

Achieving Constitutional Levels of Medical Care in California's Prisons

Goal 5. Construct Necessary Clinical,
Administrative and Housing Facilities

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Federal Receiver
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Mission

Reduce unnecessary morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and coordinate the delivery of medical care with mental health, dental, and disability programs.

Goals

1. Improving the Medical Program;
2. Ensuring Timely Access to Care;
3. Strengthening the Health Care Workforce;
4. Establishing Medical Support Infrastructure; and,
5. Building Necessary Health Care and Health Care-Related Facilities.

Expansion Program (\$6 Billion);

Upgrade Program (\$1 Billion);

San Quentin Program (\$170 Million).

Expansion Program

- **Six or Seven Facilities to Serve a Total of Approximately 10,000 Patients**
 - Facility Capacity Determined by Needs Studies (Navigant / Abt)
 - 50% of space for clinical and administrative
 - 50% of space for housing
 - 75% housing will be open dorm suitable for direct supervision (sheltered living quality)
 - 25% will be assisted-living & licensed nursing-home quality

Medical	Capacity	
General Pop.	3,650	
Low Acuity	900	
High Acuity	450	
Subtotal	5,000	

Mental Health	Capacity	
Enh. Outpatient	3,672	
Intermediate	350	
Acute & Crisis	270	
Subtotal	4,292	

Expansion Program

- **Six or Seven Facilities to Serve a Total of Approximately 10,000 Patients**
 - To expedite construction, we are exploring sites on State-owned property, preferably at existing CDCR institutions.
 - Geographical dispersal of sites around the State.
 - Looking for areas where recruitment and retention of staff will be relatively easy.

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Low Acuity	900	
High Acuity	450	
Subtotal	5,000	

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Intermediate	350	
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Subtotal	4,292	

Expansion Program

- Six or Seven Facilities to Serve a Total of Approximately 10,000 Patients
- **Major Step Towards Ending Class Actions**
 - Medical (*Plata*)
 - Mental (*Coleman*)
 - ADA (*Armstrong*)
 - Each facility will be fully *Perez* (dental) compliant

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General Pop.	3,650	
Low Acuity	900	
High Acuity	450	
Subtotal	5,000	

Mental Health	Capacity	
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Intermediate	350	
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Subtotal	4,292	

Expansion Program

- Six or Seven Facilities to Serve a Total of Approximately 10,000 Patients
- Major Step Towards Ending Class Actions
- **Overcrowding Relief**
 - 4,790 beds for Level III & Level IV inmates
 - Operationally equivalent to up to 7,500 new spaces in CDCR for Level III & IV prisoners (depending upon policy and housing decisions made by CDCR)

Medical	Capacity	Level III-IV
General Pop.	3,650	2,227
Low Acuity	900	549
High Acuity	450	275
Subtotal	5,000	3,051

Mental Health	Capacity	Level III-IV
Enh. Outpatient	3,672	1,420
Intermediate	350	177
Acute & Crisis	270	142
Subtotal	4,292	1,739

Expansion Program

- Six or Seven Facilities to Serve a Total of Approximately 10,000 Patients
- Major Step Towards Ending Class Actions
- Overcrowding Relief
- **Option: Rehabilitation Oriented, 500-Bed Reentry Facilities**
 - Receiver stands ready to construct a 500-bed re-entry facility at each site
 - Co-location of facilities has substantial program and cost advantages

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General Pop.	3,650	2,227
Low Acuity	900	549
High Acuity	450	275
Subtotal	5,000	3,051

Mental Health	Capacity	Level III-IV
Enh. Outpatient	3,672	1,420
Intermediate	350	177
Acute & Crisis	270	142
Subtotal	4,292	1,739

Expansion Program

- Schedule for Start of Construction to Completion of Construction
 - Site 1: January 09 – January 2011
 - Site 2: April 09 – April 2011
 - Site 3: July 09 – July 2011
 - Site 4: January 2010 – January 2012
 - Site 5: July 2010 – July 2012
 - Site 6: January 2011 – January 2013
 - Site 7: July 2011 – July 2013

Expansion Program

Total Square Feet (excluding reentry facilities)	6,515,300
Cost per Square Foot	\$495
Cost per Square Foot (Housing & Related Only)	\$371
Buildings & On-Site Infrastructure	\$3,230,000,000 (54%)
Offsite Infrastructure	\$320,000,000 (5%)
Project and Indirect Costs	\$1,510,000,000 (25%)
Contingency and Escalation	\$940,000,000 (16%)
Total Costs (excluding re-entry facilities)	\$6,000,000,000

Upgrade Program

- By January 2010, finish assessing 32 CDCR institutions (excluding San Quentin which has its own construction program).
- Program will upgrade central health services, pharmacy, clinics, sick call, and administrative space to provide necessary access to care despite extreme levels of overcrowding.
- Phased construction to upgrade clinical and administrative facilities begins 4th Quarter of 2008.
- Construction Upgrade Program completed by December 2011.
- Based on existing assessments at four institutions and work at San Quentin, we estimate \$1 billion in total costs.

Four for One

- For each dollar invested in these capital projects, four benefits to State:
 - Addresses major barriers to ending the health care related class action lawsuits;
 - Addresses the most serious form of prison overcrowding (i.e., high security);
 - Facilitates early start to badly needed rehabilitation programs; and,
 - Improves health of inmates preparatory to re-entry into the general population.

Vision

As soon as practicable, provide constitutionally adequate medical care to patient-inmates of the California Department of Corrections and Rehabilitation (CDCR) within a delivery system the State can successfully manage and sustain.

Questions / Comments?

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