

AGENDA**ASSEMBLY BUDGET SUBCOMMITTEE NO. 5
PUBLIC SAFETY****ASSEMBLYMEMBER SHIRLEY N. WEBER, PH.D., CHAIR****MONDAY, MARCH 12, 2018
2:30 P.M. OR UPON ADJOURNMENT OF SESSION
STATE CAPITOL ROOM 437**

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ITEMS TO BE HEARD

5225 CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

ISSUE 1: RECEIVERSHIP OVERVIEW

The Federal Receiver will open this issue with an overview on the status of prison medical care in the California Department of Corrections and Rehabilitation.

PANELISTS

- J. Clark Kelso, Federal Receiver
- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

In 2006, after finding the state failed to provide a constitutional level of medical care to prison inmates, the federal court, in the *Plata v. Brown* case, appointed a Receiver to take control over the direct management of the state's prison medical care delivery system from the California Department of Corrections and Rehabilitation (CDCR). This means that the Receiver, rather than the state, generally has control over medical care in state prisons. In order for the state to regain control, the state must demonstrate that it can provide a sustainable constitutional level of care. In March 2015, the *Plata* court issued an order outlining the process for transitioning responsibility back to the state. Under the order, responsibility for each institution, as well as overall statewide management of inmate medical care, must be delegated back to the state. As of January 2017, the Receiver has delegated care at ten prisons to CDCR.

Mental Health Program Caseload. The population of inmates requiring outpatient mental health treatment is projected to be 36,854 in 2017-18 and 35,826 in 2018-19. This is an increase of 922 inmates in 2017-18 and a decrease of 107 inmates in 2018-19 in comparison to the projected mental health population in the 2017 Budget Act. Based on the Mental Health Staffing Ratios, these changes will result in a reduction of \$2 million General Fund in 2018-19.

As the population projections indicate, nearly one-third of CDCR inmates participate in an in-prison mental health program. Most of these individuals can live in a prison housing unit and receive regular mental health treatment through an outpatient program. Under certain circumstances, some inmates require more intensive treatment which is provided in Mental Health Crisis Beds and inpatient psychiatric programs.

Transfer of Department of State Hospitals Programs. On July 1, 2017, the Department of State Hospitals' psychiatric programs at Salinas Valley State Prison, the California Health Care Facility, Stockton, and the California Medical Facility, Vacaville,

were transferred to the authority of CDCR and Rehabilitation and the California Correctional Health Care Services.

Report on Inmate Health Care Costs. According to a recent report by the Pew Charitable Trusts that compared state expenditures on inmate health care (medical, mental health, and dental care), California's health care costs per inmate, as reported, are the highest in the country, at more than three times the national average of \$6,352 per inmate. In the early 1980s, CDCR had one healthcare staff member for every 44 inmates. As of 2015-16, the ratio has been reduced to one healthcare staff member for approximately every 10 inmates. The high costs and increases in staffing are largely a result of the federal receivership and accompanying mandates that require CDCR to address constitutionally deficient healthcare systems and provision in its prisons. The Governor's budget includes approximately \$3.1 billion for health, mental health, and dental care in CDCR.

Staff Recommendation: Hold Open.

ISSUE 2: RECEIVER: ELECTRONIC HEALTH RECORD SYSTEM

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to complete the integration of a comprehensive Electronic Health Record System in the state prison system.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

The Electronic Health Record System (EHRS) was designed to provide a single electronic medical record for every inmate which would be available to staff at all institutions, eliminating the need to transfer paper files or maintain duplicate files. The project was initially funded at \$182 million with an estimated completion date by June 2017. The 2016-17 budget included additional funding to include dental and mental health records and address shortcomings identified by the Receiver which subsequently doubled the project cost to \$386 million and delayed the completion date to December 2019.

A “registered user” license must be purchased for each staff member to access EHRS. The state currently maintains 12,000 registered user licenses for this system. In order for staff to access the system simultaneously, a concurrent user license (CCUs) must also be purchased. The Receiver’s 2017-18 budget included \$4 million for 2,600 CCUs and the contract was later amended for additional purchases, bringing the total to 6,000 CCUs.

Governor’s Proposal

The Governor’s budget includes \$8.3 million in 2018-19 and \$7.1 million General Fund in 2019-20 and ongoing to complete the integration of a comprehensive Electronic Health Record System (EHRS) throughout California’s prison system. The additional funding is to support the project scope changes as identified in the EHRS Project Report #2. The scope changes are essential for system functionality and include remote hosting concurrent users, additional licenses, cloud storage, disaster recovery, and training. The funding will increase registered user licenses from 12,000 to 18,000 and CCUs from 6,000 to 6,600.

**LAO ASSESSMENT AND
RECOMMENDATION**

The Legislative Analyst’s Office (LAO) recommends adopting the Governor’s proposal as the increases are necessary to fully implement the EHRS along with budget bill

language specifying that \$5.9 million for the CCUs can only be used to purchase these additional licenses as needed and any remaining funding must be reverted to the General Fund. The LAO asserts that CDCR purchases CCUs as they are needed and it may not purchase all 6,600 CCUs in 2018-19.

STAFF COMMENTS

Staff agrees with the LAO's recommendation to modify the Governor's proposal to limit the \$5.9 million for the purchase of CCUs and to revert back any unused funds to the General Fund. Staff recommends holding this issue open.

Staff Recommendation: Hold Open

ISSUE 3: RECEIVER: CORRECTIONAL CLINIC MODEL-PHARMACEUTICALS

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal related to the California Correctional Health Care Services' (CCHCS) implementation of a Correctional Clinic Model.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

As a result of *Plata v. Brown*, CDCR's healthcare was placed under the control of a federal receiver who submitted a Turnaround Plan of Action which calls for the establishment of a comprehensive, safe, and efficient pharmacy program.

The current system of medication distribution is fraught with inefficiencies, waste, and certain practices are out of compliance with Title 21 of the Federal Code of Regulations, which could lead to costly fines or labor-related grievances. The Office of the Inspector General has reported deficiencies, and the Board of Pharmacy (Board) has expressed concern about current practices. Implementing a non-patient-specific medication model is not permitted under current regulations and would put the CDCR's pharmacy license at risk.

Each correctional clinic would be issued a permit allowing it to obtain and dispense non-patient-specific medications, provided they have the proper security in place. There is no cost for the licensure as the Board waives the cost for state agencies. Automated Drug Delivery Systems within the clinics are needed to provide the proper level of security and accountability for controlled substances as well as high-dollar medications for which elevated accountability is preferred.

Governor's Proposal

The Governor's budget includes \$4.5 million General Fund in 2018-19 and \$7.1 million General Fund in 2019-20 and ongoing to lease Automated Drug Delivery Systems as part of the California Correctional Health Care Services' (CCHCS) implementation of a Correctional Clinic Model. CCHCS has developed a Correctional Clinic Model and seeks the requisite statutory authority to allow each of the medication distribution locations to operate as a correctional clinic. The proposal will enable correctional clinics to become properly licensed by the Board of Pharmacy and the ability for bar-coded, patient-specific, and thoroughly tracked medication to be distributed in a timely and more efficient manner.

Staff Recommendation: Hold open.

ISSUE 4: JANITORIAL SERVICES

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to transfer their janitorial contract.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

The California Health Care Facility (CHCF) in Stockton is the only prison within CDCR that is fully dedicated to healthcare. The facility has 1.4 million square feet of health care areas in need of janitorial service and because it is a health care facility, the required standards for sanitation and cleanliness are higher than those at an ordinary facility. CDCR contracted with the California Prison Industry Authority (CALPIA) to clean health care areas within 34 prisons but CHCF could not be included in this contract due to size, scope, and lack of eligible people to perform the work. As a result, CDCR contracted with PRIDE Industries, a private contractor.

Shortly after the contract with PRIDE Industries was awarded, SEIU Local 1000 filed a grievance with the California Department of Human Resources to contest the contract, stating the work could be performed by a civil service classification, per Government Code 19130. CDCR developed a transition plan in response to the grievance which involves converting the contract to civil service staff over the span of three fiscal years. CDCR is currently in the second fiscal year of the transition plan.

Governor's Proposal

The Governor's budget includes \$185,000 General Fund in 2018-19 and \$3.6 million General Fund in 2019-20 and ongoing to transition CDCR's janitorial contract with PRIDE Industries to a civil service janitorial solution at the California Health Care Facility in Stockton.

Staff Recommendation: Hold open.

ISSUE 5: DENTAL EQUIPMENT

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to replace dental equipment.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office

BACKGROUND

A 2005 class action lawsuit alleged that CDCR failed to provide a constitutionally adequate level of dental care and that the Inmate Dental Services Program lacked a system for the timely delivery of dental care to prevent needless suffering, pain, and risks to patients' health. As a result, the aging dental equipment was repaired between 2006-2008. Ten years later, much of this old equipment is in disrepair, outdated, and beyond its service life.

Governor's Proposal

The Governor's budget includes \$3.52 million General Fund in 2018-19 and \$2.5 million General Fund in 2019-20 and ongoing to replace critical dental equipment in immediate need of replacement and to establish a replacement schedule for dental equipment as it exceeds its service life.

LAO ASSESSMENT AND RECOMMENDATION

The Legislative Analyst's Office recommends modifying the Governor's proposal by reducing the requested amount by \$150,000 annually, to account for CDCR's anticipated savings in equipment repair as a result of purchasing new equipment.

STAFF COMMENT

Staff agrees with the LAO's recommendation to reduce the requested amount by \$150,000 annually to offset savings in repairs. Staff recommends holding this issue open.

Staff Recommendation: Hold Open.

ISSUE 6: DENTAL ORAL SURGERY

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to fund a contract to provide oral surgery services to patients in its custody.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

CDCR is required by statute to provide adequate, appropriate, judicious, and timely clinical services to patients in its custody. The Inmate Dental Services Program's (dental program) Policies and Procedures Manual contains guidelines and parameters governing timely delivery of necessary oral surgery services to patients in CDCR. The remote locations of many of the prisons, the absence of a statewide contract, and the lack of dedicated funding have historically made it difficult to provide critical statewide dental services.

In 2015-2016, the dental program established a contract for services beyond CDCR's general practice of dentists. The contract secured 9 providers who performed over 9,800 procedures in 2015-16 and in 2016-17, the contract was expanded to 11 providers. A bid matrix helped contain costs but the program has never received budget authority dedicated to these required services.

Governor's Proposal

The Governor's budget includes \$3.9 million General Fund in 2018-19 and ongoing to fund a contract to provide critical oral surgery services for patients in CDCR's custody.

Staff Recommendation: Hold Open.

ISSUE 7: MENTAL HEALTH BED MANAGEMENT

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to address mental health bed capacity, improve health care data reporting, and manage patient referrals.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office

BACKGROUND

Under *Coleman v. Brown*, CDCR is required to provide each patient with the proper level of care at the appropriate custody level in a timely manner. To achieve these mandates, CDCR is required to review the conditions of patients assigned to specialized housing to make sure they continue to be housed at the proper level, maintain length of stay guidelines, provide appropriate staffing at each level of housing, and track the movement of the patient population. Properly transferring patients also requires there to be a sufficient number of beds available at the different levels of care.

Referrals to Inpatient Programs and Mental Health Crisis Beds (MHCB)

Once a referral is made and accepted to an inpatient program, the patient is required to be transferred within 10 days if it is an Acute Psychiatric Program (APP) bed referral and within 30 days for an Intermediate Care Facility (ICF) bed referral. On April 19, 2017, as a result of waitlists, the *Coleman* court ordered monetary sanctions of \$1,000 per day to be applied for every patient whose placement exceeded timelines for placement into the APP and ICF beds.

A patient suffering from an acute, serious mental disorder resulting in serious functional disabilities, or who is dangerous to self or others, is referred to a MHCB. The patient is required to be transferred to a MHCB within 24 hours of the referral. To eliminate transfer delays, the *Coleman* court ordered monetary sanctions in the aforementioned court order. The order also noted the need for proper triaging of crisis bed needs, discharging beds efficiently to free up capacity, and minimizing orders that are quickly rescinded.

Governor's Proposal

The Governor's budget includes \$20.1 million General Fund and 115.9 positions in 2018-19 and ongoing to address mental health treatment bed capacity, improve health care data reporting, and manage patient referrals. Among its provisions are the following key components:

1. **\$1.1 million** for the Inpatient Reporting Unit to continue 2 existing, limited-term psychologists on an ongoing basis and add 4 additional psychologists.

2. **\$1.3 million** to increase staff for the Health Care Placement and Oversight Program. This would continue the 5 existing, limited term positions, and add 3 new permanent positions.
3. **\$9.5 million** for 55 positions and to activate 60 “flex beds” at California Institution for Women, California Health Care Facility, and California Medical Facility. These beds would be staffed in a manner that allows them to flex between being used as high custody ICF beds, APP beds, or MHCBS.
4. **\$1.2 million** to move the mental health population projections to the Office of Research.

LAO ASSESSMENT AND RECOMMENDATION
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The LAO makes the following recommendations:

- Approve the proposed IRU and HCPOP staffing resources (#1 and #2).
- Approve the proposed funding for the 60 flex beds with one modification which would be to limit this proposal to a four year limited term basis to assess ongoing need for these beds (#3 modified).
- Reject the proposed 9 positions and \$1.2 million for CDCR’s Office of Research to assume responsibility for conducting mental health projections. (#4)

STAFF COMMENTS

CDCR currently contracts with McManis Consulting, a private contractor, to determine mental health projections which aid the Department to determine the need for mental health beds. The contract costs \$150,000 annually, which is substantially more cost-efficient than the Governor’s proposal which seeks to create 9 permanent positions in the Office of Research to take over these duties at a cost of \$1.2 million annually.

Staff recommends holding this issue open.

Staff Recommendation: Hold Open.

**ISSUE 8: CALIFORNIA INSTITUTE FOR MEN: 50 BED MENTAL HEALTH CRISIS FACILITY AND
ISSUE 9: RICHARD J. DONOVAN CORRECTIONAL FACILITY: 50 BED MENTAL HEALTH CRISIS
FACILITY**

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to fund the working drawings phase to construct a 50 bed Mental Health Crisis Facility at the California Institute for Men (CIM) a 50 bed Mental Health Crisis Facility at the Richard J. Donovan Correctional Facility (RJD).

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

Inmates with mental health conditions who require more intensive treatment may be referred to Mental Healthcare Crisis Beds (MHCBs) which provide short term housing and 24-hour care. Under CDCR's regulations that have been approved by the *Coleman* court, inmates are not supposed to stay in MHCBs longer than 10 days. There are 427 male MHCBs and 22 female MHCBs that cost \$345,000 per bed, per year.

If the inmate requires longer term, 24-hour care, he or she may be admitted to an inpatient psychiatric program where there are a total of 1,621 beds. Prior to 2017, the Department of State Hospitals (DSH) was responsible for operating the vast majority of inpatient psychiatric beds. Currently, CDCR operates a total of 784 Intermediate Care Facility beds (ICFs) for longer term treatment for men at a cost of \$216,000 per bed, per year and an additional 85 beds for females and condemned inmates at a cost of \$301,000 per bed, per year. The Department also operates 372 Acute Psychiatric Program beds which provide short term, intensive treatment at a cost of \$216,000 per bed, per year. In addition, DSH operates a total of 306 low custody ICFs at a cost of \$218,000 per bed, per year.

In 2017, there were over 19,000 referrals made by clinical staff for an inmate to enter an MHCB or inpatient psychiatric program. The referrals are reviewed by the Department's Health Care Placement and Oversight Program (HCPOP), who determines the least restrictive housing environment that can safely house the inmates. Once this determination is made, the Department's inpatient reporting unit will decide to conduct clinical assessments and review the appropriateness of the housing assignment. By the end of 2016-17, there were 46 inmates on the waiting list for an MHCB and 115 inmates on the waitlist for an inpatient psychiatric bed.

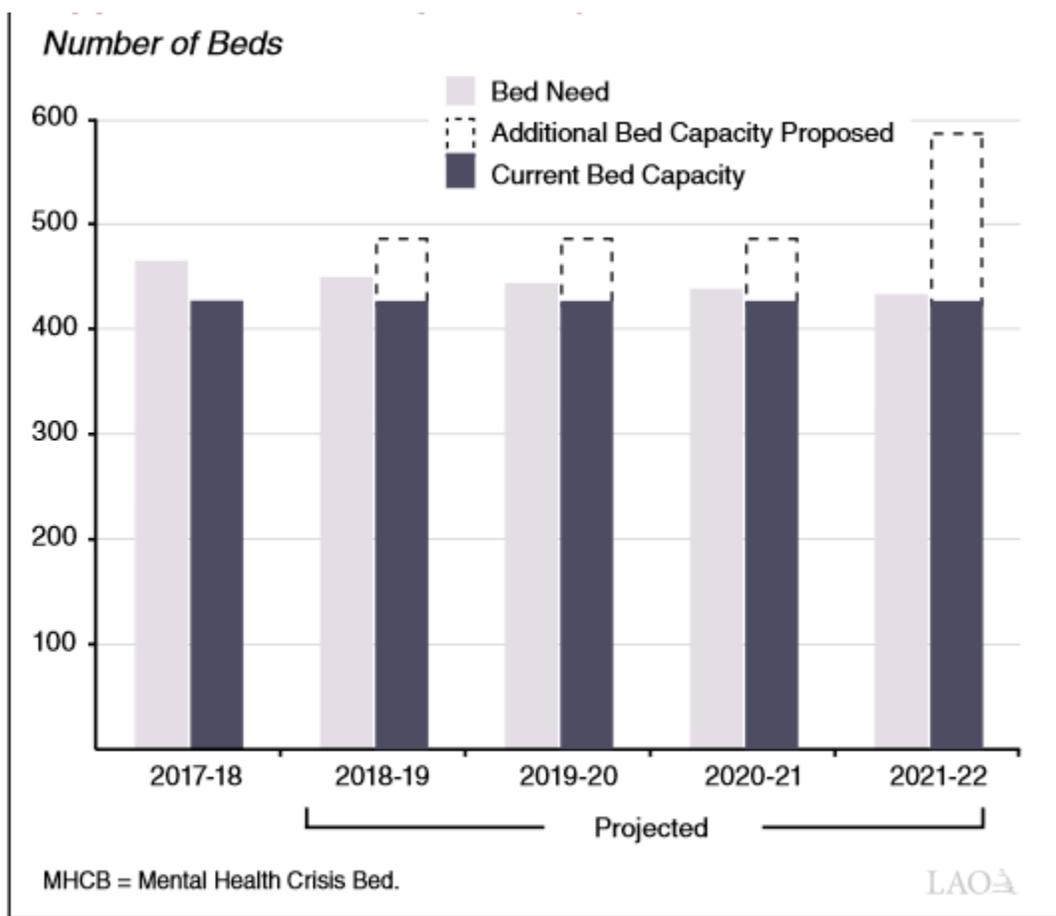
Governor's Proposal

California Institute for Men: The Governor's budget includes \$3.44 million (total project cost of \$54.9 million) to fund the working drawings phase to construct a licensed 50 bed MHCB Facility at CIM.

Richard J. Donovan Correctional Facility: The Governor's budget includes \$3.57 million (total project cost of \$56.1 million) fund the working drawings phase to construct a licensed 50-bed MHCB at RJD Correctional Facility.

LAO ASSESSMENT AND RECOMMENDATIONS

Based on population projections, the most recent mental health bed study, and the impact of Proposition 57, the Legislative Analyst's Office (LAO) projects that the short term need for additional MHCBs will decline in the long term. Specifically, they state the number of MHCBs needed is projected to decline from 464 beds in 2018-19 to 433 beds in 2021-22. The following table summarizes the projected need for MHCBs based on the most recent mental health bed study, the number of beds currently available to meet the projected needs, and the additional beds proposed by the Governor.



If the Governor's proposals to expand MHCBS are approved, CDCR would be staffing approximately 150 more MHCBS than necessary in 2021-2022 based on current projections, resulting tens of millions of dollars in unnecessary annual expenditures and more than \$100 million in unneeded constructions costs. Further, they assess that with the additional IRU and HCPOP staff proposed, transfers in and out of MHCBS would happen more quickly, which suggests that the need for MHCBS could be even lower.

As a result of their analysis, the LAO recommends rejecting this proposal.

STAFF COMMENTS

Staff has requested data from CDCR regarding the average need for each type of mental health bed, including any seasonal fluctuations, and has not yet received this information at the time of this analysis. It will be made available to the Subcommittee once the information has been received.

Staff notes the Department's concerns that the distribution of MHCBS throughout the state create a challenge. Of the existing 373 MHCBS, 111 are located in the northern region, 236 in the central region, and 26 in the southern region, resulting in delays in patients receiving critical treatment.

Staff recommends holding this issue open.

Staff Recommendation: Hold Open.

ISSUE 10: MEDICAL DISTRIBUTION IMPROVEMENTS: PHASE II

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal regarding medication distribution improvements.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

As a result of *Plata v. Kernan*, CDCR's health care delivery system was placed under a federal receiver and subsequently, the Health Care Facility Improvement Program (HCFIP) was developed to improve the physical plant aspects of the health care delivery system, with the medication distribution improvements as a primary program component.

Every housing unit in a prison is required to have access to a medication room. Most medications are distributed from pill windows by licensed vocational nurses (LVNs) in spaces known as medication distribution rooms (MDRs). Some MDRs are located within a housing unit, particularly for inmates in the enhanced outpatient program (EOP). EOP inmates require the highest level of outpatient mental health care offered by CDCR. Most general population inmates access MDRs outside of their housing unit. Some inmates require their medication to be delivered due to the severity of their mental health condition or based on their housing assignment. These include inmates that are in restricted housing, including Administrative Segregation Units (ASU). LVNs prepare medications in a medication preparation room (MPRs).

The Receiver has identified various shortcomings with CDCR's medication rooms, including the absence of in-unit MDRs in EOP units and MDRs that force inmates to wait in line outside without adequate protection from inclement weather. Since 2007-08, the Legislature has approved \$52.5 million for capital projects that are expected to be completed by May 2019, to improve medication rooms at 22 prisons.

Governor's Proposal

The Governor's budget includes \$3.3 million (total project cost of \$38.6 million) for the design and construction of the second phase of medication distribution improvements at 14 prisons. This is a combined budget ask for 14 separate projects with the same objective. The requested funding is for the preliminary plans phase of the 14 separate projects, each subject to project authority separately and individually. This proposal will assist 14 prisons be in compliance with the *Plata* court's order regarding timeless access to medication.

**LAO ASSESSMENT AND
RECOMMENDATIONS**

The Legislative Analyst's Office (LAO) states that at the time of their analysis, CDCR was unable to provide information on the total number of inmates that will be served once all of the 22 medication room projects that were previously approved by the Legislature are completed. The absence of this information makes it difficult to determine whether the Governor's current proposed project is necessary. The LAO further states that even if the Department can show that not all inmates can be served by the previously approved projects, it is unclear as to whether all of proposed projects are necessary. Finally, the LAO points to changes in the population, including an expected decline in the EOP population by 5% or 400 inmates by 2022, potential declines in the Secure Housing Unit (SHU) and ASU populations based on overall institutional population declines. These projections indicate that the additional medication rooms in the Governor's budget may be unnecessary.

The LAO makes the following recommendations:

1. Require CDCR to report at spring budget hearings on its medication room needs, including how many inmates can be served with the previously approved projects, whether population projections for each category of inmates with particular medication room needs supports the necessity of the current proposals, and the Department's plan for moving inmates to maximize the use of currently approved medication rooms.
2. Direct CDCR to submit a separate proposal related to the subprojects to construct MDRs for general population inmates housed in units that previously housed SHU inmates.

STAFF COMMENT

Staff agrees with the LAO's recommendation to the Subcommittee to direct CDCR to provide the information related to medication room needs. Staff recommends holding this issue open.

Staff Recommendation: Hold open.

ISSUE 11: HEALTH ACCESS VEHICLES

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to replace and purchase health care access vehicles.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

CDCR maintains approximately 7,700 vehicles and fleet assets that are used for emergency transportation, fire protection, parolee supervision, construction support, institution perimeter security, and other activities. The Department developed a fleet replacement tool that relies on mileage, age, condition, and other factors to calculate a replacement score. Using this tool, CDCR identified 2,209 fleet assets (29%) as high priority for replacement. Currently, the Department does not have a sufficient number of vehicles to transport disabled inmates, transport inmates to medical appointments, provide emergency medical transportation, and deliver medical supplies.

Governor's Proposal

The Governor's proposal includes \$17.5 million General Fund in 2018-19 to replace high priority health care fleet assets and purchase additional health care access vehicles. The funding would allow for the purchase of 338 vehicles.

LAO ASSESSMENT AND RECOMMENDATIONS

The Legislative Analyst's Office (LAO) recommends the approval of the Governor's proposal and makes the following recommendation:

- Direct CDCR to report at budget hearings on whether it would be able to repurpose some of the vehicles proposed for replacement rather than dispose of or auction them to meet its other transportation needs.

STAFF COMMENT

Staff agrees with the LAO's recommendation to direct CDCR to report at budget hearings on their ability to repurpose some of their vehicles proposed for replacement. Staff recommends holding this issue open.

Staff Recommendation: Hold Open.

ISSUE 12: VIDEO SURVEILLANCE FOR MENTAL HEALTH UNITS AT CALIFORNIA STATE PRISON, SACRAMENTO

The California Department of Corrections and Rehabilitation (CDCR) will open this issue with a description of the proposal to purchase audio/surveillance (A/V) equipment.

PANELISTS

- California Department of Corrections and Rehabilitation
- Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND

As a result of *Coleman v. Brown*, CDCR is required to provide constitutionally adequate mental health care. A Special Master was appointed to monitor the Department's progress towards improving mental health care. In 2016, a Special Master monitoring team documented numerous allegations of staff misconduct reported by mentally ill inmates including physical abuse, denial of food, retaliation for reporting misconduct, and inappropriate response suicide attempts or ideation. The monitoring team recommended the installation of surveillance cameras in Psychiatric Services Units (PSU) or to place body cameras on all custody officers who work in these units. The monitoring team also recommended that CDCR screen staff for their suitability to work with the PSU population and provide them with additional training.

The 2017-18 Budget Act provided \$11.7 million for CDCR to implement video surveillance at two prisons. UC Irvine researchers are currently evaluating the video surveillance at High Desert and findings are expected to be released this spring.

Governor's Proposal

The Governor's budget includes \$1.5 million General Fund in 2018-19 and \$177,000 General Fund in 2019-20 and ongoing to implement and monitor an A/V surveillance system at the California State Prison, Sacramento. The cameras are expected to provide evidence to investigate inmate allegations against staff, reduce violence, and reduce attempted suicides.

LAO ASSESSMENT AND RECOMMENDATION

The Legislative Analyst's Office (LAO) recommends withholding action until the High Desert evaluation is available and to require CDCR to provide the report to the Subcommittee prior to the May Revision.

Staff Recommendation: Hold Open.
