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

RALPH COLEMAN, et al.,

Plaintiffs,

v.

EDMUND G. BROWN JR., et al.,

Defendants.

2:90-cv-00520 LKK DAD

**DEFENDANTS' PLANS AND POLICIES
ADDRESSING SECTIONS 2(b) AND 2(e)
OF THE APRIL 10, 2014 ORDER**

**REQUEST FOR DISCHARGE OF
OCTOBER 10, 2002 ORDER**

**REQUEST FOR MODIFICATION OF
SECTION 2(e) OF APRIL 10, 2014
ORDER**

On April 10, 2014, this Court ordered Defendants to revise policies and create plans related to use of force and segregated housing involving *Coleman* class members within California Department of Corrections and Rehabilitation (CDCR) institutions. (Order at 72-74, ECF No. 5131, Apr. 10, 2014.) On August 1, 2014, Defendants filed several of the plans and policies contemplated by the April 10 and May 13, 2014 Orders. (ECF No. 5190.) On August 11, 2014, the Court approved the plans and policies submitted by Defendants. (Order, ECF No. 5196, Aug. 11, 2014.)

Defendants now submit CDCR's Report on Compliance with Sections 2(b) and 2(e) of the April 10, 2014 Order (Report). The Report, attached hereto as Exhibit A, includes a detailed summary of the collaborative effort between CDCR mental health and custody staff to create new programs and alternative housing for *Coleman* class members who cannot be housed in the general population. That work includes the initial review, evaluation, and drafting by Defendants; meetings and consultation with the Special Master and his team of experts; and meetings with the Special Master and Plaintiffs' counsel in July and August to reach an agreement on the plans and protocols for the placement of *Coleman* class members currently housed in Administrative Segregation and Security Housing Units as contemplated by the April 10 order.

Summary of Defendants' Report and Proposed Plans and Policies

The Report summarizes and attaches the following plans and policies which address the requirements set forth in Sections 2(b) and 2(e) of the April 10 order:

- *Creation of Correctional Clinical Case Management System Short Term and Long Term Restricted Housing.* This CDCR memorandum is attached as Exhibit 1 to the Report and is summarized at pages 1-7 of the Report.
- *Priority Case-by-Case Review of Mental Health Delivery System Long Term Segregated Inmates.* This CDCR memorandum is attached as Exhibit 2 to the report and is summarized at pages 7-8 of the Report.
- *Case Conference for Returning DSH/PIP Level of Care Inmates Serving a SHU Term Prior to Inpatient Discharge.* This CDCR memorandum, which addresses the last sentence of Section 2(e) of the April 10 order, is attached as Exhibit 3 to the Report and is summarized at pages 8-9 of the Report.

Defendants' Request for Court Approval of Defendants' Plans and Policies, Request for Discharge of October 10, 2002 Order, and Request for Modification of Section 2(e) of April 10, 2014 Order

As set forth in the Report, to provide enhanced mental health services and out-of-cell time in the Short Term Restricted Housing program, the parties have agreed that CDCR may house *Coleman* class members at the Correctional Clinical Case Management System level of care in

1 Standalone Administrative Segregation Units at nine designated institutions. (Report pp. 1-6 &
2 Exhibit 1.) Defendants are mindful that in 2002, the parties stipulated and the Court ordered that
3 CDCR could not house *Coleman* class members in Standalone Administrative Segregation Units
4 without court approval. (Stipulation and Order Regarding the Housing of Mentally Ill Prisoners
5 in New Administrative Segregation Units, ECF No. 1440, Oct. 10, 2002.) Both the Special
6 Master and Plaintiffs agree that the concerns underlying the 2002 stipulation for use of the
7 Standalone units have been addressed by the provisions of this plan, which includes increased out
8 of cell time and enhanced programming. (Report p. 4.) Defendants therefore request that the
9 Court approve Defendants' Short Term Restricted Housing program, consistent with the 2002
10 stipulation and order. Defendants further request that the Court discharge the October 10, 2002
11 order in light of the parties' agreement.

12 Defendants respectfully submit that the foregoing plans and policies comply with and in
13 many respects exceed the terms and intent of Sections 2(b) and 2(e) of the Court's April 10 order.
14 Section 2(e) of the order permits CDCR to house *Coleman* class members in existing security
15 housing units only if the treating clinician certifies that the placement is appropriate. (Order at
16 74.) After meeting-and-conferring with Plaintiffs' counsel and in consultation with the Special
17 Master, Defendants have chosen not to propose a certification process, but instead to address the
18 Court's concerns by removing all CCCMS inmates from existing security housing units and
19 placing them in new dedicated housing units geared toward enhanced treatment and out-of-cell
20 activities. (See Report at 3 & 6-7.) Defendants request that the Court modify its April 10 order
21 by substituting the certification requirement in Paragraph 2(e) with CDCR's CCCMS-Long Term
22 Restricted Housing Unit plan.

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1 To the extent the Court determines that any of Defendants' other proposed plans and
2 policies do not comply with the terms and intent of the April 10 order, Defendants request a
3 modification of the April 10 order consistent with the plans and policies submitted herewith.

4 Dated: August 29, 2014

Respectfully submitted,

5 KAMALA D. HARRIS
6 Attorney General of California
7 PATRICK R. MCKINNEY
8 Supervising Deputy Attorney General

/s/ ELISE OWENS THORN

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EXHIBIT A

**[CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION REPORT ON COMPLIANCE WITH
SECTIONS 2(b) AND 2(e) OF THE COURT'S APRIL 10, 2014
ORDER]**

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
REPORT ON COMPLIANCE WITH SECTIONS 2(b) AND 2(e) OF THE COURT'S
APRIL 10, 2014 ORDER**

INTRODUCTION

The California Department of Corrections and Rehabilitation (CDCR), in cooperation with the Special Master and counsel for the Plaintiff class, has made substantial changes to its policies and procedures to comply with sections 2(b) and 2(e) of the Court's April 10, orders, summarized as follows:

- CDCR will create specialty units for housing mentally ill inmates who are removed from the general population for disciplinary reasons. These units will provide inmates with additional out-of-cell activities and increased mental health treatment. (*See Exhibit 1.*)
- CDCR will undertake a case-by-case review of inmates with lengthy segregation terms in an attempt to decrease overall lengths of stay for inmates in segregated environments when it is determined that they can be safely returned to a general population setting. (*See Exhibit 2.*)
- Prior to discharge, CDCR will conduct thorough case reviews of all inmates housed in a Department of State Hospitals (DSH) unit or CDCR Psychiatric Inpatient Programs (PIP) with a pending Security Housing Unit (SHU) disciplinary term to ensure that the inmate is returned to appropriate housing and not returned to a SHU. (*See Exhibit 3.*)

Several of CDCR's proposals extend beyond the Court's orders by instituting policy changes that will impact how the Department is run and how class members are treated. These changes are focused on ensuring a strong collaborative environment between mental health and custody staff at both the local level, and at Headquarters, to ensure mental health input is fully considered in programming and housing decisions. These new policies emphasize treatment while in segregation, increased focus on the lengths of stay in segregation, and a thorough review of an inmate's risk of decompensation from being housed in segregation upon release from inpatient care.

**DEFENDANTS' PLANS AND POLICY CHANGES DEVELOPED
IN RESPONSE TO SECTIONS 2(b) AND 2(e) OF THE APRIL 10, 2014 ORDER**

**Alternative Mental Health Units for Correctional Clinical Case Management System
Inmates in Segregated Housing**

CDCR proposes two new housing units for inmates in the Correctional Clinical Case Management System (CCCMS) who are removed from the general population for disciplinary reasons – the CCCMS Short Term Restricted Housing Unit (CCCMS-STRH) and the CCCMS

Long Term Restricted Housing Unit (CCCMS-LTRH). (See Exhibit 1.) CCCMS inmates housed in these units will be provided additional out-of-cell time and treatment. These units change conditions of confinement in segregated units for this population by allowing inmates increased programming, increased mental health contacts, and increased structured mental health treatment, lessening the risk of decompensation while also allowing CDCR to maintain the safety and security of the institution.

Requirements of the April 10 Order

With respect to Administrative Segregation units, the court required CDCR to “work under the guidance of the Special Master to develop a protocol for administrative segregation decisions, including, as appropriate, a plan for alternative housing, that will preclude placement of any Coleman class member in existing administrative segregation units when clinical information demonstrates substantial risk of exacerbation of mental illness, decompensation, or suicide from such placement.” (Order at p. 73.)

For inmates with SHU terms, the court “prohibited [CDCR] from housing any class member at any SHU in California unless that class member’s treating clinician certifies that (1) the behavior leading to the SHU assignment was not the product of mental illness and the inmate’s mental illness did not preclude the inmate from conforming his or her conduct to the relevant institutional requirements; (2) the inmate’s mental illness can be safely and adequately managed in the SHU to which the inmate will be assigned for the entire length of the SHU term; and (3) the inmate does not face a substantial risk of exacerbation of his or her mental illness or decompensation as a result of confinement in a SHU. In addition, defendants are prohibited from returning any seriously mentally ill inmate to any SHU unit if said inmate has at any time following placement in a SHU required a higher level of mental health care.” (Order at p. 74.)

Steps Taken By CDCR in Developing the Plan

On June 4, 2014, CDCR first met with the Special Master’s team and presented proposals for providing alternative housing and treatment for CCCMS inmates removed from the general population for disciplinary reasons. CDCR again met with the Special Master’s team on June 17, June 24, June 25, and July 10, 2014, to discuss further revised proposals.

On July 22, 2014, CDCR presented to both the Special Master and Plaintiffs’ counsel a proposal for providing alternative housing for CCCMS inmates removed from the general population for disciplinary reasons. CDCR met with both the Special Master and Plaintiffs’ counsel on July 24, 2014, and discussed CDCR’s proposal. Following that meeting, the Court extended the time to comply with these portions of the order to August 15, 2014.

On August 4, 2014, Plaintiffs’ counsel provided comments on CDCR’s proposal. On August 6, 2014, CDCR met again with Plaintiffs’ counsel and the Special Master. Following that meeting, the parties agreed to an extension of time until August 25, 2014.

On August 13, 2014, Plaintiffs' counsel and the Special Master toured the Standalone Administrative Segregation Unit at California State Prison, Sacramento to assess whether this type of unit would be appropriate for the CCCMS-STRH program. On August 14, 2014, CDCR provided draft memoranda to the Special Master and Plaintiffs' counsel. On August 18, 2014, CDCR provided current Local Operating Procedures on Administrative Segregation Units to the Plaintiffs' counsel and Special Master. Also on that date, Plaintiffs' counsel responded to CDCR's proposal.

On August 20, 2014, CDCR again met with the Special Master and Plaintiffs' counsel. Following that meeting, the parties again stipulated to an extension of time until August 29, 2014, which the Court granted. CDCR considered and sought to incorporate many of Plaintiffs' counsel's comments in its policies. On August 25, 2014, Defendants presented to the Special Master and Plaintiffs' Counsel revised versions of its plans. On August 27, 2014, CDCR again met with the Special Master and Plaintiffs' counsel to discuss these revised plans. At this meeting, the parties agreed that CDCR's policy memoranda and representations as to training and implementation address the requirements of the Court's April 10, 2014 Order for class members in segregation.

CDCR's Plan Complies with the Court's Order

The April 10 order generally permits CDCR to house *Coleman* class members in existing administrative segregation units unless clinical information demonstrates a substantial risk of exacerbation of mental illness, decompensation, or suicide from such placement. Similarly, the order permits CDCR to house *Coleman* class members in existing security housing units if a clinician certifies that the placement is appropriate. After meeting-and-conferring with Plaintiffs and in consultation with the Special Master, CDCR has chosen not to propose a certification process, but instead to address the Court's concerns by removing all CCCMS inmates from existing administrative segregation and security housing units and placing them in new dedicated housing units geared toward enhanced treatment and enhanced out-of-cell activities.

In all of the new units contemplated by CDCR's plans, CDCR will use a collaborative approach between custody and mental health staff to ensure the well-being of the inmates housed in these new units. In the CCCMS-STRH, mental health and custody staff will meet daily in the morning to discuss any ongoing behavioral issues or concerns, discuss new arrivals, and share information about any at-risk inmates. Custody and mental health staff will also participate jointly in interdisciplinary treatment team and Institutional Classification Committees (ICC), ensuring that information is shared in both settings so that staff can be aware of each inmate's mental health concerns. This collaboration will allow staff to prevent decompensation and quickly identify inmates who need a higher level of mental health care. CDCR will develop comprehensive training specific to the CCCMS-STRH and CCCMS-LTRH for all staff assigned.

CCCMS-Short Term Restricted Housing Units for Males

1. *Out-of-Cell Program*

CDCR will offer CCCMS inmates in CCCMS-STRH 20 hours of out-of-cell time per week, double the time offered to CCCMS inmates in existing administrative segregation units. Of the 20 hours, 18.5 hours will involve exercise and recreational activity. CDCR will provide games and exercise equipment for inmate use on the exercise yards. Ninety minutes per week of out-of-cell time will consist of a structured therapeutic group activity. If adopted by the court, each inmate will now be offered out-of-cell time at least once a day, 7 days a week. The 20 hours out-of-cell time offered to each inmate does not include the time the inmate spends out of his cell for showers, attending his weekly primary clinician contact, and attending his IDTT.

CDCR will ensure sufficient staffing to provide additional out-of-cell activities.

2. *Physical Plant Design and Alterations*

To provide the enhanced mental health services and out-of-cell time in the CCCMS-STRH program, the parties have agreed that CDCR may house *Coleman* class members in Standalone administrative segregation units at nine designated institutions. The Standalone units offer a superior physical design that allows staff to offer increased out-of-cell activities while safely housing inmates removed from the general population for disciplinary issues. Each Standalone unit has its own dedicated yard space which allows for ease of access, inmate-patient movement, and scheduling. Additionally, each Standalone unit provides built in treatment space for both group and individual therapy. Defendants are mindful that in 2002, the parties stipulated and the Court ordered that CDCR could not house *Coleman* class members in Standalone Administrative Segregation Units without court approval. Both the Special Master and Plaintiffs agree that the concerns underlying the 2002 stipulation for use of the Standalone units have been addressed by the provisions of this plan, which include increased out of cell time, increased in-cell activities, increased clinical contacts, and access to electricity and cable in the cells.

Infrastructure upgrades to the exercise yards will provide lighting for early morning or evening yard. Where indicated, misters will be installed to cool the yards on hot days. Pull up or dip bars will be installed in the exercise yards, if not already installed.

3. *Suicide Prevention Measures and Mental Health Treatment Offerings*

Under its plan, CDCR will appropriately staff the CCCMS-STRH units with clinicians to provide a robust mental health care program.

Custody staff will make security checks utilizing the Guard One system twice per hour. CDCR will conduct daily rounds by licensed psychiatric technicians (LPT). Every day, custody and mental health staff will meet and discuss any current behavioral issues or concerns. Regular

monitoring by custody staff, LPTs and primary clinicians allows staff to be aware of each inmate's wellbeing and to prevent decompensation before it can start.

In addition to offering inmates the additional 90 minutes of structured group therapy per week, CDCR will also offer inmates a weekly out-of-cell confidential clinical contacts.

The CCCMS-STRH program is dedicated for CCCMS inmates, and class members will not mix with non-class members, resulting in a more therapeutic environment.

4. Property and Privileges

Standalone unit cells are provided electricity, allowing each inmate to have an electrical appliance in his cell. Each inmate in the Standalone unit will receive a general orientation packet and an STRH workbook, as well as pen fillers, paper, a calendar, a radio provided on the first day of placement for the duration of placement, nonfiction and fiction books, regular offering of puzzles, crosswords, games, current events materials, the unit's menu, and personal property such as photographs and notebooks.

Reception Center Short Term Restricted Housing Program and CCCMS-Short Term Restricted Housing Units for Females

1. Out-Of-Cell Program

CCCMS inmates undergoing Reception Center Processing, and female CCCMS inmates removed from the general population for disciplinary reasons (Female CCCMS-STRH) will be offered 15 hours of out-of-cell activity per week, an additional 5 hours (or 50%) beyond what is currently provided. This 15 hours of out-of-cell time offered to each inmate does not include the time the inmate spends out of her cell for showers, attending her weekly primary clinician contact, and attending her IDTT. Ten of the 15 hours out-of-cell will be for recreational yard activity. The exercise yards will include various exercise equipment. CDCR will offer three and one-half hours of out-of-cell activity on the dayroom floor where physical structure permits. CDCR will also offer an additional 90 minutes of structured therapeutic group activity to CCCMS inmates.

2. Suicide Prevention Measures and Mental Health Treatment Offerings

In addition to out-of-cell activities, and the weekly 90 minutes of structured group therapy, CDCR will offer Reception Center CCCMS inmates and female CCCMS-STRH inmates in-cell therapeutic activities. CDCR will offer these inmates weekly out-of-cell clinical contacts with their primary clinician. They will receive daily rounding by a licensed psychiatric technician. Where indicated, they will be seen by a psychiatrist a minimum of every 90 days. Custody staff will make rounds twice per hour utilizing the Guard One monitoring system. Daily morning

meetings will also be held between custody and mental health staff to ensure communication between disciplines.

3. Property and Privileges

These inmates will also be offered one electrical appliance if the physical plant allows for it, and if not, they will be offered a radio.

CCCMS-Long Term Restricted Housing Units

1. Out-of-Cell Program

Male and female CCCMS inmates serving SHU terms (CCCMS-LTRH) will be offered 15 hours of out-of-cell activity per week, an additional 5 hours (or 50%) beyond what is currently provided. This 15 hours of out-of-cell time offered to each inmate does not include the time the inmate spends out-of-cell for showers, attending weekly primary clinician contacts, and attending IDTT. Ten of the 15 hours will be allocated to recreational yard activity. The exercise yards will include balls and games for the inmates' use, and dip or pull up bars will be provided if not already in place. Misters will also be installed on the yard where necessary to address weather related concerns. CDCR will offer three and one half hours of out-of-cell activity on the dayroom floor by utilizing secure treatment modules. The 15 hours will also include 90 minutes of structured therapeutic group activity.

2. Suicide Prevention Measures and Mental Health Treatment Offerings

In addition to out-of-cell activities, and the 90 minutes of weekly structured group therapy, CDCR will offer CCCMS-LTRH inmates in-cell therapeutic activities. CDCR will also offer CCCMS-LTRH inmates weekly out-of-cell clinical contacts with their primary clinician. They will receive daily rounding by a licensed psychiatric technician. Where indicated, they will be seen by a psychiatrist a minimum of every 90 days. Custody staff will make rounds twice per hour utilizing the Guard One monitoring system.

The CCCMS-LTRH program is dedicated for CCCMS inmates, and class members will not mix with non-class members, resulting in a more therapeutic environment.

3. Property and Privileges

Similar to the CCCMS-STRH, inmates in CCCMS-LTRH will receive a general orientation packet and a LTRH workbook, as well as pen fillers, paper, a calendar, a radio for the duration of placement, nonfiction and fiction books, regular offering of puzzles, crosswords, games, current events materials, the unit's menu, and personal property such as notebooks and photographs.

Implementation

Upon approval by the Court of CDCR's proposed policies, CDCR will continue to work under the guidance of the Special Master, who may seek input from Plaintiffs' Counsel as he deems appropriate, in implementing these revised policies and procedures for class members housed in segregation. Implementation of these various new policies and procedures will require a comprehensive schedule and roll-out period to ensure their effectiveness. CDCR will work to establish this schedule in coordination with the Special Master. CDCR further understands that the effectiveness of the implementation of its plans will be reviewed in accordance with the Special Master's established monitoring process.

CDCR also agrees to continue to meet and confer with Plaintiffs' Counsel on the implementation of these revised policies, and their effectiveness, per the established processes in the *Coleman* litigation.

Case-by-Case Segregation Length of Stay Review

Although not mandated by the April 10 order, CDCR proposes an initial system-wide (and later ongoing) case-by-case review of mentally ill inmates in segregation who have extended lengths of stay. (*See Exhibit 2.*)¹ The goal of this review is to encourage institutions to find ways to reduce the lengths of stay of class members in segregation, and to expeditiously return class members to less restrictive housing when they no longer pose a threat to the safety and security of the institution. CDCR expects that increased attention to this issue will result in a reduction of

¹ The Court, in a footnote, directed Defendants to "provide to the Special Master accurate information that clearly demonstrates the total length of time that any Coleman class member spends in any segregation unit or any segregated housing unit." (Order at p. 56, fn. 39.) CDCR has since evaluated and revised the manner in which it reports length of stay data to the Special Master and Plaintiffs each month. On August 12, 2014, CDCR provided the Special Master and Plaintiffs' counsel a revised length of stay report which lists MHSDS inmates in segregation by level of care and provides the total number of days an inmate has spent in a particular type of segregation unit. Notably, the new report does not reset the clock in the following situations: (1) Mental Health Crisis Bed admissions; (2) Outpatient Housing Unit admissions; (3) General Acute Care Hospital admissions; (4) Correctional Treatment Center admissions; (5) Out to court; (6) Out to medical (Outside hospital); (7) Department of State Hospital admissions; (8) Transfer between institutions; (9) Change in level of mental health care; and (10) Transfer between different segregation units (i.e. Administrative Segregation Unit to Psychiatric Services Unit).

the population in segregated housing, and ensure that an individualized determination is made for each inmate with a lengthy stay, based upon that inmate's case factors.

Under this proposed policy, CDCR will review inmates housed in ASU/CCCMS-STRH units for more than 150 days. CDCR will also review inmates housed in a SHU, Psychiatric Services Unit (PSU), or CCCMS-LTRH who are either serving a determinate SHU term for more than 30 continuous months but are over a year from release or inmates serving an indeterminate SHU term for at least two years. Departmental Review Board and Security Threat Group inmates will be reviewed under existing practices. The review will begin with those inmates having the longest lengths of stays. Once staff are trained, institutions will be given 90 to 180 days (depending on their respective segregation populations) to complete the case-by-case reviews. Institution staff will "determine if the inmate demonstrates an ongoing security risk that potentially threatens institution safety and security." The case-by-case review will include mental health staff input into the efficacy of the inmate's current treatment plan and whether mental health symptoms played a role in the disciplinary violation that caused the inmate to be placed in segregation.

Following the institution review, any inmates who meet the above criteria retained in segregated housing will be referred to a Long Term Segregated Case Conference, which will occur within 30 days of the decision to retain the inmate. The interdisciplinary case conference team will consist of the Associate Director, Warden, senior psychologist, supervisor, or supervising social worker, treating psychiatrist, correctional captain, correctional counselor, and any other pertinent staff. The conference will consider whether the inmate poses an ongoing risk to the safety of the institution and will consider mental health factors in making a determination to retain or release an inmate from segregation.

Any inmate who is not released to the General Population by the Long Term Segregated Case Conference, will be periodically re-reviewed for release through the same process, on a schedule to be determined by the Associate Director at intervals not to exceed 180 days for class members in SHU/PSU/CCCMS-LTRH, and 90 days for class members in the ASU/CCCMS-STRH.

Implementation

CDCR intends to complete training of staff who will be conducting the case-by-case reviews, and begin conducting the reviews starting on September 15, 2014. Staff will have 90 days thereafter to complete a review of all MHSDS ASU/CCCMS-STRH inmates house in segregation for over 150 days as of September 15, 2014. Staff will have 180 days thereafter to complete a review of all specified MHSDS SHU/PSU/CCCMS-LTRH inmates housed in segregation as of September 15, 2014.

Case Conference for Discharging Inmate-Patients with a SHU Term from Inpatient Care

Although the April 10 order does not require a policy or plan to be filed to address the mental health needs of inmates returning from DSH (or from a CDCR inpatient program) serving SHU terms, at the request of the Special Master, CDCR and DSH met to discuss a system to review this population. On August 20, 2014, CDCR and DSH discussed CDCR's proposal with the Special Master and Plaintiffs' counsel. Following that meeting, CDCR drafted the policy memorandum and presented it to the Special Master and Plaintiffs for further discussion, which took place on August 27, 2014.

CDCR and DSH are creating a system to address the mental health needs of inmates returning from DSH (or from a CDCR inpatient program) who had been admitted there directly from a SHU, or CCCMS-LTRH. (*See* Exhibit 3.) Prior to returning to CDCR, DSH and CDCR will meet regarding each inmate to discuss the strategies used to alleviate the inmate's symptoms, the inmate's adjustment within the inpatient environment, whether the inmate has maximized his or her benefit from the inpatient unit, strategies to consider to minimize the likelihood of decompensation, and whether the inmate can be safely housed at the CCCMS-LTRH or the CCCMS-STRH. In no event will an inmate be returned from DSH or CDCR inpatient care to the SHU.

The information gained from the case conference will be shared with both mental health and custody staff at the CDCR institution the inmate is returning to. Where a higher level of care is indicated, CDCR will not return the inmate to the SHU but instead place him or her in the appropriate alternative housing unit.

EXHIBIT 1

**[CREATION OF CORRECTIONAL CLINICAL CASE
MANAGEMENT SYSTEM SHORT TERM AND LONG TERM
RESTRICTED HOUSING]**

Memorandum

Date :

To : Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives

Subject : **CREATION OF CORRECTIONAL CLINICAL CASE MANAGEMENT SYSTEM SHORT TERM AND LONG TERM RESTRICTED HOUSING**

The purpose of this memorandum is to announce the creation of the Correctional Clinical Case Management System-Short Term Restricted Housing (CCCMS-STRH) and the Correctional Clinical Case Management System-Long Term Restricted Housing (CCCMS-LTRH). The Division of Adult Institutions in collaboration with the Division of Health Care Services has developed a series of alternative segregated housing units for CCCMS inmates requiring short-term and long-term segregated housing.

The CCCMS-STRH will offer enhanced treatment and additional out-of-cell activities for CCCMS inmates until they can be released back to the general population or transferred to an appropriate CCCMS-LTRH for long-term segregated housing. The CCCMS-LTRH will offer enhanced treatment and additional out-of-cell activities for CCCMS inmates serving an imposed SHU term. Due to the increased out-of-cell activities offered in the CCCMS STRH and LTRH, it is imperative that staff are vigilant with documenting all programs, activities, and services afforded to segregated inmates on the CDC 114-A, Inmate Segregation Record. It is expected institutions will audit the CDC 114-A, Inmate Segregation Record on a weekly basis to ensure compliance with departmental mandates.

CCCMS-STRH OVERVIEW

The CCCMS-STRH's will be located within the Standalone ASU's at each of the following designated institutions:

- California State Prison-Corcoran
- California State Prison-Los Angeles County
- California State Prison-Sacramento
- California Substance Abuse Treatment Facility
- High Desert State Prison
- Kern Valley State Prison
- Pelican Bay State Prison
- Pleasant Valley State Prison
- Salinas Valley State Prison

Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives
Page 2

The following institutions will have a CCCMS-STRH Program within their existing ASU's for CCCMS inmates undergoing Reception Center (RC) processing:

- California Institution for Men
- Deuel Vocational Institution
- North Kern State Prison
- San Quentin State Prison
- Wasco State Prison

The following institutions will have a CCCMS-STRH Program within their existing ASU's for female CCCMS inmates:

- California Institution for Women
- Central California Women's Facility

CCCMS-STRH units will offer enhanced out-of-cell activity and weekly structured group treatment in addition to existing Program Guide requirements such as daily psychiatric technician rounding and weekly clinical contacts. The CCCMS-STRH will be run collaboratively between custody and mental health staff. Custody and mental health staff will participate jointly in morning meetings to discuss high risk inmates, new arrivals, and any behavior issues or ongoing concerns of individual inmates. Custody and mental health staff will also work together in interdisciplinary treatment team meetings and Institutional Classification Committees. These collaborative activities ensure strong communication within the unit so that staff can monitor the inmates' mental health, prevent decompensation by utilizing higher levels of care, and offer a robust mental health program.

TIME FRAMES FOR TRANSFER TO CCCMS-STRH

Upon implementation, institutions without a designated CCCMS-STRH or CCCMS-STRH RC Program shall transfer all CCCMS inmates retained by the Institution Classification Committee (ICC) to a designated CCCMS-STRH within 30 days of ASU placement. In the event an inmate is included in the CCCMS after ASU placement, the time frames will begin the date of the Mental Health Chrono, CDCR Form 128 MH-3, indicating the inmate has been placed at the CCCMS level of care.

The sending institution shall retain responsibility for bringing to completion any pending CDC 115, Rules Violation Report or closure documentation resulting in the inmates need for CCCMS-STRH placement.

ENHANCED PROGRAMMING FOR NON-RECEPTION CENTER MALE INMATES

Out of Cell Activities

In an effort to improve the conditions of confinement for male CCCMS inmates placed in segregated housing, the CCCMS-STRH will offer 20 hours of out-of-cell activities per week.

Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives
Page 3

Inmates placed into a designated CCCMS-STRH will be offered 18.5 hours per week of exercise outside of their cell. The exercise program within this unit will consist of various recreational activities and the ability to utilize exercise equipment such as balls and pull-up bars. In addition, inmates placed into the CCCMS-STRH will be offered 90 minutes of confidential structured therapeutic activity.

In Cell and Therapeutic Treatment Activities

Upon arrival in the CCCMS-STRH, inmates will receive their standard property and orientation package. CCCMS inmates will be offered a weekly clinical contact with their primary clinician. Additionally, CCCMS inmates will be offered in-cell therapeutic activities, such as self-help materials and/or recreational activities, as determined by IDTT. CCCMS-STRH inmates will be permitted one electrical appliance such as a radio or television.

FEMALE INMATES AND RECEPTION CENTER PROGRAM

Female CCCMS inmates or CCCMS inmates undergoing RC processing, who require short-term segregated housing will be placed in the ASU at their respective female institution or Reception Center. CCCMS-STRH Female or RC Programs will offer 15 hours of out-of-cell activities per week. The exercise program within this unit will consist of various recreational activities and exercise equipment. The programs will offer 10 hours per week of exercise outside of the cell and 3.5 additional hours of recreational activity in a secure treatment module. The additional 3.5 hours will be offered on the dayroom floor of the housing unit or other designated area where the physical structure permits. In addition, CCCMS female inmates or CCCMS inmates undergoing RC processing will be offered 90 minutes of out-of-cell activity consisting of confidential structured therapeutic activity.

Female CCCMS inmates or CCCMS inmates undergoing RC processing will also be offered daily psychiatric technician rounding, a weekly clinical contact with their primary clinician, and in cell therapeutic activities, such as self-help materials and/or recreational activities, as determined by the IDTT. Female CCCMS inmates or CCCMS inmates undergoing RC processing may have one electrical appliance where physical plant allows. Where existing physical plant does not allow, inmates will be offered a radio.

CCCMS-LTRH OVERVIEW (MALE AND FEMALE INMATES)

The CCCMS-LTRH will be located at the following designated institutions:

- California State Prison-Corcoran
- Pelican Bay State Prison
- California Institution for Women

Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives
Page 4

CCCMS-LTRHs will offer enhanced out-of-cell activity, weekly structured group treatment, daily rounding, and weekly clinical contacts. The CCCMS-LTRH will be run collaboratively between custody and mental health staff. Custody and mental health staff will work together in interdisciplinary treatment team meetings and ICCs. These collaborative activities ensure strong communication within the unit so that staff can monitor the inmates' mental health, prevent decompensation by utilizing higher levels of care, and offer a robust mental health program.

ENHANCED PROGRAMMING (OUT-OF-CELL ACTIVITIES)

In an effort to improve the conditions of confinement for CCCMS inmates imposed a SHU term by an ICC, the CCCMS-LTRH will offer 15 hours of out-of-cell activities per week. Inmates placed into a designated CCCMS-LTRH will be offered 10 hours per week of exercise outside of their cell and 3.5 additional hours of recreational activity in a secure treatment module. The exercise program within this unit will consist of various recreational games and exercise equipment. In addition, inmates placed into the CCCMS-LTRH will be offered 90 minutes of confidential structured therapeutic activity.

ENHANCED PROGRAMMING (IN-CELL ACTIVITIES AND DAILY ROUNDS)

To further enhance the conditions of confinement, the CCCMS-LTRH will offer in-cell therapeutic activities, such as self-help materials and recreational activities. These in-cell activities will be offered as determined by each inmate's Interdisciplinary Treatment Team. Additionally, daily rounds will be completed by a psychiatric technician within the CCCMS-LTRH. Inmates will be offered a weekly clinical contact with their primary clinician.

A conversion schedule detailing the necessary movement for implementation of these units will be sent in a subsequent directive. Additionally, a template operating procedure will also be forwarded, providing more detailed information regarding what the CCCMS-STRH and CCCMS-LTRH programs should consist of.

If you have any questions regarding these alternative segregated housing units and programs, please contact your respective Associate Director or Regional Mental Health Administrator.

M. D. STAINER
Director
Division of Adult Institutions

TIMOTHY BELAVICH, Ph.D., MSHCA, CCHP-MH
Director (A), Division of Health Care Service and
Deputy Director, Statewide Mental Health Program
California Department of Corrections and Rehabilitation

Attachment

Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives
Page 5

cc: Kathleen Allison
Kelly Harrington
Timothy Virga
Thomas Tyler

EXHIBIT 2

**[PRIORITY CASE-BY-CASE REVIEW OF MENTAL HEALTH
DELIVERY SYSTEM LONG TERM SEGREGATED INMATES]**

Memorandum

Date :

To : Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives

Subject : **PRIORITY CASE-BY-CASE REVIEW OF MENTAL HEALTH SERVICES DELIVERY SYSTEM LONG TERM SEGREGATED INMATES**

The purpose of this memorandum is to set forth a process by which the retention of inmates identified as participants in the Mental Health Services Delivery System (MHSDS) in Administrative Segregation Units (ASU), Psychiatric Services Units (PSU), and Security Housing Units (SHU) will be reviewed and assessed.

The placement of inmates into ASU is intended as temporary housing, for use when an inmate's presence in an institution's general population presents a threat to the safety of the inmate or others, endangers institution security or jeopardizes the integrity of an investigation into alleged serious misconduct or criminal activity. Inmates determined to no longer present a threat to themselves, staff, or other inmates, or threaten the security of the institution if released to the general population, should not be housed in segregation.

To most efficiently implement identified changes to the housing of MHSDS participants housed in ASU, SHU, and PSU as directed in memoranda:

- Non-Disciplinary Segregation Processing Procedure for Mental Health Services Delivery System Inmates dated August 14, 2014.
- Implementation of Non-Disciplinary Segregation for Mental Health Services Delivery System Inmates Processing, Procedures, and Required Training dated August 21, 2014.

Priority case-by-case reviews shall be conducted of all MHSDS inmates housed in ASU over 150 days and specific Determinate and Indeterminate SHU/PSU MHSDS inmates, beginning with those inmates with the greatest lengths of stay. Prior to the priority case-by-case review, training regarding the identified changes and expectations will need to be provided to all committee members to facilitate consistent desired outcomes. Those training requirements are articulated in the listed memoranda. Training will also be augmented with the use of mandatory teleconferences.

The specific MHSDS Determinate and Indeterminate SHU/PSU cases that shall have a priority case-by-case review are:

Associate Directors, Division of Adult Institutions

Wardens

Chief Executive Officers

Chiefs of Mental Health

Classification Staff Representatives

Classification and Parole Representatives

Page 2

- Any inmate with a determinate SHU term with segregated housing for 30 or more continuous months and a controlling Minimum Eligible Release Date beyond 12 months.
- Any inmate with an indeterminate SHU term due to disciplinary behavior with SHU/PSU housing for two or more continuous years.

The following MHSDS SHU/PSU cases will not receive a priority case-by-case review by the institution or through Case Conference, but rather will be reviewed by the Department Review Board (DRB) or Security Threat Group (STG) process, respectively:

- Any inmate with an indeterminate SHU term due to DRB will be reviewed in accordance with current policy, i.e., DRB determined timeframes specific to deliberated case factors.
- Any inmate with an indeterminate SHU term due to Validated STG Affiliates will be reviewed in accordance with current standards, i.e. STG Identification, Prevention, and Management Pilot Project.

Institution Review of MHSDS ASU/SHU/PSU

Once training is complete, the institution will be given:

- 90 days to complete a review of all MHSDS ASU inmates housed in segregation for over 150 days on September 15, 2014.
- 180 days to complete a review of above specified MHSDS SHU/PSU inmates housed in segregation on September 15, 2014.
- Wardens of institutions housing inmates designated as Outpatient Level of Care (DSH) shall be responsible for identifying and reviewing any inmate within their program meeting the timeframes for review.

Institutions will begin their review with those inmates with the greatest lengths of stay. ICC shall conduct a priority case-by-case review of all available case factors, disciplinary history, and Mental Health Treatment Plan. All relevant documentation shall be reviewed (including but not limited to CDCR Forms 115-MH, 837-C, 7219, and recent IDTT progress notes, to the extent available).

In addition, the stability of the inmate's mental status and efficacy of the treatment plan are reviewed. Further, whether the inmate had the ability to understand and comply with instructions and the role the inmate's mental health symptoms played in any CDC Form 115 Rules Violation Report, if issued, is reviewed and the mental health team shall provide input regarding if the current treatment plan is successful in controlling or decreasing similar behaviors, or whether the treatment plan requires

Associate Directors, Division of Adult Institutions

Wardens

Chief Executive Officers

Chiefs of Mental Health

Classification Staff Representatives

Classification and Parole Representatives

Page 3

modifications, and ultimately to determine if the inmate demonstrates an ongoing security risk that potentially threatens institution safety and security, thereby warranting continued segregated housing placement.

For any inmate in segregated housing whom, at the most recent ICC, the clinician found that continued segregation placement is likely to cause his or her mental health condition to decompensate (as documented on the 128-G), the inmate shall be considered for transfer to an alternative placement appropriate to address such risk to the inmate's mental health.

The ICC shall determine if the inmate demonstrates an ongoing security risk that threatens institution safety and security, thereby warranting continued segregated housing placement. If the inmate does not demonstrate an ongoing security risk, he or she shall be considered for release to appropriate housing.

For any MHSDS inmate not recommended for release from segregated housing during the Institution Review process, the ICC shall discuss with the inmate, and document, specific behavioral goals for the inmate to be released from segregated housing.

This Institution Priority Case-By-Case Review process will allow all institutions to simultaneously begin the review process thus affording the greatest number of case reviews to be conducted in the shortest amount of time. If additional time is required to complete the case work due to volume, the Warden shall submit a written request to their Associate Director.

Overtime is to be authorized for CC I and CC II (Specialists) to prepare cases for ICC as determined by the Warden. Allocation of overtime is to be reviewed by the Program Support Unit based on identified institutional caseload and an overtime tracking code will be forthcoming.

Long Term Segregated Case Conference

All MHSDS cases retained in segregated housing following the Institution priority case-by-case review shall be referred for a Long Term Segregated Case Conference within 30 days of completing the institutional case reviews.

Thereafter, all MHSDS ASU inmates retained in ASU over 150 days, and those specified MHSDS SHU/PSU cases also retained in segregated housing shall be referred for a Long Term Segregated Case Conference. Long Term Segregated

Associate Directors, Division of Adult Institutions

Wardens

Chief Executive Officers

Chiefs of Mental Health

Classification Staff Representatives

Classification and Parole Representatives

Page 4

Case Conferences shall be scheduled giving priority equitably to ASU and SHU/PSU cases based on length of stay in segregated housing. In no case shall a class member's Case Conference take place more than 30 days after an Institution's decision to retain beyond the delineated lengths of stay.

The Long Term Segregated Case Conference will conduct a case-by-case review of all available case factors, disciplinary history, and Mental Health Treatment Plan. All relevant documentation shall be reviewed (including but not limited to CDCR Forms 115-MH, 837-C, 7219, and recent IDTT progress notes, to the extent available). In addition, the stability of the inmate's mental status and efficacy of the treatment plan shall be reviewed. During the review, the current treatment plan shall be assessed to determine whether it is successful in controlling or decreasing problematic behaviors or whether the treatment plan should be modified. Further, the role the inmate's mental symptoms played in any CDCR form 115, Rules Violation Report, if issued, is reviewed.

The Long term Segregated Case Conference team shall determine if the inmate demonstrates an ongoing security risk that threatens institution safety and security, thereby warranting continued segregated housing placement. If the inmate does not demonstrate an ongoing security risk, he or she shall be considered for release to the General Population.

Long term Segregated Case Conference members will consist of:

- Mission Associate Director
- Warden
- Senior Psychologist, Supervisor or Supervising Social Worker of the mental health program
- Treating Psychiatrist
- Captain, Adult Institutions
- Correctional Counselor III, Correctional Counselor II
- Other staff as required

Any class member who is not released to General Population by the Long Term Segregated Case Conference will be periodically re-reviewed for release through the Long Term Segregated Case Conference process. The Associate Director shall determine the time frames for the next review; however, such reviews will take place at intervals not to exceed 180 days for class members in the SHU/PSU, and not to exceed 90 days for class members in the ASU.

Associate Directors, Division of Adult Institutions

Wardens

Chief Executive Officers

Chiefs of Mental Health

Classification Staff Representatives

Classification and Parole Representatives

Page 5

The Long Term Segregated Case Conference with recommendations regarding if continued segregated housing placement is warranted or not warranted shall be documented on a CDC Form 128-B, General Chrono. The CDC Form 128-B, General Chrono is to be completed, signed and scanned into the ERMS file. Cases with a recommendation for placement in non-segregated housing shall be referred to the next scheduled ICC, in accordance with all due process requirements or, if appropriate, referred to Mental Health utilizing the existing Mental Health referral process.

If you have any questions please contact Melanie Scott, Correctional Counselor III, Classification Services Unit (CSU), at (916) 322-4730 or Kurt Luther, Captain, CSU, at (916) 324-3598.

M. D. STAINER
Director
Division of Adult Institutions

TIMOTHY BELAVICH, Ph.D., MSHCA, CCHP
Director (A), Division of Health Care Service
Deputy Director, Statewide Mental Health

cc: Kathleen Allison
Kelly Harrington
Tim Virga
Dennis Halverson
Kevin Ormand

Thomas Tyler
Melanie Scott
Gena Jones
Christina Phillips

EXHIBIT 3

**[CASE CONFERENCE FOR RETURNING DSH/PIP LEVEL OF
CARE INMATES SERVING A SHU TERM PRIOR TO
INPATIENT DISCHARGE]**

Memorandum

Date :

To : Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers
Chiefs of Mental Health
Classification Staff Representatives
Classification and Parole Representatives

Subject : **CASE CONFERENCE FOR RETURNING DSH/PIP LEVEL OF CARE INMATES SERVING A SHU TERM PRIOR TO INPATIENT DISCHARGE**

The purpose of this memorandum is to establish policy for discharging an inmate-patient (IP) admitted to the Department of State Hospitals (DSH) or a California Department of Corrections and Rehabilitation (CDCR) Psychiatric Inpatient Program (PIP) who is serving a Security Housing Unit (SHU) term and who was either not a participant in the Mental Health Services Delivery System (MHSDS) or was in the Correctional Clinical Case Management System (CCCMS) prior to admission.

The CDCR and DSH recognize the need to minimize or eliminate repeated cycling of IPs through DSH/PIP care, particularly IPs who show signs of decompensation while serving a SHU term. CDCR will continue to refer IPs to higher levels of care in DSH and PIPs as clinically indicated. When CDCR outpatient clinicians believe that the segregated environment has had an impact on the mental health of the IP, CDCR will include that factor, as well as the inmate's housing information, in the initial referral packet for DSH/PIP placement. This information may inform housing and treatment options while the IP is at DSH/PIP.

To help prevent decompensation after discharge from DSH/PIP, DSH/PIP and CDCR outpatient mental health staff shall conduct a formal clinical case conference prior to the IP's discharge.

The information shared in the discharge clinical case conference is provided for two reasons: first, to address continuity of care; and second, to ensure appropriate housing determinations are made. CDCR mental health staff will share the clinical case conference information with the warden or designee of the receiving institution. Division of Adult Institution staff shall examine the IP's case factors and assess the necessity of a continued SHU term in accordance with established procedures. In no event shall an IP who is serving a SHU term and who was admitted to DSH/PIP be discharged from inpatient care to a SHU. IPs will be discharged to the appropriate housing setting, depending on level of care, which may include the CCCMS Long Term Restricted Housing Unit or the Psychiatric Services Unit for those IPs who continue to serve SHU terms. IPs who are no longer serving a SHU term will be discharged to housing consistent with their level of care. A statewide procedure detailing the requirements of this memorandum will be issued shortly.

Wardens

Page 2

If you have any questions regarding these expectations, please contact your respective Mission, Associate Director or your Mental Health Regional Administrator.

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Director
Division of Adult Institutions

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Director (A), Division of Health Care Service
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