treatment plans.

Resources include sufficient materials for group therapy to provide a stimulating, therapeutic environment that addresses coping with Administrative Segregation Unit placement, preparation for transition to general population or parole, and that is also responsive to individualized treatment needs.

Processes required for ensuring quality of services include supervisory oversight at the institutional level and headquarters review.

The March 12, 2007 Order required an audit of the Administrative Segregation Unit Enhanced Outpatient Program population. A survey was designed to examine barriers to meeting Title 15 and Mental Health Services Delivery System Program Guide requirements. The attached survey provides information on length of stay, group therapy hours (scheduled, offered, and refused), yard time (Controlled Compatible and Small Management Yard), and use of night yard. Some data is collapsed across separate locations within the same institution, while other institutions provided separate data for separate locations.

The results of this study indicated that as of June 20, 2007, there are no inmate-patients requiring Enhanced Outpatient Program treatment in Administrative Segregation Units who are endorsed for Sensitive Needs Yard housing.

In April 2007, Administrative Segregation Unit Enhanced Outpatient Program Hub programs scheduled, on average, 11.4 hours of group therapy per inmate-patient per week, and offered an average of 10.4 hours per inmate-patient. An average of 4.5 hours

per week was refused by inmate-patients in Administrative Segregation Unit Enhanced Outpatient Program Hubs. The refusal rate for group therapy exceeds 30% of treatment offered in almost all Administrative Segregation Unit Enhanced Outpatient Programs. Some institutions have reported anecdotal evidence that the refusal rate increased when televisions and radios were recently provided in Administrative Segregation Units.

Salinas Valley State Prison reported significantly lower compliance with requirements for the provision of treatment in their Administrative Segregation Unit Enhanced Outpatient Program Hub during April 2007. Issues related to custody staff vacancies were remedied, and compliance rates in this program substantially increased by the end of June 2007. Specific data for the month of June was not yet available at the time of this report but can be provided, if necessary, in a supplemental report.

Nine institutions (all except California State Prison, Sacramento) do not have sufficient confidential treatment space to provide group therapy. The clinical and custody staff vacancy rate at most institutions have prohibited some solutions such as escorting patients to remote locations and alternate work scheduling.

The results of this study reinforced the need for Small Management Yards in order to provide yard time. Seven of ten institutions operating Administrative Segregation Unit Enhanced Outpatient Program units reported that they are offering at least ten hours of yard time to inmate-patients assigned to Walk-Alone yard in the Small Management Yards. The three institutions reporting fewer hours than those required by departmental policy included California Men's Colony, Mule Creek State Prison and San Quentin State Prison. California Men's Colony is currently constructing 45 Small Management Yards on Facility B that are expected to be in use by August 30, 2007. Mule Creek State Prison received funding for construction of 20 Small Management Yards in the 2006/2007 Budget Act. San Quentin State Prison currently has 41 Small Management Yards available for use by the associated Administrative Segregation Unit population.

The California Department of Corrections and Rehabilitation is subject to a court order to construct approximately 441 Small Management Yards (Walk-Alone) statewide by the end of fiscal year 2008/09, in order to provide adequate yard time for all inmate-patients in Administrative Segregation Units. A plan regarding the construction of these Small Management Yards will be provided to the Court in a separate report.

ADMINISTRATIVE SEGREGATION UNIT ENHANCED OUTPATIENT PROGRAM IMPROVEMENT PLAN

The following initiatives will be implemented to achieve the goals of reducing length of stay in Administrative Segregation Unit Enhanced Outpatient Program Hubs, and to enhance space and resources available for treating this population.

Length of Stay

The March 12, 2007, Court Order requires that CDCR consider more effective ways for reducing the lengths of stay of Enhanced Outpatient Program inmate-patients in Administrative Segregation Units, and the use of different housing and/or service models for the provision of treatment.

Beginning September 3, 2007, all inmate-patients requiring Enhanced Outpatient Program level of care, housed in Administrative Segregation Unit Hubs for more than 90 days will be reviewed every 30 days. This review will be conducted outside of the Institution Classification Committee process, by the Facility Captain and Correctional Counselor II. The status of each case, with detailed information regarding reasons for delays in the referral, disciplinary, classification, and/or transfer process, shall be compiled and reviewed by the Warden or designee (Chief Deputy Warden, or Associate Warden for Health Care). The Warden shall ensure that reviewers take action to resolve any issues that impact length of stay in Enhanced Outpatient Programs. The monthly report shall be sent to the headquarters Division of Adult Institutions Correctional Counselor II, the Correctional Captain assigned to Coleman compliance, and shall be reviewed by the Associate Director responsible for management of Coleman requirements.

Inmate-patients housed in an Administrative Segregation Unit Enhanced Outpatient Program Hub for more than 90 days, who postpone a Rules Violation Report hearing pending referral to the District Attorney, shall be reviewed for alternate housing. If the time housed in Administrative Segregation is equivalent to the projected Security Housing Unit term (if the inmate-patient had been found guilty of the Rules Violation Report), the inmate-patient shall be released to a general population setting. The Warden or designee at each institution with an Enhanced Outpatient Program Administrative Segregation Unit Hub shall contact the District Attorney to discuss expediting pending cases.

Stand Alone Pilot

In an October 2002, *Coleman* Stipulation and Order, the CDCR agreed not to house mentally ill *Coleman* class members in any of ten new Administrative Segregation Units. The CDCR is required to provide *Coleman* parties with at least 60 days notice of any intent to place mentally ill inmate-patients into the new Administrative Segregation Unit. Additionally, the document reads:

"Defendants shall provide the special master and plaintiffs' counsel with a plan for the placement that addresses the provision of the following:

- o Sufficient clinical staffing in the unit to provide enhanced mental health treatment programming and monitoring;*
- o Sufficient custody and escort staffing to support expanded treatment programming;*
- o Monitoring enhancements;*
- o Other out-of-cell enhancements;*

- *Some screening mechanism that incorporates mental health staff's input on the clinical appropriateness of the placement in the unit of specific Mental Health Service Delivery System inmates;*
- *A process for tracking and evaluating data on key indicators of decompensation for a specific period to ensure that the planned compensatory measures offset adequately the potentially deleterious effects of placement in the new administrative segregation units.*

Review of and approval of the plan is required prior to placement of mentally ill inmate-patients in the new Administrative Segregation Units.

The CDCR is proposing that a plan be developed in coordination with the *Coleman* experts and Plaintiffs' Counsel for a new twenty-bed Administrative Segregation Unit Enhanced Outpatient Program Hub program at California State Prison, Sacramento in the stand-alone Administrative Segregation Unit building. This plan would be in compliance with the requirements listed above.

Weekly Monitoring

Beginning September 3, 2007, each institution with an Administrative Segregation Unit Enhanced Outpatient Program Hub shall charter a Quality Improvement Team through the Quality Management Committee to ensure that out-of-cell time and treatment are maximized in the Administrative Segregation Unit Enhanced Outpatient Programs. The program director and captain for the Administrative Segregation Unit Enhanced Outpatient Program shall lead the Quality Improvement Team, and shall provide data weekly indicating the number of yard hours, showers, out-of-cell structured treatment hours, and cell front contacts, as well as, the reasons for cell-front contacts. If hours meet all Title 15 and Coleman Requirements, the Quality Improvement Team minutes shall note this fact and shall focus on continuous quality improvement of the treatment delivered. Barriers to meeting Coleman requirements shall be clearly identified. Remedies listed below for identified problems shall be employed. A monthly teleconference of all Administrative Segregation Unit Enhanced Outpatient Programs shall be held with the Regional Chief Psychologist to standardize solutions across institutions, and to reduce any systemic barriers.

The Quality Improvement Team shall consider the following short-term remedies for identified treatment needs:

Provision of Individual Sessions:

All available office space that is not currently being maximized shall be designated for Administrative Segregation Unit Enhanced Outpatient Program individual sessions.

Group Therapy:

Beginning immediately, institutions ordering therapeutic modules used for group treatment in Administrative Segregation Unit Enhanced Outpatient Program shall only order those approved by the Special Master. All modules shall be cleaned

daily, and inspected for cleanliness by the Sergeant assigned to Administrative Segregation Unit Enhanced Outpatient Program on a weekly basis. Therapeutic modules shall be placed in a "horseshoe" shape to facilitate interaction, where possible.

Where confidential treatment space is not available, and if escort to alternate areas is required, escort staff shall be assigned for this purpose.

Staffing:

Institutions not fully staffed, or where the inmate-patient population exceeds staffed capacity, shall utilize contract psychiatric technicians and clinical staff to reach full capacity consistent with the current staffing ratios.

Staff shall be directed, if necessary, to provide treatment on third watch and weekends, and shall be assigned to appropriate work hours for this purpose.

Administrative Segregation Office and Treatment Space

In order to ensure that space needs are adequately addressed, the Mental Health Program will be participating in the Office of the Receiver's space survey. The Dental Program is also participating given the need to coordinate space needs between all three programs. The survey will begin July 9, 2007, at Avenal State Prison and will conclude after all institutions have been reviewed. It is anticipated that the site visits and survey results will take approximately 90 days to complete. The Mental Health Program will ensure that space requirements for the Administrative Segregation Units are factored into this for overall health care space needs of each institution. The results of this survey will provide information necessary to seek temporary space for the Administrative Segregation Unit Enhanced Outpatient Program.

Based on the results of the survey, the Mental Health Program will, in conjunction with the Office of the Receiver, submit space requests to address the needs of the medical, mental health, and dental programs.

Given the recent passage of AB 900, funding from this measure may address some of the necessary support and programming space requirements resulting from additional capacity added by the Department's Infill Bed Plan that correlate to the space needs of the Mental Health Program. This will be determined during the 90-day planning session that will be undertaken to initiate a comprehensive plan for all health care space requirements.

In-cell recreation and group therapy resources:

Beginning January 2008, the CDCR shall standardize therapeutic materials, video-library, and in-cell activity resources in each Administrative Segregation Unit Enhanced Outpatient Program Hub. Funding in the amount of up to \$5,000 per year shall be designated from each institutions budget specifically for this purpose.

Treatment Refusals:

Beginning September 3, 2007, the designated mental health clinician assigned to inmate-patients who refuse more than 50% of offered treatment shall:

- Interact with these inmate-patients daily on scheduled work days (instead of weekly);
- Include in the treatment plan efforts to reduce resistance to participation in group therapy;
- Discuss these inmate-patients during the Administrative Segregation Unit morning meeting with custody;
- Consider referral of inmate-patients to higher levels of care and document the results of this consideration.

CONCLUSION

Through initiatives outlined above, the CDCR will provide increased oversight to ensure that inmate-patients who require Enhanced Outpatient Program level of care are placed in Administrative Segregation Units for the shortest possible period of time.

Weekly oversight by an institutional level Quality Improvement Team will ensure that problems related to the provision of mental health care are remedied as quickly as possible. Space for treatment will be addressed in coordination with the Receiver's space survey.

Some institutions may modify staff schedules in order to better utilize current treatment space. Longer term space requirements will be addressed by the CDCR's long-term bed plan. The use of the Administrative Segregation Unit Stand-Alone building at California State Prison, Sacramento may be an option to increase the statewide Administrative Segregation Unit Enhanced Outpatient Program treatment space capacity. This possibility will be further explored with *Coleman* parties. Therapy and in-cell recreation resources will be standardized, and inmate-patients who refuse to participate will be monitored more closely by clinical case managers.

The CDCR intends to continue to work with the Coleman Court's special master's team, court experts and Plaintiff's attorneys to address space, staffing, and resources to ensure adequate provision of mental health care and out-of-cell time to inmate-patients housed in the Administrative Segregation Unit Enhanced Outpatient Program.

**ADMINISTRATIVE SEGREGATION UNIT (ASU) ENHANCED OUTPATIENT PROGRAM (EOP)
TREATMENT IMPROVEMENT PLAN**

ASU EOP OUT OF CELL TIME

7/11/2007

<u>INSTITUTION</u>	<u>STAFFED CAPACITY</u>	<u>APRIL 27, 2007 CENSUS</u>	<u>AVERAGE LENGTH OF STAY IN DAYS</u>	<u>SMALL YARD HRS. OFFERED</u>	<u>WALK ALONE YD. OFFERED</u>	<u>PM YARD OFFERED</u>	<u>AVG. TX HRS. SCHEDULED*</u>	<u>OFFERED</u>	<u>REFUSED</u>
CMC	54	30	105	10	0	No	12	10.06	3.3
CMF	58	40	85	10	10	No	18.1	17.3	2.5
COR	54	55	73	0	15	No	12	10.31	6.17
LAC	54	57	180	10	10	No	12	12.45	5.5
MCSP	36	30	84	12	3.5	No	10.5	8.6	3.5
RJD	63	51	108	8	10	Yes	14	14.36	8.52
SAC	124	112	108	10	10	Yes	10.9	9.6	6
SQ-Cndmd	N/A	23	N/A	10	4.5	No	14.4	12.8	8.7
SQ-Ad Seg	36	28	38	10	4.5	No	11.6	10.3	4.7
SVSP	45	50	71	0	10	No	3.8	2.8	1.3
VSPW	9	8	102	0	10	No	11	11	2
				* As of June, 2007			* During April, 2007		

***Coleman* Defendants' EOP Reception Center Plan, 12-3-07,
filed with the Special Master**

DIVISION OF CORRECTIONAL HEALTH CARE SERVICES

P.O. Box 942883
Sacramento, CA 94283-0001



DEC 03 2007

Matthew A. Lopes, Jr., Esq.
Office of the Special Master
Pannone Lopes & Devereaux LLC
317 Iron Horse Way, Suite 301
Providence, RI 02908

Via: Lisa Tillman
Deputy Attorney General
Department of Justice
1300 "I" Street, Suite 125
P. O. Box 944255
Sacramento, CA 94244-2550


**RE: REVISED RECEPTION CENTER ENHANCED OUTPATIENT PROGRAM
PLAN**

Dear Mr. Lopes:

Enclosed please find our plan in response to the October 2, 2007 Court Order regarding the Enhanced Outpatient Program in Reception Centers.

If you have any questions, please contact me at (916) 323-0229.

Sincerely,


ROBIN DEZEMMER
Chief Deputy Secretary
Correctional Health Care Services

Enclosures

cc: Suzan Hubbard, Director, Division of Adult Institutions
Deborah Hysen, Chief Deputy Secretary, Facilities Planning, Construction and
Management
Nancy Bither, Deputy Director, Human Resources
Doug McKeever, Director, Mental Health Program
Scott Carney, Deputy Director, Administration
Karen Wong, Deputy Director, DCHCS
Jeffrey L. Metzner, M.D., Coleman Expert
Dennis F. Koson, M.D., Coleman Expert
Kerry Hughes, M.D., Coleman Expert
Melissa G. Warren, Ph.D., Coleman Expert
Raymond F. Patterson, M.D., Coleman Expert

DIVISION OF CORRECTIONAL HEALTH CARE SERVICES

P.O. Box 942883

Sacramento, CA 94283-0001



Paul Nicoll, *Coleman* Expert
Ted Ruggles, Ph.D., *Coleman* Expert
Mary Perrien, Ph.D., *Coleman* Expert
Mary-Joy Spencer, Esq., *Coleman* Expert
Yong Joo Erwin, LCSW, *Coleman* Expert
Kathryn A. Burns, M.D, MPH, *Coleman* Expert
Henry A. Dlugacz, *Coleman* Expert
Angela Shannon, *Coleman* Expert
Lisa Tillman, Office of the Attorney General
Misha Igra, Office of the Attorney General
Don Currier, Assistant Secretary, Office of Legal Affairs
Katherine Nelson, Office of Legal Affairs
Michael Stone, Office of Legal Affairs
Michael Bien, Rosen, Bien and Galvan
Donald Specter, Prison Law Office
Virginia Morrison, Esq., *Coleman*
Mohamedu F. Jones, Esq., *Coleman*
Patricia Williams, Esq., *Coleman*
Linda Buffardi, *Coleman*
Haunani Henry, *Coleman*
J. Ronald Metz, *Coleman*
Andrew Swanson, M.D., Chief Psychiatrist, DCHCS
Shama Chaiken, Ph.D., DCHCS
Marion Chiurazzi, Ph.D., DCHCS
Joe Moss, Division of Adult Institutions
Mary Neade, Division of Adult Institutions
Sharon Riegel, DCHCS

<p style="text-align: center;">Revised Plan for Mental Health Treatment of Enhanced Outpatient Program Inmates in Reception centers December 2007</p>
--

Background

In July 2006 the California Department of Corrections and Rehabilitation (CDCR) submitted a plan for mental health treatment of enhanced outpatient inmates in reception centers (RC) in accordance with a May 1, 2006 court order. The document outlined a treatment plan for inmates placed into the Enhanced Outpatient Program (EOP) level of care at reception centers, and addressed the anticipated use of housing and treatment space as well as staffing allocations. Implementation was planned pending evaluation of additional resources and approval of funding through the annual budget process.

The initial court order had identified the following seven reception centers for focus of this plan: California Institution for Men (CIM), Deuel Vocational Institute (DVI), California State Prison at San Quentin (SQ), North Kern State Prison (NKSP), Wasco State Prison (WSP), California State Prison, Los Angeles County (CSP/LAC), and Richard J. Donovan Correctional Facility (RJD). Court monitors and experts examined the EOP programming at these seven reception centers from April through June 2007 and, on July 2, 2007, filed a report with the court, summarizing their findings regarding each institution's compliance with the plan. While the degree of implementation varied by institution, none of the seven reception centers met all required standards. In addition, program implementation was only in the beginning stages at the time of the monitors and experts' site visits. The Special Master recommended to the court that CDCR submit a revised plan that specifies allocation of necessary staffing and space, requirements for initial screening and accelerated intake evaluations, timeframes for Interdisciplinary Treatment Team (IDTT) meetings for inmates identified as needing EOP level of care in reception, early identification of all reception center EOP inmates with release dates within 60 to 120 days, and training of all IDTT members regarding re-entry planning.

In response to the Special Master's report, on October 2, 2007, Judge Karlton ordered that the recommendations of the Special Master are adopted, and that within 60 days from the date of his order (due December 3, 2007), CDCR submit to the Special Master a revised plan for the provision of EOP treatment at the seven identified reception centers. This plan is in response to that order.

Reception Center Treatment Plan

Mental health services for EOP inmate-patients at reception centers shall be provided as follows:

1. All inmates arriving at reception centers are screened for health care needs within 24 hours of arrival during the initial bus screening. Any inmate identified during this screening by self-report, review of medical records, or inmate data bases as

having a history of prior EOP placement will be referred for an expedited clinical mental health evaluation.

2. Inmates identified as having a history of EOP placement will be assessed by a mental health clinician in an initial intake evaluation within seven days of arrival.
3. RC EOP inmates will be seen in an initial IDTT within 14 days of arrival, with a follow-up IDTT scheduled at intervals not to exceed 30 days until the inmate is transferred out of the reception center.
4. While housed in a reception center, EOP inmate-patients will be seen at least once per week by a clinical case manager (CCM) in a face-to-face contact. Case management activities are described in detail in the Mental Health Services Delivery System Program Guide and in the CDCR's plan previously submitted to the Special Master on July 31, 2006.
5. Out-of-cell structured therapeutic activities will be provided on a daily basis to allow for a minimum of one hour per day, five days per week for EOP patients at reception centers. Typical group offerings will include orientation to prison living, medication management, anger management and conflict resolution, social skills and daily living, emotional regulation, and goal planning, and are described further in the plan submitted on July 31, 2006. Group placement will be a function of the IDTT.
6. RC EOP inmates with release dates within 60 to 120 days will be identified prior to their initial IDTT whenever possible so that their treatment plans can incorporate individualized re-entry needs. Mental health and classification staff will work together to identify these inmate patients as early as possible and to arrive at the best estimate of the inmates' earliest possible release dates.

Status of Implementation of Court Order

A teleconference was conducted on October 15, 2007 during which the implementation status of the RC EOP plan and the requirements of the court orders were discussed with reception center mental health program supervisors, and they were asked to provide information specific to the directives in this Court's order dated October 2, 2007 of which they had a copy. In response to that teleconference, eleven reception centers submitted their reports. The following information is based on the information provided by the seven reception centers at focus of the Court Order.

- Reception centers were allocated additional positions as of January 2007 to ensure staffing for compliance with reception center EOP programming. Three institutions (LAC, RJD, and NKSP) reported that positions allocated and filled are sufficient to comply with RC EOP standards. The other four reception centers (SQ, WSP, CIM, and DVI) reported a need for additional resources (further detail provided in the Revised Implementation Plan below).

- The lack of dedicated treatment space remains a primary obstacle to program compliance. RC mental health programs continue to utilize space shared with custody, medical departments, and religious programs.
- Six of the seven reception centers (LAC, RJD, NKSP, CIM, DVI, and SQ) reported that newly arriving inmates with a history of EOP placement are being identified during the initial bus screening. Inmates are being assessed during the initial bus screening within 24 hours of arrival, and those with a history of prior participation in MHSDS at the EOP level of care are identified by means of self-report, records reviews, or inmate data bases.
- Four reception centers (LAC, RJD, NKSP, and DVI) reported that at least 90 percent of inmates identified with a history of EOP programming receive a mental health intake evaluation within seven days of arrival. Others have implemented the standard into their operating procedures but have not tracked or audited data sufficiently to verify compliance.
- Direction was provided during the teleconference on October 15, 2007 that initial IDTTs must occur within 14 days of the inmate's arrival, and follow-up IDTTs will be scheduled at intervals no greater than 30 days until the inmate transfers from reception. Four institutions (LAC, RJD, NKSP, and DVI) reported compliance with 30-day IDTTs at 90 percent or better while two reception centers (CIM and DVI) reported compliance with 14-day initial IDTTs. WSP reported an 80 percent compliance rate with initial IDTT requirements due to staffing shortages.
- Early identification of RC EOP inmates with release dates within 60 to 120 days from arrival has been problematic; no consistent processes have been developed to ensure timely notification to IDTTs to incorporate this information into treatment planning in a systematic fashion. Two institutions (DVI and WSP) reported receiving regular lists of parole dates through classification staff but generally there is an absence of timely information prior to the initial IDTT. As indicated in our original plan, this effort is hindered by the lack of a comprehensive Information Technology system, which is under the control of the Receiver.

Historically, institutions have relied in the past on outside services through the Transitional Case Management Program (TCMP). When services are provided, they occur to the extent that resources are made available and have been dedicated at each institution; however, there is not follow a uniform standard. Three reception centers (LAC, NKSP, and DVI) reported they have dedicated mental health staff to track EOP inmate-patients with imminent parole dates and to provide services. A fourth institution reported providing re-entry services in the context of RC EOP group treatment.

The Division of Adult Parole Operations (DAPO) has made progress with its program that utilizes contracted benefits workers to assist inmates with applications for federal and state benefit entitlements from the United States Social Security Administration (SSA), the California Department of Health Care Services, and the United States Veteran's Affairs (VA). A Public Entity contract was approved by the California Department of General Services on October 29, 2007, and recruitment and staffing has begun for 18 prisons including NKSP and WSP. A second contract for 15 additional institutions including CIM, DVI, LAC, RJD and SQ is pending approval within the first quarter of 2008. Agreements between CDCR and Division of Health Care Services (DHCS) with SSA and VA are pending final reviews and signatures.

Revised Implementation Plan and Monitoring

Staffing

Additional positions were allocated to RC EOP programs in January 2007 to allow for compliance with revised program requirements. A listing of position distribution to reception centers for the EOP RC plan is attached. Positions requested were determined based upon population and did not factor in considerations such as physical plant and other facility constraints. Therefore, CDCR will continue to evaluate staffing needs for each reception center and ensure recruitment efforts include the positions allocated in January 2007. In addition, once the workload study is approved we will evaluate the staffing recommendations of the study to determine if sufficient staffing is in place to adequately manage the RC EOP program.

Treatment Space

Treatment space for group and individual treatment is being provided in existing classrooms, offices shared with custody and medical staff, chapels, and other available space as determined by each institution. Six reception centers have identified a potential need for additional or improved treatment space for individual and group therapy to provide settings with adequate privacy and confidentiality the RC EOP program. These space needs are being developed, and if additional resources are required to support these needs, funding will be requested through the 2009-10 Budget development process.

Treatment Planning

A memorandum dated December 3, 2007 will be distributed to Chiefs of Mental Health, reiterating and clarifying requirements and timeframes under this Court's order to provide EOP care in Reception Centers (attached). Compliance with timely screenings, intake evaluations, initial and subsequent IDTTs, case management contacts, and group participation will be monitored by use of data provided through Mental Health Screening System (MHSS) and the Mental Health Tracking System (MHTS) databases on an ongoing basis. Where these databases are not functional, institutional staff will utilize

alternate methods of monitoring (such as chart audits and use of logs) to provide verification of compliance.

Pre-Release Planning

A focused improvement team (FIT) will be chartered to develop a systematic approach for the early identification of RC EOP inmate-patients with parole dates within 60 to 120 days of arrival. The anticipated completion date for this FIT will be 120 days from the approval of this plan, and instructions and training will be provided to institutional staff within 60 days thereafter.

To ensure consistent re-entry planning, a focused improvement team will develop a training outline that identifies CDCR, parole, and community resources available to inmate-patients re-entering the community, and to the clinicians providing their mental health care in reception centers. The anticipated completion date for this FIT will be 120 days from the approval of this plan, and training for all members of RC EOP treatment teams will be scheduled for each institution for completion within 60 days thereafter. Videotapes will be provided to each institution after this initial training to be viewed by new staff hired after the training dates.

Oversight of Plan Implementation

A project manager has been assigned at the Mental Health Program, Division of Correctional Health Care Services to oversee the implementation of this plan and follow up with each RC on a monthly basis. The project manager will serve as a liaison between institutional mental health programs and central office to facilitate the collection of data to ensure all elements of the RC EOP plan are being implemented. When data from programs such as MHSS and MHTS indicates an institution is not meeting key performance indicators, the Program Support Teams will be utilized to provide assistance to bring the institution into compliance. In addition, the project manager will monitor recruitment and hiring efforts for RC EOP programs and work with the Office of Workforce Planning to identify Reception centers with high vacancy rates in order to prioritize recruitment efforts.

***Coleman* Order re Implementation of Special Master's
Recommendations on Plan to Prevent Suicides in Administrative
Segregation, 6-1-07 (Docket 2255)**

1
2
3
4
5
6
7
8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE EASTERN DISTRICT OF CALIFORNIA

10 RALPH COLEMAN, et al.,

11 Plaintiffs,

No. CIV S-90-0520 LKK JFM P

12 vs.

13 ARNOLD SCHWARZENEGGER,
14 et al.,

15 Defendants.

ORDER

16 On May 14, 2007, the special master filed a supplemental report and
17 recommendations on defendants' plan to prevent suicides in administrative segregation. The
18 report contains a series of recommendations for court orders requiring action by defendants. On
19 May 29, 2007, defendants filed a response and objections to the special master's report and
20 recommendations.

21 In the report, the special master finds that "the reliance on inmate day labor may
22 be a major obstacle to more rapid completion" of small management yards which are necessary
23 for outdoor exercise for inmates in administrative segregation. (Report, filed May 14, 2007, at
24 3.) Defendants request that this finding be amended to indicate that, for several reasons, the use
25 of inmate day labor may expedite completion of the yards. (Defendants' Response to Special
26 Master's Report, filed May 29, 2006, at 2.) At this stage of the proceedings, the court is not

1 prepared to make any specific findings concerning the use of inmate labor for these projects,
2 including whether the use of such labor would help or hurt the timely completion of the small
3 management yards. Defendants' request for an amended finding will be denied without
4 prejudice. Defendants may present additional information and evidence to the special master
5 concerning the use of inmate labor in the construction of small management yards and the special
6 master may, as appropriate, tender additional findings to the court concerning the use of such
7 labor in one of his subsequent semi-annual monitoring reports.

8 The special master's first recommendation is as follows:

9 Within 90 days defendants should be required to submit a plan that
10 will satisfy their need for sufficient small management yards to
11 meet Title 15 exercise requirements for inmates in administrative
12 segregation. This plan should call for the funding and completion
13 of construction of the remaining yards by the end of fiscal year
2008/2009. The plan should also include provisions for better
utilization of the existing small management yards and
coordination with available staff to maximize yard usage.

14 (Report, at 10.) Defendants object to that part of this recommendation that would require them to
15 complete construction of all required small management yards for administrative segregation use
16 by the end of fiscal year 2008/2009. Defendants contend that the "organizational resources"
17 required to meet this task "are also being called upon to meet the constitutional needs of inmates
18 for proper medical, mental health, and dental treatment spaces and to meet the statutory mandates
19 of AB 900" and that the "organizational resources must now be evaluated in light of those
20 multiple and often competing demands before any further commitments can be made."

21 (Defendants' Response, at 3.)

22 At present, defendants have only 719 of the 1,480 small management yards
23 required to give necessary out of cell exercise time to inmates in administrative segregation.
24 (Report, at 3.) Eighty-six additional yards are under construction, and defendants are presently
25 seeking legislative authority to fund 179 additional yards in fiscal year 2007/08. (Defendants'
26 Response, at 3.) If that funding were approved, defendants then planned to seek funding for an

1 additional 179 yards for fiscal year 2008/09. (Id.). They do not plan to complete building all the
2 necessary yards until 2012. (Report, at 3.) As the special master found, 2012 is "simply too
3 late." Defendants' objection will be overruled.

4 The only other recommendation to which the defendants interpose an objection is
5 the recommendation that they perform within sixty days an assessment of the space needs for
6 providing confidential mental health interviews. Defendants seek ninety days to complete this
7 assessment. The special master reports that defendants have not conducted the assessments
8 promised in their October 2006 plan for determining the resources needed to provide sufficient
9 space for confidential mental health interviews. (Report, at 8.) Beyond making the request for
10 more time, defendants tender no reason why the assessment cannot be completed on the schedule
11 recommended by the special master. Defendants' objection will be overruled.

12 In accordance with the above, IT IS HEREBY ORDERED that:

13 1. Defendants' request to amend the factual finding of the special master
14 concerning the use of inmate day labor in the construction of small management yards is denied
15 without prejudice.

16 2. Defendants' objections to the special master's May 14, 2007 report are
17 overruled.

18 3. The special master's May 14, 2007 report and the recommendations contained
19 therein are adopted in full.

20 4. Within ninety days from the date of this order defendants shall submit a plan
21 that will satisfy their need for sufficient small management yards to meet Title 15 exercise
22 requirements for inmates in administrative segregation. This plan shall call for the funding and
23 completion of the remaining yards by the end of fiscal year 2008/2009. The plan shall also
24 include provisions for better utilization of the existing small management yards and coordination
25 with available staff to maximize yard usage.

26 5. Within sixty days from the date of this order, defendants shall accomplish the

1 following:

2 a. develop a plan to require each institution to train
3 staff on accurate logging of 30-minute welfare
4 checks and to track and self-monitor compliance
5 with the performance of these checks;

6 b. provide budgetary figures for the construction of
7 the physical features of the non-stand alone intake
8 cells;

9 c. submit a report on each institution's capability to
10 provide televisions and/or radios to inmates in
11 administrative segregation;

12 d. submit a status report on the implementation of
13 the suicide history tracking system and a plan to
14 train staff in its use and improve access to suicidal
15 history data at all relevant times;

16 e. provide a specific assessment of their space
17 needs for providing confidential mental health
18 interviews; and

19 f. produce evidence that required CPR refresher
20 training was accomplished by submitting
21 documentation of the required proof of practice.

22 6. Defendants shall include the following in the report on enhanced outpatient
23 programs in administrative segregation required by this court's March 9, 2007 order:

24 a. their plan for modification of the present
25 requirement that allows ICC reviews for inmates in
26 administrative segregation. Defendants should
consider conducting ICC reviews every 45 days for
those inmates awaiting disposition of referrals to
local district attorneys and possibly for all mental
health caseload inmates who have been held in
administrative segregation over 90 days.
Defendants should also consider transferring
inmates in administrative segregation to more
appropriate placements pending processing of their
DA referrals; and


24 /////

25 /////

26 /////

b. a breakdown of the numbers of administrative segregation inmates currently awaiting transfer to the sensitive needs yards.

DATED: May 31, 2007.


LAWRENCE K. KARLTON
SENIOR JUDGE
UNITED STATES DISTRICT COURT

***Coleman* Order re Implementation of EOP Reception Center
Programs, 10-20-06 (Docket 1998)**

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

RALPH COLEMAN, et al.,

Plaintiffs,

No. CIV S-90-0520 LKK JFM P

vs.

GRAY DAVIS, et al.,

Defendants.

ORDER

By order filed May 2, 2006, defendants were directed to file within sixty days an amended long term plan for provision of acute and intermediate care and mental health crisis beds and within forty-five days a plan for interim provision of intermediate inpatient beds and mental health crisis beds. Plaintiffs were granted a period of ten days in which to file and serve a response to the interim plan. Defendants timely filed both plans. Thereafter, plaintiffs filed objections to both the interim plan and the amended long term plan.¹ In a separate order, also filed May 2, 2006, defendants were directed to file within ninety days a plan for providing adequate mental health care to inmates in reception centers identified as requiring an enhanced

¹ Defendants filed a response to plaintiffs' objections to the amended long term bed plan in which they declined to offer a formal response to plaintiffs' specific objections unless directed to do so by court order. (Defendants' Response to Plaintiff's Objections to Amended Long Term Bed Plan, filed July 21, 2006.)

1 outpatient program level of care and remaining in reception centers longer than sixty days.
2 Defendants also timely filed that plan, and plaintiffs have filed objections thereto.

3 On September 11, 2006, the Special Master filed a report on the status and
4 sufficiency of the three plans. The report contained four recommendations for action by the
5 court. The parties each filed a response to the supplemental report. Thereafter, the Special
6 Master advised the court that, in light of the parties' responses, he would propose some
7 modifications to his September 11, 2006 recommendations. By order filed October 5, 2006, the
8 Special Master was directed to file his modified recommendations within three days, and the
9 parties were given three days thereafter in which to file and serve responses to the modified
10 recommendations.

11 On October 10, 2006, the Special Master filed his revised recommendations. On
12 October 13, 2006, the parties each filed a response to those revised recommendations. After
13 review of all of the relevant documents herein, and good cause appearing, the revised
14 recommendations will be adopted in full. All objections thereto are overruled.

15 In accordance with the above, IT IS HEREBY ORDERED that:

16 1. The revised recommendations of the Special Master filed October 10, 2006 are
17 adopted in full.

18 2. The program population projections in the revised and updated Navigant Study
19 are approved. Defendants shall contract with Navigant Consultants to conduct annual population
20 reviews and updates of their projections for mental health program populations from 2007
21 through 2009. Thereafter, defendants may obtain such population projections services through
22 the normal contract bidding process. The Navigant service contract shall be controlled and
23 supervised by the California Department of Corrections and Rehabilitation's (CDCR) Division of
24 Correctional Health Care Services rather than the CDCR's Division of Legal Affairs. The
25 Special Master, and such of his experts as he may assign to the task, shall work with the

26 /////

1 defendants and Navigant to improve the projections and ensure that all necessary data is collected
2 to make future projections as accurate as possible.

3 3. The Special Master shall monitor closely the swap of acute inpatient beds
4 between California Medical Facility and Atascadero State Hospital and any delays in the transfer
5 of seriously mentally disordered inmates to mental health crisis beds within 24 hours of a clinical
6 referral and report to the court in writing on these two issues within ninety days.

7 4. Within sixty days from the date of this order defendants shall file a final long
8 range plan for the provision of acute and intermediate inpatient beds, as well as a plan for the
9 provision of enhanced outpatient program (EOP) beds, for all seriously mentally ill male and
10 female CDCR inmates clinically determined to be in need of those levels of care. These
11 consolidated plans shall meet or exceed the program population projections contained in the
12 approved Navigant study and shall include a process for regular updates of bed need projections
13 and ongoing planning for new mental health beds based on subsequently revised projections.
14 Defendants' plan shall also address the feasibility of a "Design and Build" approach for the
15 construction projects specified in the consolidated plan and shall coordinate the use of such an
16 approach with any related Design and Built efforts in the Plata case.² Defendants' consolidated
17 plan shall include a timetable, budget planning and resource allocations to meet projected
18 populations by June 30, 2011. The consolidated plan shall also include construction of the 50-
19 bed mental health crisis bed unit at California Men's Colony proposed in defendants' revised
20 interim bed plan.


21 5. Defendants shall accelerate implementation of their plan for new EOP
22 treatment programs in CDCR Reception Centers so the proposed programs become operational
23 by January 1, 2007. Defendants shall add treatment programs for EOP inmates in the Reception
24 Center at California State Prison, Los Angeles County, in addition to the five reception centers
25

26 ² Plata v. Schwarzenegger, 01-cv-01351 TEH (N.D. Cal.).

1 enumerated in the original plan. The Special Master shall monitor the added EOP services
2 provided in the six institutions covered in the plan and report to the court by June 30, 2007
3 whether the program needs to be extended to any other CDCR Reception Centers.

4 6. Defendants' interim plan for the temporary establishment of 76 inpatient
5 intermediate Department of Mental Health (DMH) beds in the D-5 and D-6 units at Salinas
6 Valley State Prison and 30 beds in the P-3 Wing at California Medical Facility is approved. The
7 Special Master shall review these programs, as well as the other intermediate inpatient DMH
8 programs opened in California Medical Facility and Salinas Valley State Prison pursuant to the
9 defendants' interim plan and report to the court by March 31, 2007 on the defendants' success in
10 implementing these interim programs.

11 DATED: October 20, 2006.

12
13
14 
15 LAWRENCE K. KARLTON
16 SENIOR JUDGE
17 UNITED STATES DISTRICT COURT
18
19
20
21
22
23
24
25
26

***Coleman* Order re Revised Reception Center Plan,
10-3-07 (Docket 2450)**

1
2
3
4
5
6
7
8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE EASTERN DISTRICT OF CALIFORNIA

10 RALPH COLEMAN, et al.,

11 Plaintiffs,

No. CIV S-90-0520 LKK JFM P

12 vs.

13 ARNOLD SCHWARZENEGGER,
14 et al.,

15 Defendants.

ORDER

16 Pursuant to this court's October 20, 2006 order, on July 2, 2007 the special master
17 filed a report and recommendations on defendants' enhanced outpatient (EOP) treatment
18 programs in reception centers. On July 12, 2007, defendants filed a response to the report in
19 which they interposed objections to some of the recommendations contained therein. On July
20 24, 2007, plaintiffs filed a response to defendants' objections. By order filed August 2, 2007, the
21 matter was referred back to the special master for review of the July 2, 2007 recommendations in
22 light of defendants' objections and plaintiffs' response thereto. On August 15, 2007, the special
23 master filed a supplemental report and recommendations. Neither party has filed objections to
24 the supplemental report and recommendations.

25 ////

26 ////

1 In his July 2, 2007 report, the special master recommends that defendants be
2 directed to, within sixty days, submit to him for review a plan for the provision of EOP treatment
3 programs at reception centers revised to include the following features:

- 4 • Allocation of necessary staffing and space for each of the seven EOP
5 reception center programs.
- 6 • Required initial screening of arriving inmates who have recent histories of
7 EOP designation, to occur within 72 hours of arrival, and initial mental
8 health evaluations to occur within seven days of arrival.
- 9 • Specification of timeframes and schedules for initial follow-up IDTT
10 meetings for every EOP reception center inmate, to continue until the
11 inmate is transferred to a general population enhanced outpatient program.
- 12 • Required identification as early as possible of all reception center EOP
13 inmates who have, or might have, imminent release dates, that is, within
14 60 to 120 days, preferably to be accomplished within the IDTT process.
15 Such inmates should be provided with treatment plans that address their
16 individualized re-entry needs and include the best estimate of the inmates'
17 earliest possible release dates.
- 18 • Training of all members of program IDTTs on re-entry planning for
19 inmates who have imminent release dates. The training should cover, but
20 not be limited to, preparation of inmate applications for federal and state
21 benefits, initiation of conservatorships, liaison with parole outpatient
22 program staff, and screening for in-patient placements. The process for
23 securing federal and state benefits entitlements and community-based
24 continuity of care should be clearly defined, and training provided should
25 cover preparation of all necessary entitlement program authorizations,
26 including but not limited to those for the Social Security Administration
and Veterans agencies.

19 Special Master's Report and Recommendations on Defendants' Enhanced Outpatient Treatment
20 Program in Reception Centers, filed July 2, 2007, at 2. The special master's August 15, 2007
21 supplemental report adds an additional recommendation, as follows:

- 22 • Inmates identified as needing an EOP level of care in
23 reception be afforded accelerated initial programmatic
24 evaluation and intake within no more than seven days, or
much more quickly than the 14 days allowed for intake in a
general population EOP.

25 /////

26 /////

1 Special Master's Supplemental Report and Recommendations on Defendants' Enhanced
2 Outpatient Treatment Program in Reception Centers (Supplemental Report), filed August 15,
3 2007, at 4.

4 In their July 12, 2007 objections, defendants object to the first, second, and fifth
5 of the recommendations in the special master's July 2, 2007 recommendations. With respect to
6 the first recommendation, defendants state that staffing was allocated as of January 1, 2007, that
7 "the allocated staffing positions were being established and filled shortly before the filing of" the
8 report, and that the allocation of space requires coordination with the Receiver in Plata v.
9 Schwarzenegger, Case No. C01-1351 TEH (N.D. Cal.) as well as court representatives in Perez
10 v. Schwarzenegger, Case No. C05-5241 JSW (N.D. Cal.) and Armstrong v. Schwarzenegger,
11 Case No. C94-2307 CW (N.D. Cal.). Defendants' Responses and Objections to Special Master
12 Keating's Report on Defendants' Plan to Provide Enhanced Outpatient Program Care at
13 Reception Centers (Defendants' Objections), filed July 12, 2007, at 2. Nothing in defendants'
14 objections precludes them from including clear and specific information about the allocation of
15 staffing and space for these EOP reception center treatment programs. Defendants' objection to
16 the first recommendation is overruled.

17 Defendants raise two objections to the special master's second recommendation.
18 First, they contend that they do not presently have "the necessary computerized records system
19 to enable determination of which inmates have recent histories of EOP designation." Second,
20 they contend they already do a bus screening of all inmates within 72 hours of arrival, and a
21 mental health screen within seven days of arrival, and that to the extent the special master's
22 recommendation requires a revision of the Revised Program Guide it "exceeds the applicable
23 standard of care for constitutionally-mandated mental health services." Defendants' Objections,
24 at 2.

25 In his supplemental report, the special master outlines the three-tiered mental
26 health screening and evaluation process for inmates arriving at reception centers, as follows:

1 Reception center mental health screening and evaluation involve a
2 three-tiered process. When an inmate arrives at a reception center,
3 he or she must receive an initial health screening ("bus screen")
4 within 24 hours of arrival at the reception center. [Footnote
5 citation to Revised Program Guide omitted.] At the next step, he
6 or she must be administered a mental health screening for possible
7 mental health needs ("the 31-question screen") within seven days
8 of arrival. [Footnote citation to Revised Program Guide omitted.]
9 The third step in the evaluation process is administration of a full
10 clinical mental health evaluation of the arriving inmate ("CDCR
11 Form 7386"), if he or she has been identified as having a possible
12 mental health need. This evaluation must occur within 18 calendar
13 days of the inmate's arrival at the reception center. [Footnote
14 citation to Revised Program Guide omitted.]

15 Supplemental Report, at 3. The special master clarifies that the second recommendation was not
16 intended to override the relevant screening provisions of the Revised Program Guide, nor was it
17 "intended to suggest that all inmates arriving at reception centers must receive a mental health
18 screening within 72 hours or a full mental health evaluation (the CDCR Form 7386 mental health
19 evaluation) within seven days, as opposed to 18 days, following arrival." Supplemental Report,
20 at 3. Rather, the recommendation was focused on providing an accelerated initial programmatic
21 evaluation for those inmates who have a prior history of involvement in an EOP program in the
22 CDCR. Defendants have not filed objections to the supplemental report, which clarifies the
23 special master's second recommendation. To the extent, if at all, that the objection has not been
24 resolved by the supplemental report and recommendation, it is overruled.

25 Defendants object to the fourth recommendation on the ground that it "assumes
26 the consistent and immediate availability of data concerning imminent release dates" which they
27 contend "is not consistently nor immediately available to enable immediate identification of
28 inmates with imminent release dates within 60 to 120 days." Defendants' Objections at 3. This
29 objection is overruled.¹

¹ The basis for this objection is not entirely clear. To the extent that the objection is
based on a representation that information on inmate release dates is not yet in a computerized
database, it appears to the court that, while a computerized database might be useful, it should
not be essential to the efficient accessibility of such information.

1 In accordance with the above, IT IS HEREBY ORDERED that the July 2, 2007
2 recommendations of the special master, as revised and supplemented on August 15, 2007, are
3 adopted in full. Within sixty days from the date of this order defendants shall submit to the
4 special master for review their plan for the provision of EOP treatment programs at reception
5 centers revised to include the following features:

- 6 • Allocation of necessary staffing and space for each of the seven EOP
7 reception center programs.
- 8 • A requirement that any arriving inmate identified during the initial bus
9 screening, conducted within 24 hours of an inmate's arrival, as having a
10 history of prior involvement in an EOP, be referred for an expedited
11 clinical mental health evaluation within seven days of arrival to determine
12 whether the inmate still needs an EOP level of care.
- 13 • Inmates identified as needing an EOP level of care in reception be
14 afforded accelerated initial programmatic evaluation and intake within no
15 more than seven days, which is quicker than the 14 days normally allowed
16 for intake in a general population EOP.
- 17 • Specification of timeframes and schedules for initial follow-up IDTT
18 meetings for every EOP reception center inmate, to continue until the
19 inmate is transferred to a general population enhanced outpatient program.
- 20 • Required identification as early as possible of all reception center EOP
21 inmates who have, or might have, imminent release dates, that is, within
22 60 to 120 days, preferably to be accomplished within the IDTT process.
23 Such inmates should be provided with treatment plans that address their
24 individualized re-entry needs and include the best estimate of the inmates'
25 earliest possible release dates.
- 26 • Training of all members of program IDTTs on re-entry planning for
inmates who have imminent release dates. The training should cover, but
not be limited to, preparation of inmate applications for federal and state
benefits, initiation of conservatorships, liaison with parole outpatient
program staff, and screening for in-patient placements. The process for
securing federal and state benefits entitlements and community-based
continuity of care should be clearly defined, and training provided should
cover preparation of all necessary entitlement program authorizations,
including but not limited to those for the Social Security Administration
and Veterans agencies.


24 /////

25 /////

26 /////

1 The special master shall report to the court on the adequacy of the plan in the twentieth round .
2 monitoring report.

3 DATED: October 2, 2007.

4
5 
6 LAWRENCE K. KARLTON
7 SENIOR JUDGE
8 UNITED STATES DISTRICT COURT
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

***Coleman* Order re Provision of Life Support by Custody Staff,
6-9-05 (Docket 1668)**

1
2
3
4
5
6
7
8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE EASTERN DISTRICT OF CALIFORNIA

10 RALPH COLEMAN, et al.,

11 Plaintiffs,

No. CIV S-90-0520 LKK JFM P

12 vs.

13 ARNOLD SCHWARZENEGGER,
14 et al.,

15 Defendants.

ORDER

16 On April 28, 2005, the special master filed a report on suicides completed in the
17 California Department of Corrections (CDC) in calendar year 2003. The report contains five
18 recommendations for specific action by defendants. Neither party has filed objections to the
19 report or its recommendations. Good cause appearing, the special master's recommendations
20 will be the order of the court.

21 In accordance with the above, IT IS HEREBY ORDERED that:

22 1. Within thirty days from the date of this order defendants shall submit to the
23 special master a plan for dealing with the hazard of large-mesh ventilation screens in
24 administrative segregation cells in which mental health caseload inmates are housed.

25 2. Within sixty days from the date of this order defendants shall develop and
26 implement a policy that establishes clearly and unequivocally a requirement for custody staff to

1 provide immediate life support, if trained to do so, until medical staff arrive to initiate or
2 continue life support measures, irrespective of whether the obligation to do so is part of the
3 particular custody staff member's duty statement.

4 3. The defendants shall provide the special master with a summary description of
5 the methods and outcomes of all investigations whenever the Suicide Report or suicide review
6 process refers any member of the mental health, medical or custody staff, initially judged to have
7 been responsible for some act of incompetence, malfeasance or negligence, to another
8 investigatory and/or disciplinary channel.

9 4. Within ninety days from the date of this order the Health Care Services
10 division of the CDC shall develop as part of the suicide review process a procedure to ensure the
11 implementation of remedies described or promised in institutional responses to the
12 recommendations for corrective action in individual Suicide Reports.

13 5. Within sixty days from the date of this order defendants shall develop a plan
14 for the initiation of a process for tracking the suicidal history of inmates in CDC's mental health
15 caseload in the Mental Health Tracking System and/or any successor management information
16 system used by the department

17 DATED: June 9, 2005.

18 /s/Lawrence K. Karlton
19 LAWRENCE K. KARLTON
20 SENIOR JUDGE
UNITED STATES DISTRICT COURT

21 /suicide2003.mr
22
23
24
25
26

Revised Program Guide, 12-10-21 to 12-10-24

MENTAL HEALTH SERVICES DELIVERY SYSTEM

PROGRAM GUIDE

September 2006



Division of Correctional Health Care Services

Department of Corrections & Rehabilitation

responsible for ensuring that the contacts occur. The frequency of visits may then be reassessed. Housing unit custody officers and mental health staff shall communicate regarding the inmate-patient's status.

- Custody shall conduct an hourly check of inmate-patients discharged from the MHCB (admitted for suicidal ideations, threats, or attempt) for the first twenty-four (24) hours after discharge. A mental health clinician shall then discuss the inmate-patient's behavior with the custody staff and evaluate the inmate-patient to determine if the custody checks should be continued or discontinued. If the custody checks are continued, the mental health clinician shall determine whether the checks are to be every hour, every two hours, or every four hours for the next 24-48 hours. If after a second evaluation, mental health clinical staff feel additional hourly checks are required, the inmate shall be readmitted to the MHCB for further stabilization. Custody staff shall maintain a log on CDCR Form 114A Isolation/Segregation Record of rounds on inmate-patients.
- The Local SPR FIT shall regularly audit compliance with the 5-day clinical follow-up and custody wellness check procedure. Audit findings shall be forwarded monthly to the Local MHP Subcommittee.

3. Response to Self-Injurious Behaviors and Suicide Attempts

Self-injurious behaviors cause, or are likely to cause, physical self-injury. A suicide attempt is an intentional act that is deliberately designed to end one's own life. Both are medical emergencies that require immediate and appropriate responses.

Custody Protocol

In medical emergencies, the primary objective is to preserve life. All peace officers who respond to a medical emergency are mandated, pursuant to court order, to provide immediate life support, if trained to do so, until medical staff arrives to continue life support measures. All peace officers must carry a personal Cardiopulmonary Resuscitation (CPR) mouth shield at all times.

The officer must assess and ensure it is reasonably safe to perform life support by effecting the following actions:

- Sound an alarm (a personal alarm or, if one is not issued, an alarm based on local procedures must be used) to summon necessary personnel and/or additional custody personnel.
- Determine and respond appropriately to any exposed bloodborne pathogens.

Suicide Prevention and Response Mental Health Services Delivery System

- Determine and neutralize any significant security threats to self or others including any circumstances causing harm to the involved inmate.
- Initiate life saving measures consistent with training.

The responding peace officer will be required to articulate the decision made regarding immediate life support and actions taken or not taken, including cases where life support is not initiated consistent with training and/or situations which pose a significant threat to the officer or others.

Clinical and Custody Combined Efforts

Upon arrival, responding medical personnel shall relieve the correctional peace officer and assume primary responsibility for the provision of medical attention and life saving efforts. Custody and medical personnel together are responsible for the continuance of life saving efforts for as long as necessary.

Preservation of life shall take priority over preservation of a crime scene.

Emergency Response

The following first aid procedures shall be implemented when an inmate attempts suicide by hanging, laceration, or other methods:

Hanging

Medical and custodial staff shall be informed of the nature of the emergency by the most expedient method available. The cut-down kit shall be transported to the location immediately by custody staff. Clearing the obstruction to the airway as quickly as possible is critical to saving the life of the inmate who has attempted suicide by hanging. When it appears safe, a minimum of two staff shall enter the area where the inmate is located, relieve pressure on the airway by using a stable object for support of the inmate's body or by physically lifting the inmate's weight off the noose. The inmate shall be cut down by cutting above the knot and then loosening the noose. Custody staff shall preserve any item of evidentiary value.

Once the inmate is cut down, custody staff shall provide immediate life support, if trained to do so, until medical staff arrives to continue life support measures.

Medical staff, upon arrival, shall assume responsibility for medical care, as outlined in the institution's local operating procedures for emergencies, including any decisions regarding initiating or continuing CPR.

If possible, the inmate shall also be transported to a triage and treatment area.

Laceration

General guidelines:

- Use impervious latex gloves and/or appropriate, personal protective equipment
- Utilize whatever clean material is available to apply pressure to the wound site
- Elevate extremities if they are bleeding
- Transport to a triage and treatment area or an emergency room

Other Methods (overdosing, trauma, swallowing dangerous objects):

- Provide assistance to medical staff and obtain as much information as possible.
- Staff shall perform the Heimlich maneuver if choking is evident.

Cut-down Kit Availability

Each warden shall ensure that cut-down kits:

- Are maintained within each housing unit
- Are inventoried and inspected on a daily basis with problems immediately reported to a supervisor
- Consist of a lockable metal box containing:
 - a. One inventory list affixed to the inside of the box door
 - b. One emergency cut-down tool
 - c. One single-patient-use resuscitator (e.g., AMBU Single-Patient-Use Resuscitator)
 - d. One CPR mask (e.g., Lardell CPR Mask, for use by CPR-certified staff only)
 - e. Minimum of ten latex gloves

- f. Disposable oral airway

IV. SUICIDE REPORTING

All reports of death shall be in accordance with DOM section 51070, Deaths.

If at any point during the review of the case, questions arise regarding any circumstances surrounding or leading up to the suicide that may be attributed to employee misconduct, the MHSR, the Health Care Manager (HCM), or other responsible individuals may request a misconduct investigation. In this event, the MHSR shall immediately consult with the DCHCS SPR FIT Coordinator to determine further action. Requests for further misconduct inquiry and/or investigation shall be referred in accordance with DOM Chapter 3, Article 14, Employee Misconduct Investigations/Inquiries. Even if the matter is referred, all other aspects of the suicide review shall continue.

Local Institution Responsibilities

- In the case of an inmate suicide death, the watch commander or senior custody officer shall be notified immediately, and shall subsequently notify the Warden, or evenings, weekends and holidays, the Administrative Officer of the Day. Upon notification of a possible death, the senior custody officer or the watch commander shall determine the need to secure the death scene and initiate investigation or other custody measures as indicated in accordance with DOM Section 51070.7.
- The institution's Chief Medical Officer (CMO) or physician designee shall have primary responsibility for reporting the death within eight (8) hours to the DCHCS Death Notification Coordinator (DNC).
- The initial reporting procedures and submission of the CDCR Form 7229 A, Initial Inmate Death Report, shall be completed and submitted in accordance with the procedures set forth in DOM 51070.9, Deaths. The Initial Inmate Suicide Report (Form 7229 B) shall be completed by the Local SPR FIT Coordinator or designee, and shall be reviewed, signed and dated by the HCM/CMO. It shall be submitted to the DNC at Central Office by the close of the second business day following the date of death. This form shall contain relevant information including the method of suicide, mental health LOC, psychiatric diagnoses (if applicable), behavioral problems observed, recent history of suicidal ideations or attempts, medication, and recent stressors.

V. SUICIDE DEATH REVIEW