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15 UNITED STATES DISTRICT COURT
16 NORTHERN DISTRICT OF CALIFORNIA

17
18 MARCIANO PLATA, et al.,
19 Plaintiffs,
20 v.
21 ARNOLD SCHWARZENEGGER, et al.,
22 Defendants.

Case No. C01-1351 TEH

**DECLARATION OF RICHARD
KIRKLAND IN SUPPORT OF
RECEIVER'S OPPOSITION TO
DEFENDANTS' MOTION TO
TERMINATE THE
RECEIVERSHIP AND THE
RECEIVER'S CONSTRUCTION
PLANS**

Hon. Thelton E. Henderson

1 I, Richard Kirkland, declare:

2 1. I am currently the Director of the Construction Oversight and Activation Division
3 for the California Prison Healthcare Receivership Corporation. I joined the Receiver's office in
4 January 2007 as Director of the Plata Support Division. In October 2008, I was appointed to my
5 current position. My role is to provide executive oversight to the Receiver's construction
6 programs. Unless otherwise stated, I know the following facts to be true of my own knowledge,
7 and if called as a witness I could competently so testify. I make this declaration in support of the
8 Receiver's Opposition to the Defendants' Motion to Terminate the Receiver and the Receiver's
9 Construction Plans. I have specifically reviewed the Declaration of Deborah Hysen submitted by
10 Defendants in support of their Motion, and respond where appropriate below.

11 2. I have over twenty years of experience providing managerial and executive
12 oversight to prison construction programs and prison operations. I was appointed by Governors
13 Deukmejian in 1985 and Wilson in 1991 as a Project Director responsible for coordinating the
14 construction of three new prisons and of major additions to existing prisons. In 1993, I started
15 working at Pelican Bay State Prison. While there, I served in multiple capacities, including as
16 Associate Warden, Chief Deputy Warden, and Warden, a position to which I was appointed by
17 Governor Schwarzenegger in 2004. In 2006, I was appointed by Governor Schwarzenegger as
18 the Deputy Director of Fiscal Services of the California Department of Corrections and
19 Rehabilitation (CDCR), and assumed responsibility for CDCR's budget and accounting functions.

20 **State's Knowledge of and Participation in Developing Receiver's Plans**

21 3. There are two separate aspects of the Receiver's construction plans: 1) physical
22 upgrades at existing prisons (the Facility Improvement Program); and 2) construction of
23 healthcare facilities for approximately 10,000 inmates with medical and/or mental health needs
24 (the Facility Expansion Program). The Expansion Program currently consists of adding 5,000
25 medical beds and 5,000 mental health beds.

26 4. In paragraph 15 of her declaration, Deborah Hysen, Chief Deputy Secretary of
27 CDCR, states that "CDCR staff has not received a meaningful opportunity" to address its
28 concerns with the Receiver, and that it has been precluded from participating in the Receiver's

1 decision-making. This assertion is false. CDCR officials who do not report to the Receiver have
2 participated extensively in planning both elements of the Receiver's construction plans. And
3 California Department of Mental Health (DMH) officials have participated extensively in
4 planning for the Receiver's Facility Expansion Program.

5 5. Beginning in early 2007, the Receiver's Office held separate bi-weekly, and
6 sometimes more frequent, meetings with CDCR officials to discuss both aspects of the Receiver's
7 construction plans. In addition to CDCR officials, Robert Gore and Ben Rice from the
8 Governor's Office were regular attendees at these meetings, as was Ms. Hysen. I attended many
9 of these meetings.

10 6. CDCR officials have also attended numerous construction coordination meetings
11 with the Receiver's staff. Attached as Exhibit A are meeting minutes from one such meeting in
12 April 2008, where Ms. Hysen herself presented several agenda items related to the Receiver's
13 construction plans.

14 7. In addition to attending the frequent meetings described above, CDCR and DMH
15 staff members have participated and continue to participate in planning the Receiver's expansion
16 program, initially as part of the project's Core Planning Team and currently as part of the
17 operation group participating in the process for the design and staffing of the new facilities.
18 Appendix A to the Receiver's Facilities Program Statement version 3 (FPS 3), attached as
19 Exhibit B hereto, contains the names of the members of the Core Planning Team and lists the
20 dates of the group's meetings. Representatives from CDCR were and continue to be in
21 attendance at these meetings.

22 8. CDCR officials have also developed or coordinated the environmental documents
23 for the Facility Improvement Program since July 2007, until recently directed by Ms. Hysen to
24 curtail their involvement.

25 9. All participants described above are aware that the expansion program is in the
26 planning stages, and will continue to be modified until a suitable, cost-effective plan is
27 completed.

28

1 10. I am not aware of any specific requests for information regarding the Receiver's
2 construction plans from Ms. Hysen, or any other state officials, that were refused by the Receiver.
3 Extensive information has also been provided to the Legislative Analysts Office (LAO).

4 **Design Elements**

5 11. In her declaration in support of Defendants' motion, Ms. Hysen also repeatedly
6 criticizes certain design elements of the Receiver's Facility Expansion Program, particularly those
7 relating to space for recreational and therapeutic activities. Many of those aspects of the plans,
8 however, were included at the request of CDCR and DMH officials. As just one example, I recall
9 a meeting I attended during which CDCR mental health staff strongly resisted a proposal to
10 decrease the size of the planned running track.

11 12. In addition, space for recreational and therapeutic activities, such as basketball
12 courts, tracks, family visiting rooms, and facilities for television viewing, is routinely included in
13 facility construction plans developed by the CDCR itself. CDCR's own documents for the design
14 of their Re-entry Facilities, for example, which will house offenders of multiple classifications,
15 reflect many of these same elements, including an indoor basketball court, dormitories and inmate
16 kitchens. CDCR's plans also indicate that the Re-entry Facilities are intended to minimize the
17 institutions' prison-like appearance, and include depictions of aesthetically-pleasing buildings
18 surrounded by trees. Attached as Exhibit C is a July 2008 CDCR Re-entry Facility planning
19 guide. As another example, during a recent visit to a DMH facility at Coalinga, which houses
20 sexually violent predators, I walked through a music therapy room that was fully stocked with a
21 closet full of musical instruments.

22 13. Similarly, the "design philosophy" criticized by Defendants in their motion has
23 been driven by CDCR officials as well as medical and corrections experts on the Receiver's staff.

24 **The Receiver's Plans Do Not Call for Unnecessary Duplication**

25 14. In paragraphs 13 and 14 of her declaration, Ms. Hysen claims that the Receiver's
26 plans are redundant with and duplicate CDCR's own plans and services, and with plans
27 authorized by AB 900. Because the new medical facilities will be housed in separate facilities,
28 however, they will naturally have to include inmate and facility services to support the full

1 operation and medical needs for the proposed population. It is extremely expensive and unsafe to
2 propose that inmates be moved between facilities to receive services such as education, legal
3 libraries, and visiting. Moreover, it has been my experience that when CDCR has built new
4 facilities adjacent to existing prisons, they have built the necessary services for the new facility
5 and not transported inmates unnecessarily.

6 15. CDCR's existing facilities and the "infill beds" provided for in AB 900 do not
7 provide the necessary medical services for the existing population. The "infill beds" provided for
8 in AB 900 do not improve the clinic facilities at the existing institutions, nor do they improve
9 access to specialty care for inmates at the existing facilities.

10 Construction Plan Costs

11 16. In paragraph 7 of her declaration, Ms. Hysen claims that the Receiver has refused
12 to provide details about cost estimates related to the construction plans to CDCR, the Department
13 of Finance, and the Legislature. This assertion is false. There have been numerous meetings
14 between the Receiver's staff and State officials to discuss the estimated costs of the Receiver's
15 construction plans. I attended a meeting on June 2, 2008 with the Receiver, and representatives
16 from the DOF, the State Treasurer's Office, the State Controller's Office, and the California
17 Attorney General, for example, to discuss the Receiver's cash and encumbrance needs for his
18 entire capital program. At that meeting, the Receiver presented information about the contracts
19 that he needed in order to proceed and the funds that he needed to have encumbered, as well as
20 his cash flow needs. No officials objected to the scope of the Receiver's projects or cost
21 estimates at that meeting. Indeed, no CDCR officials have ever contacted me or my staff with
22 any concerns or recommendations to address concerns of costs.

23 17. The Receiver's plans and available cost projections have also been readily
24 disclosed on multiple occasions. The information has been shared with the legislature through the
25 LAO and was cited in the January 30, 2009 LAO report. The FPS 3 has been posted on the
26 Receiver's website for public information since November 17, 2008. The Receiver solicited
27 comments from State agencies and the public regarding the FPS 3. No comments were received
28 from Ms. Hysen or CDCR.

1 Receivership has implemented employee furloughs as mandated in the Governor's Executive
2 Order.

3 23. The Receiver has also taken a number of additional steps to ensure transparency
4 and accountability in his operations and in the implementation of his construction plans. In April
5 2007, the Receiver began to establish a Construction Oversight Advisory Board comprised of
6 State executives, the State Auditor and private sector experts. The Receiver has also requested
7 audits by the Office of the Inspector General and the Bureau of State Audits.

8 24. The Receiver has also proposed to implement his construction plans in three
9 phases, and provide the legislature with population and need assessments before proceeding to the
10 next phase in order to ensure that the needs were consistent with any changes in the CDCR
11 inmate population.

12 25. The Receiver also proposed to establish the construction program with oversight
13 through the State Public Works Board.

14 26. Further, CDCR has hired external planners for the purpose of reviewing the
15 Receiver's plans. The Receiver directed his staff to meet with these planners and share planning
16 documents and brief these individuals and Ms. Hysen on the content and status of the Receiver's
17 program. Ms. Hysen attended these meetings, which occurred over several full days beginning on
18 December 8, 2008 and have continued into February 2009. No objections to the Receiver's plans
19 were raised during the meetings I attended.

20 27. Finally, Ms. Hysen asserts that the Receiver was provided with \$125 million in
21 unallocated funds in the 07/08 fiscal year budget. That appropriation included budget authority to
22 spend these dollars on construction projects. In addition, the Receiver has received disbursements
23 from the 08/09 Program 50 budget item which may be spent for facility planning purposes.

24 I declare under penalty of perjury under the laws of the United States that the foregoing is
25 true and correct. Executed on February 23, 2009 in Sacramento, California.

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/s/ Richard Kirkland
Richard Kirkland

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GENERAL ORDER 45 ATTESTATION

I, James J. Brosnahan, am the ECF User whose ID and password are being used to file this Declaration of Richard Kirkland in Support of Receiver’s Opposition to Defendants’ Motion to Terminate the Receivership and the Receiver’s Construction Plans. In compliance with General Order 45, X.B., I hereby attest that Richard Kirkland has concurred in this filing.

/s/ James J. Brosnahan
James J. Brosnahan
Attorneys for Receiver

Exhibit A

**CONSTRUCTION COORDINATION MEETING
Receiver's staff, URS/ BLL and CDCR**

Call in 1-888-272-7337
ID #6608559

Date: April 9, 2008
Time: 11:00 – 12:00 PM
Location: 501 "J" Street, 1st floor Suite 100

- I. Update on NCWF
 - A. Negative declaration update (**Bob Sleppy**)
 - B. Status upgrades required for 100 inmate/patient occupancy
 - C. Status of proposal for Vanir's construction of medical facility

- II. Update CDCR population projection (**Deborah Hysen**)

- III. Update CDCR in fill beds by security level (**Deborah Hysen**)

- IV. Update JJ bed plan
 - A. Statewide Master plan
 - B. Ventura
 - C. Stockton

- V. Update possible relocation of the cows/dairy

- VI. Other
 - A. Master planning effort for the potential relocation of Stark (**Deborah Hysen**)

Exhibit B

Facility Program Statement Appendix A - Core Planning Team Schedule

APPENDIX A – CORE PLANNING TEAM SCHEDULE

Presented on the following pages is a summary of the key Core Planning Team and subject matter meetings that have occurred for this project. Many more meetings have been held, both formally and informally, and this list of meetings illustrates the extent of participation between the Receiver's staff and advisors, URS/BLL staff and other subject matter experts.

Core Planning Team Meetings

- Kick Off-Meeting September 18, 2007
- Meeting No. 2 September 19, 2007
- Meeting No. 3 October 3, 2007
- Meeting No. 4 October 4, 2007
- Meeting No. 5 October 10, 2007
- Meeting No. 6 November 8, 2007
- Meeting No. 7 November 15, 2007
- Meeting No. 8 December 6, 2007
- Meeting No. 9 December 13, 2007
- Meeting No. 10 January 10, 2008
- Meeting No. 11 January 18, 2008
- Meeting No. 12 February 14, 2008
- Meeting No. 13 March 12, 2008
- Meeting No. 14 May, 2008
- Meeting No. 15 June 12, 2008

Core Planning Team & IPD Teams Meetings

- Meeting No. 1 August 12, 2008
- Meeting No. 2 August 13, 2008
- Meeting No. 3 August 14, 2008
- Meeting No. 4 August 15, 2008
- Meeting No. 5 August 19, 2008
- Meeting No. 6 August 20, 2008
- Meeting No. 7 August 22, 2008
- Meeting No. 8 August 26, 2008
- Meeting No. 9 August 27, 2008
- Meeting No. 10 August 28, 2008
- Meeting No. 11 September 2, 2008
- Meeting No. 12 September 3, 2008
- Meeting No. 13 September 4, 2008
- Meeting No. 14 September 5, 2008
- Meeting No. 15 September 8, 2008
- Meeting No. 16 September 9, 2008
- Meeting No. 17 September 10, 2008
- Meeting No. 18 September 11, 2008
- Meeting No. 19 September 12, 2008
- Meeting No. 20 September 16, 2008
- Meeting No. 21 September 17, 2008
- Meeting No. 22 September 18, 2008
- Meeting No. 23 September 19, 2008
- Meeting No. 24 September 23, 2008
- Meeting No. 25 September 24, 2008

Core Planning Team & IPD Teams Meetings - Continued

- Meeting No. 26 September 25, 2008
- Meeting No. 27 September 26, 2008
- Meeting No. 28 September 30, 2008
- Meeting No. 29 October 1, 2008
- Meeting No. 30 October 2, 2008
- Meeting No. 31 October 3, 2008
- Meeting No. 32 October 15, 2008
- Meeting No. 33 October 16, 2008
- Meeting No. 34 October 20, 2008

Detailed Sub-Working Group Meetings

- Meeting No. 1 January 22, 2008
 - Visiting/Public Access/Religious
 - Receiving/Release
 - Education/Library
 - Vehicles
 - Laundry
 - Recreation
 - Plant Maintenance
 - Visiting/Public Access
 - Warehousing
- Meeting No. 2 January 23, 2008
 - Distribution/Services
 - Fire Station
 - Central control Room
 - Waste Treatment Plant

Detailed Sub-Working Group Meetings - Continued

- Central Plant
- Refuse & Recycle
- Meeting No. 3 January 24, 2008
 - Perimeter Security
 - Dialysis Clinic
 - Laboratory
 - Dental Services
 - Outpatient Clinics
 - Outside/Inside Administration
 - Staff Services/Training
 - TTA
 - High Acuity Housing
 - Low Acuity Housing
 - Specialized General Population Housing
- Meeting No. 4 January 29, 2008
 - Tele Medicine
 - EOP Housing
 - Food Services
 - Inmate Worker Support
 - Board of Prison Hearings
 - Diagnostic Imaging
 - Physical Medicine & Rehab
- Meeting No. 5 January 30, 2008
 - Security/Emergency Response
 - ICF Housing
 - ICF High Custody Housing

Detailed Sub-Working Group Meetings - Continued

- Armory & Lockshop
- MHCB Housing
- APP Housing
- EOP High Custody
- Parking/Entry
- Meeting No. 6 February 26, 2008
 - Laundry
 - Central Plant
 - Plant Maintenance
 - Admission & Discharge
 - Warehousing
 - Food Service
- Meeting No. 7 February 27, 2008
 - Central Control Room
 - Refuse & Recycle
 - Waste Management Plant
 - Security/Emergency Response
 - Perimeter Security
 - Administration & Staff Services/Training
 - Laboratory
- Meeting No. 8 February 28, 2008
 - Board of Parole Hearings (BPH)
 - Parking
 - Armory & Lockshop
 - Diagnostic Imaging

Detailed Sub-Working Group Meetings - Continued

- Meeting No. 9 March 24, 2008
 - Housing
- Meeting No. 10 March 26, 2008
- Meeting No. 11 March 27, 2008
- Meeting No. 12 June 18, 2008
 - Admission & Discharge
 - Vocational Education
 - Housing Clusters
 - Food Services
 - IT Space

Special Meetings

- Mechanical, Electrical, Plumbing March 11, 2008
- FPS Review April 2, 2008
- Women's Planning Kick-Off April 4, 2008
- FPS Review May 1, 2008
- FPS Review May 5, 2008
- FPS Review May 8, 2008
- FPS Review May 27, 2008

Meeting Participants Involved Since the Issuance of the Second Draft of the FPS

As stated earlier in this Third Draft of the FPS, an extensive number of individuals from the Receiver's office, its advisors, the URS/BLL joint venture and the IPD teams have been actively engaged in the review and revisions of the FPS document. Since the development of the July 22, 2008 Second Draft of the FPS, there have been numerous "drill down" review sessions with members of the Core Planning Team, the URS/BLL program management team and the IPD team members to interpret, modify, challenge and improve the FPS document. There will be an ongoing process of FPS improvement, especially as the design efforts continue and new ideas are introduced by the IPD teams.

Presented below is a partial list of the attendees who have been attending the FPS review meetings. The comprehensiveness of the list clearly indicates the broad base of input that has been encouraged through this process by the URS/BLL program management team.

Attendee	Title	Organization	Email
Amy Rassen	Undersecretary of Clinical Services	California Prison Health Care Services - Office of the Receiver	amy.rassen@cdcr.ca.gov
Ann Daigle	Confidential Executive Assistant Office of the Acting Deputy Director, on Special Project, Correctional Mental Health Services	State of California Department of Mental Health	Ann.Daigle@dmh.ca.gov
Arun Kaiwar	Architect	DPR/Stantec/ The Design Partnership	arun.kaiwar@stantec.com
Barbara Cotton, R.N.	Correctional/Nurse Consultant	URS/BLL	cottongroup45@att.net
Bert Rosefield	Correctional Consultant	URS/BLL	Bert.Rosefield@ursblljv.com
Bill Prindle	Core Team Member - Architect	H3/HOK	bill.prindle@hok.com
Bill Proctor	Program Director	URS/BLL	Bill.Proctor@ursblljv.com
Bob Glass	Facilities Group Manager	URS/BLL	Bob.Glass@ursblljv.com
Bonnie Noble, RN, PhD	Director of Clinical Operations	California Prison Health Care Services - Office of the Receiver	bonnie.noble@cdcr.ca.gov

Attendee	Title	Organization	Email
Bradford Jayne	Medical Designer	URS/BLL	bjayne@lblarch.com
Brian Lemley	Data Processing Manager III IT Field Support	California Prison Health Care Services	brian.lemley@cdcr.ca.gov
Buddy Golson	Architect, Director of Justice Group	DPR IPD – Rosser International	bgolson@rosser.com
Christie Coffin	Architect / Mental Health Facility Planner	DPR/Stantec/ The Design Partnership	Christie@dpsf.com
Cindy Ricker, R.N.	Nurse Consultant I	California Prison Health Care Services	cccjdr64@hotmail.com
Dave Michaels	Correctional Consultant	URS/BLL	davem@rga-inc.com
Dave Runnels	Undersecretary, Corrections Services	California Prison Health Care Services	david.runnels@cdcr.ca.gov
Dave Winters	Staff Systems Informational Systems Analyst	California Department of Corrections and Rehabilitation	dave.winters@ursbljv.com
David Hori	Department Manager, Hospital Systems	California Department of Mental Health	David.Hori@dmh.ca.gov
David Noronha	Deputy Director of IT for new facilities	California Prison Health Care Services	David.Noronha@cdcr.ca.gov
Denise Blair	Chief Information Officer	California Department of Mental Health	Denise.Blair@dmh.ca.gov
Dennis Hirning	Data Processing Manager I	California Department of Corrections and Rehabilitation, California Prison Health Care Services	dennis.hirning@cdcr.ca.gov
Denny Sallade	Regional Administrator	California Department of Corrections and Rehabilitation, California Prison Health Care Services	denny.sallade@cdcr.ca.gov
Dick Bayer	Facilitator Consultant	URS/BLL	dick@projectrealign.com

Attendee	Title	Organization	Email
Didi Carrasco	Executive Assistant	California Department of Corrections and Rehabilitation	didi.carrasco@cdcr.ca.gov
Ed Mondragon	Sr. Consultant	Sabot Technologies	ed.mondragon@cdcr.ca.gov
Evelyn Warner	Architect, Medical Planner	DPR/Stantec/ The Design Partnership	evelyn.warner@stantec.com
Frances Ridle Hoover	Managing Partner	Jensen + Partners	fridlehoover@jensenpartners.com
Helen Byrd, J.D., M.S.W., L.C.S.W	Licensed Clinical Social Worker	Department of Mental Health	Helen.Byrd@dmh.ca.gov
Henry Haunani	<i>Coleman</i> Monitor	<i>Coleman</i> Representative	hownani@aol.com
Jamie Mangrum	Chief Information Officer	California Prison Health Care Services	Jamie.Mangrum@cdcr.ca.gov
Jason Gentry	Project Manager	Sabot Technologies	jason.gentry@cdcr.ca.gov
Jason Haim	Project Manager	URS/BLL	jason.haim@ursblljv.com
Jeffrey Goodale	Lead Designer	CMHH	jeff.goodale@hdrinc.com
Jeffrey Metzner, M.D.	Psychiatric expert	<i>Coleman</i> Expert	jeffrey.metzner@ucdenver.edu
Jennifer Yarwood	Project Assistant	URS/BLL	jennifer.yarwood@ursblljv.com
Joe Mattingly	Project Architect	URS/BLL	joe.mattingly@ursblljv.com
John Boerger	Architect/ Mental Health Design Consultant	DPR / Stantec / The Design Partnership	JohnB@dpsf.com
John O'Shaunessy	Consultant	Division of Corrections Health Care Services	john.oshaunessy@ursblljv.com

Attendee	Title	Organization	Email
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Karen Coffee	Deputy Director, Human Resources (New Facilities)	California Prison Health Care Services	karen.coffee@cdcr.ca.gov
Karen Creighton	Special Assistant	California Prison Health Care Services	karen.creighton@cdcr.ca.gov
Kathy Page, R.N.	Nurse Consultant	California Prison Health Care Receivership	kpageusa@aol.com
Ken Lee	Health Care Planner	URS/BLL	klee@lblarch.com
Kim A. Garcia	Chief, Facilities Development and Planning	Division of Correctional Health Care Services, CDCR	kim.a.garcia@cdcr.ca.gov
Laura Lycan	Senior Healthcare Consultant	HDR Inc.	laura.lycan@hdrinc.com
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Marty Aroian	Custody & Labor Consultant - CCPOA	California Correctional Peace Officers Association	cimpres@msn.com
Michael Barks	Dentist	Division of Correctional Health Care Services – Dental Program	Michael.Barks@cdcr.ca.gov
Michael Bean	Correctional Business Manager I	California Prison Health Care Services	michael.bean@cdcr.ca.gov

Attendee	Title	Organization	Email
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Ramesh Loharikar	Medical Planner	HDR	rloharik@hdrinc.com
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Rollin Ives	Acting Deputy Director	Correctional Mental Health Service Department of Mental Health	rollin.ives@dmh.ca.gov
Scott Wing AIA ACHA	Senior Vice President Director of Healthcare	HKS Architects Inc.	swing@hksinc.com
Sina Yerushalmi	Project Designer	URS/BLL	syerushalmi@lblarch.com
Steve Bayne	Project Architect	URS/BLL	steve.bayne@ursblly.com
Steve Cambra	Director, California Prison Health Care Facilities	California Prison Health Care Services	steve.cambra@cprinc.org
Steve Carter	Correctional Consultant	URS/BLL	scarter@cartergoblelee.com
Steven Thomas Powell	Senior Medical Planner	HGA	spowell@hga.com

Attendee	Title	Organization	Email
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Silvia Garcia	San Diego Activation Team Superintendent	California Department of Corrections and Rehabilitation	silvia.garcia@cdcr.ca.gov
Terry Hill	Chief Executive Officer, Medical Services	California Prison Health Care Services	terry.hill@cprinc.org
Tim Rougeux	Chief Operating Officer, Medical Services	California Prison Health Care Services	tim.rougeux@cdcr.ca.gov
Tom Hoerstman	Architect	DPR IPD – GKK Works	thoestman@gkkworks.com
Tray Freeman	CDCR 10K Bed Activation Project Manager	Sunrise Technologies, Inc.	tracy.freeman@cdcr.ca.gov
Trish Callo	Project Manager, Senior Associate	DPR IPD – Stantec Architecture	trish.callo@stantec.com
Vic Brewer	Executive Director – VPP/SVPP Assistant Deputy Director (A)	Dept. of Mental Health	Vic.Brewer@dmh.ca.gov
Wendy Still, M.A.S.	Director, Rehabilitation Services	California Prison Healthcare Facilities	wendy.still@cdcr.ca.gov
Yolanda Ortiz	Executive Assistant	California Department of Corrections and Rehabilitation	yolanda.ortiz@cdcr.ca.gov

Exhibit C

Secure Community Reentry Facilities

**Planning Guide
July 2008**



Introduction

In May 2007, Governor Arnold Schwarzenegger signed into law the Public Safety and Offender Rehabilitation Services Act of 2007 (AB 900). This new statute was designed to fundamentally improve California's corrections system by creating initiatives for effective prison reform and offender rehabilitation. One of the key components of AB 900 was the introduction of Secure Community Reentry Facilities (SCRF), a model in which smaller local facilities with comprehensive rehabilitation programs prepare offenders for life outside prison. The California Department of Corrections and Rehabilitation (CDCR) is committed to working collaboratively with counties and cities to establish these SCRFs.

The purpose of this Reentry Facility Planning Guide is to provide information for counties/cities who are interested in collaborating with CDCR to establish a SCRF within their community. This guide outlines the SCRF statutory authority, provides information about local participation in reentry planning and describes conceptual facility designs. This guide also includes information about the SCRF population and provides a general overview for program design.

Defining Secure Community Reentry Facilities

AB 900 provides the authority and framework for establishing and operating local secure reentry facilities. These facilities will provide the opportunity for state and local officials to work together to strengthen public safety when offenders return home from state custody. Over 90 percent of offenders incarcerated within state prisons return to their home communities, and they do so within a relatively short period of time (the average length of stay in state prison is about two years). The overall goal is to ensure that when offenders return home they are prepared for successful community reintegration.

Legislative Findings and Declarations: The intent in establishing local reentry facilities is at least twofold. First, SCRFs provide for a more seamless continuum of **services before and after an inmate's release to parole** thereby improving the

Secure Community Reentry Facilities Planning Guide
July 2008

parolee's opportunity for successful reintegration. Second, by placing an inmate in a secure correctional facility within the offender's community prior to parole, parole officers and local law enforcement personnel are better able to coordinate supervision of that parolee. At the same time, SCRFs also provide the opportunity to connect parolees with local services and supports that will further their chances for successful reentry.

Authority of CDCR: The CDCR is authorized (during Phase I of AB 900) to construct, establish and operate reentry program facilities throughout the State that will house up to 6,000 inmates (Penal Code [PC] Section 6271 (a)). CDCR is also authorized (in Phase II) to construct, establish, and operate reentry program facilities throughout the State to house up to an additional 10,000 inmates (PC Section 6271.1 (a)). At least 2,000 of the 6,000 beds authorized in Phase I must be under construction or sited prior to release of Phase II funding (PC Section 7021 (a)(3)).

Facility Description: Pursuant to AB 900, these reentry facilities are to be secure and consist of up to 500 beds (PC Section 6271(a)). Reentry facilities provide programming to inmates and parole violators (PC Section 6272).

Facility Population: Reentry facilities will house inmates within one year of being released or re-released from custody (PC Section 6271(a)).

Facility Programming: Reentry facilities allow for the provision of individualized rehabilitative programming for offenders needing intensive treatment interventions and a direct connection to local community services.

- Reentry facilities will provide programming to inmates and parole violators tailored to the specific problems faced by this population when reintegrating into society (PC Section 6272).
- Persons housed in these facilities will receive risk and needs assessments, case management services, and wraparound services that provide a continuity of support services between custody and parole (PC Section 6272).
- Rehabilitative programming for inmates includes, but is not limited to, education, vocational programs, substance abuse treatment programs, and pre-release planning (Government Code [GC] Section 15819.40).

Collaborative Partnership with Local Government: In the locations where a reentry program facility is established, CDCR will develop a collaborative partnership with local government, local law enforcement, and community service providers (PC Section 6273).

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Siting Reentry Facilities

AB 900 requires that SCRFs shall be, to the extent possible, sited in urban locations (PC 6271.1(a)). Furthermore, these facilities shall only be established in a city, county, or city and county that requests a SCRF and the proposed location of the facility shall be identified by the city, county, or city and county (PC Section 6271 (b)).

Locating SCRFs in or near urban areas is intended to promote community access and successful offender reintegration. These accessible locations will assist offenders, their families, community-based treatment providers, and social service agencies in arranging appropriate services and supports upon an offender's parole to the community.

Cities or counties who may not have the parolee population to support a 500 bed SCRF, are strongly encouraged to partner with their neighboring county or counties in considering a regional SCRF. Parolee data by county is shown below.

COUNTY	ACTIVE PAROLEES as of 3/18/08 [Ⓢ]	RELEASED IN 2007 [Ⓢ]	CURRENTLY REVOKED as of 3/18/08 [Ⓢ]
1 Alameda	3713	2763	1046
2 Alpine	6	7	0
3 Amador	83	31	7
4 Butte	1151	494	7
5 Calaveras	110	29	24
6 Colusa	55	21	6
7 Contra Costa	1468	577	230
8 Del Norte	134	55	19
9 El Dorado	337	128	39
10 Fresno	4918	2239	1105
11 Glenn	116	61	17
12 Humboldt	578	285	81
13 Imperial	319	152	82
14 Inyo	35	35	4
15 Kern	4553	2229	714
16 Kings	848	429	139
17 Lake	310	190	34
18 Lassen	107	55	14
19 Los Angeles	31881	22020	2406
20 Madera	594	282	101
21 Marin	146	29	21
22 Mariposa	40	18	4
23 Mendocino	238	112	32
24 Merced	902	421	155
25 Modoc	32	19	6
26 Mono	15	10	2
27 Monterey	1102	566	125

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COUNTY	ACTIVE PAROLEES as of 3/18/08 ^②	RELEASED IN 2007 ^③	CURRENTLY REVOKED as of 3/18/08 ^④
28 Napa	215	96	26
29 Nevada	120	48	10
30 Orange	6386	5886	740
31 Placer	616	266	59
32 Plumas	52	29	9
33 Riverside	7596	4112	999
34 Sacramento	4465	3551	626
35 San Benito	114	45	19
36 San Bernardino	9589	5759	1604
37 San Diego	7710	4021	1145
38 San Francisco	1578	563	259
39 San Joaquin	2481	1304	563
40 San Luis Obispo	546	476	71
41 San Mateo	1039	585	85
42 Santa Barbara	1083	548	199
43 Santa Clara	4260	1840	266
44 Santa Cruz	452	156	70
45 Shasta	1258	567	162
46 Sierra	5	3	1
47 Siskiyou	140	76	26
48 Solano	1549	685	196
49 Sonoma	789	419	112
50 Stanislaus	1669	906	241
51 Sutter	416	205	70
52 Tehama	354	177	57
53 Trinity	53	14	5
54 Tulare	1652	869	278
55 Tuolumne	139	63	20
56 Ventura	1509	898	261
57 Yolo	601	295	99
58 Yuba	429	201	69
Total	112656	67920	14767
LEGEND			
② From CalParole - Active Parolees are parolees on parole on 3/18/08.			
③ From OBIS - Released in 2007: "First Parole" the number of people released to the specific county, from an adult institution in 2007. This number includes first termers, new termers and Parole Violators With a New Term (PVWNT).			
④ From CalParole: the number of parolees on revoked status on 3/18/08.			

Financing and Construction of SCRFs

SCRFs will be constructed by CDCR using lease revenue bond financing. Pursuant to AB 900, this financing is available for reentry program facility project costs in two phases.

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- *Phase I:* CDCR is authorized to acquire land, design, construct, and renovate reentry program facilities to provide housing for 6,000 inmates as authorized by PC Section 6271. The scope and costs of these projects are subject to approval and administrative oversight by the State Public Works Board (SPWB). Authorized costs for design, construction, and construction-related costs for projects approved for financing by the SPWB may not exceed \$975,000,000 (GC Section 15819.40, 15819.401 and 15819.403).
- *Phase II:* CDCR is authorized to construct, establish, and operate reentry program facilities throughout the State that will house up to an additional 10,000 inmates pursuant to PC Section 6271.1. The scope and costs of these projects are subject to approval and administrative oversight by the SPWB. Authorized costs for design, construction, and construction-related costs for projects approved for financing by the SPWB may not exceed \$1,625,000,000 (GC Section 15819.41, 15819.411 and 15819.413).

Architectural and Conceptual Design

SCRFs will be architecturally designed to appropriately blend within each local community setting. The CDCR has developed prototypical designs that will be shared with local communities.

Conceptual Designs Adapt to Local Communities

SCRFs are unique from any other CDCR institution. These facilities are not intended to be designed or operated as "mini-prisons." Local communities will be afforded the opportunity for input on the facility design.

Multiple architectural models are available which have been designed to harmonize with the existing community and can be adapted based on existing site constraints. The architectural designs are unobtrusive and void of towers or barbed wire fences. The building envelope serves as the secure perimeter, and conceptual design renderings have been developed to be compatible and mirror surrounding buildings and styles. The following examples represent conceptual design renderings for SCRFs. Note: these renderings may not be representative of repurposed or renovated facilities such as the Northern California Reentry Facility.

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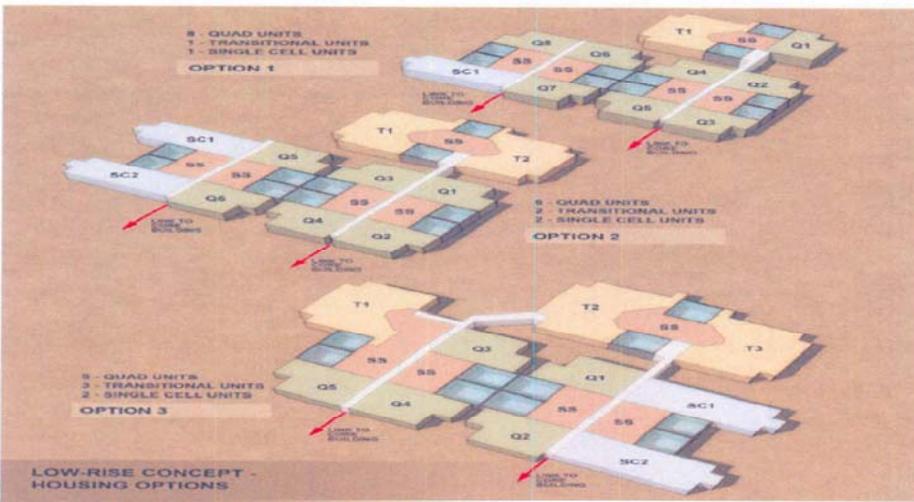
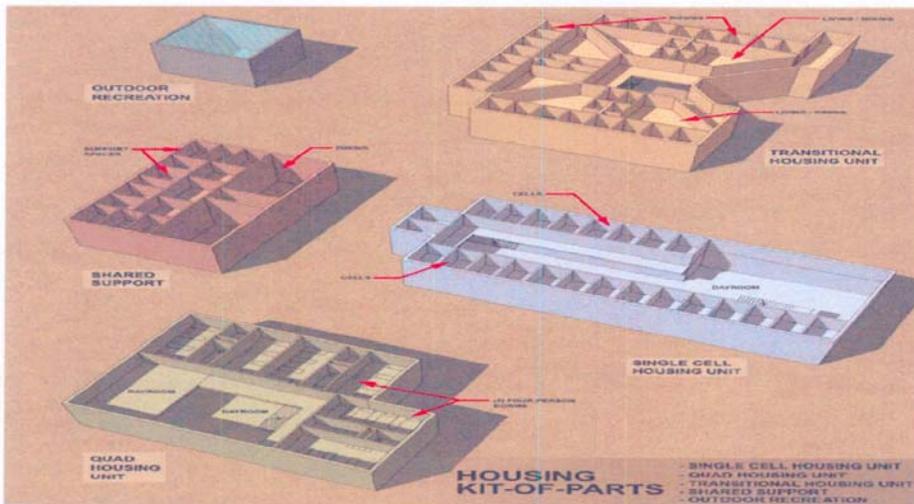


Additional information on the Prototype Concepts for SCRFs can be accessed at:
www.cdcr.ca.gov/News/Prototype_Concepts/index.html

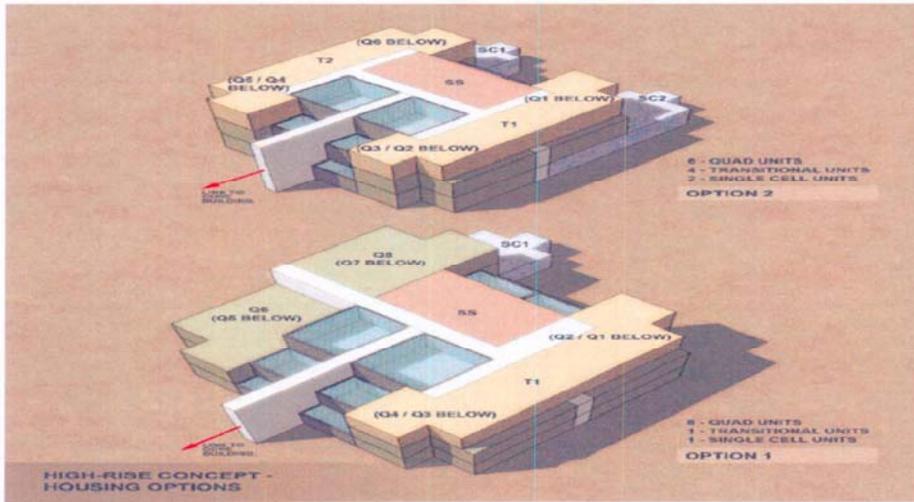
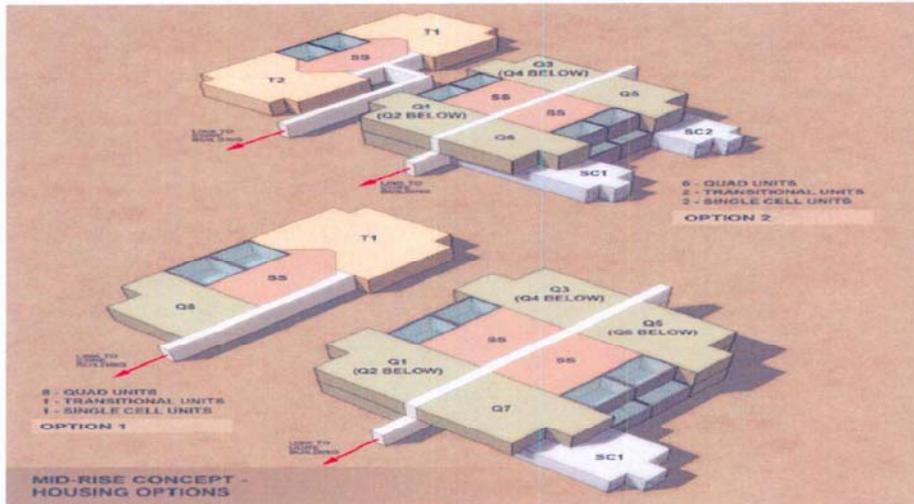
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Interior Design to Facilitate Rehabilitative Treatment

There are some basic principles incorporated into the interior design of SCRFs that will facilitate rehabilitative programming and the adjustment of offenders to life in the community. The design provides the opportunity for phased housing from higher to lower levels of restriction and treatment intervention. Each transitional step increases an offender's skills, responsibilities and expected outcomes. The architectural designs are podular to allow flexibility in locating functions based on distinct needs. Conceptual renderings of interior and housing options are shown below.



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Facility Operation

SCRFs will be operated by CDCR in collaboration with local community partners. The CDCR will fund the costs of operating these facilities.

CDCR will partner with local communities in the design of treatment interventions that best meet the needs of the target population and allow for a seamless transition to community-based services and supports.

SCRFs are based on the premise that it is critical for the State and local communities to plan for the successful transition and reintegration of offenders who will, by statute, return to their last county of residence. CDCR intends to have local providers participate within reentry facilities to assist offenders in planning and preparing for a seamless transition from in-custody to community-based services.

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To fully meet the need for successful offender reintegration into the community, SCRFs will contain appropriate space for delivery of evidence-based rehabilitation and reentry programs and services, as well as space for administrative staff and external community partners. The facility will also provide space sufficient to meet court-mandated medical, dental, and mental health treatment standards for offenders.

Enhanced case planning and management will be used by SCRF staff to determine program participation and service needs of the adult offender, and to provide continuity of services that will assist parolees in succeeding on parole, reduce recidivism and enhance public safety.

Program Design – Rehabilitative Treatment Model

FOCUSED PREPARATION FOR REENTRY

Reintegration is a continuing process from the point of entry into a correctional facility until parole, with follow-up after care monitored during parole. Reintegration prepares the offender, the family, and the community for the offender's return to the community. It allows for seamless supervision and support during the period of transition and while under parole supervision in the community.

Preparation for reentry begins at the institution with a comprehensive system of programs and practices that support the successful reentry of the offender back to the community. Effective implementation of a case management system does not begin at the SCRF, but rather at the Reception Centers and receiving institution(s) where long-term programming and services can be obtained. Offenders identified for assignment to an SCRF will be granted the opportunity to begin services that will complement the SCRF program, if those services are available while the offender is still in prison. A Case Management Plan (CMP) will be used by staff and the adult offender to determine program participation and service needs. Increased privileges will be awarded as the offender achieves program milestones and completion. Programming will be based on an offender's risk and needs assessment.

The goal is to intensify reentry planning and pre-release preparation, formalize components of reintegration into the CMP and to establish stable connections in the community. This planning and preparation will be a coordinated effort to provide information and arrange services for offenders in order to provide greater opportunity for successful reintegration.

AN INTEGRATED APPROACH TO REHABILITATIVE TREATMENT

The reentry rehabilitative model is based on the philosophy of cognitive-behavior treatment. This model uses an integrated approach to deliver cognitive behavioral programs at varying levels of intensity and duration based on an individual risk and

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needs assessment. The model employs evidence-based programs in a coherent and seamless manner to create a comprehensive treatment intervention program and environment.

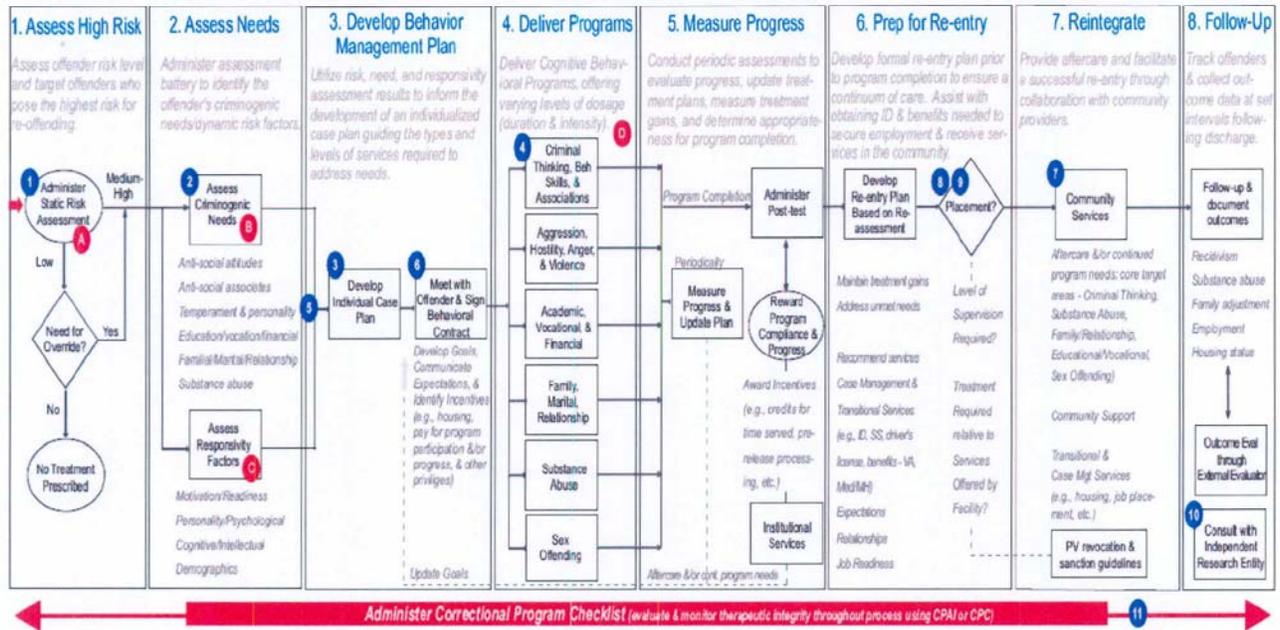
SAMPLE OF EVIDENCE-BASED PRINCIPLES

- Informal social controls (such as family, peer, and community influences) have a more direct effect on offender behavior than formal social controls (see, e.g., Gottfredson & Hirschi, 1990; Byrne, 1990).
- Duration of the intervention is critical to offender outcomes. Behavior change is a long process that requires a minimum of 12 to 24 months. The period of incarceration and reintegration provides a sufficient period to bring about change.
- Dosage of the intervention is critical to change. Intensity and frequency are important to assist the offender in making critical decisions that affect the likelihood of success. Intervention units should be matched to offenders' risks and needs, and their readiness for change. Often, intensive interventions are more effective when they are preceded by treatment focused on building offender motivation and advancing their readiness for change (Taxman, 1999; Simpson and Knight, 1999). Intensive service should be followed by support services provided during stabilization and maintenance periods to reinforce treatment messages (NIDA, 2000 and Surgeon General, 2000).
- Comprehensive, integrated, and flexible services are critical to address the myriad needs and risk factors that affect long-term success. Offenders typically present diverse deficits and strengths, and programs are effective when they can meet the multiple needs of individuals. Valid assessment tools should be used to prioritize needs, and services must be integrated so there are not competing demands and expectations placed on offenders.
- Continuity in behavior-change interventions is critical (Taxman, 1998; Simpson, Wexler, & Inciardi, 1999). Intervention, either in prison or in the community, should build upon each other. Pitfalls to avoid are incompatible clinical approaches or inconsistent messages to offenders.
- Communication of offender responsibility and expectation is necessary. A behavioral contract that articulates the structured reentry and community reintegration process is an effective tool for conveying these expectations and consequences for non-compliance (Taxman, Soule, & Gelb, 1999; Silverman, Higgins, Brooner, Montoya, Cone, Schuster, & Preston, 1996),
- Support mechanisms are critical to long-term success. Support mechanism can involve the family, community, informal agencies (e.g. religious organization, Alcoholics Anonymous, spouse support groups, etc.). The support mechanism links the offender and the community and provides the ultimate attachments (NIDA, 2000).
- Offender accountability and responsibility is key. A system of sanctions and incentives must ensure that the offender understands expectations and rules, and the offender should take part in the process of developing these accountability standards. The offender must be held accountable for actions taken both in prison and the community; the partnership should support constructive, pro-social decisions.

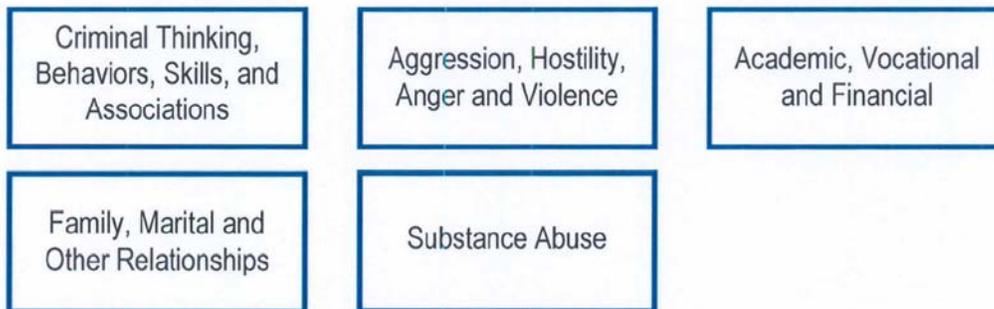
Source: Prison to Safety to Public Safety: Innovations in Offender Reentry. (2001 – A Reentry Partnerships Initiative (RPI) and National Institute of Justice Report

The proposed programs for use in the SCRFs are based on the work of the Expert Panel on Adult Offender Recidivism Reduction Programming (hereinafter referred to as "Expert Panel"). In June 2007, the Expert Panel released a report to the California State Legislature titled A Roadmap for Effective Offender Programming in California, which recommends adoption of the "California Logic Model." The logic model reflects evidence-based practices used by other states that have resulted in returning offenders to their communities better prepared to be law abiding citizens.

California Logic Model



The following five of six major offender programming areas (from the Expert Panel Report) will be incorporated into each SCRF and will provide a comprehensive programming day for each offender based on their individual risk and needs:

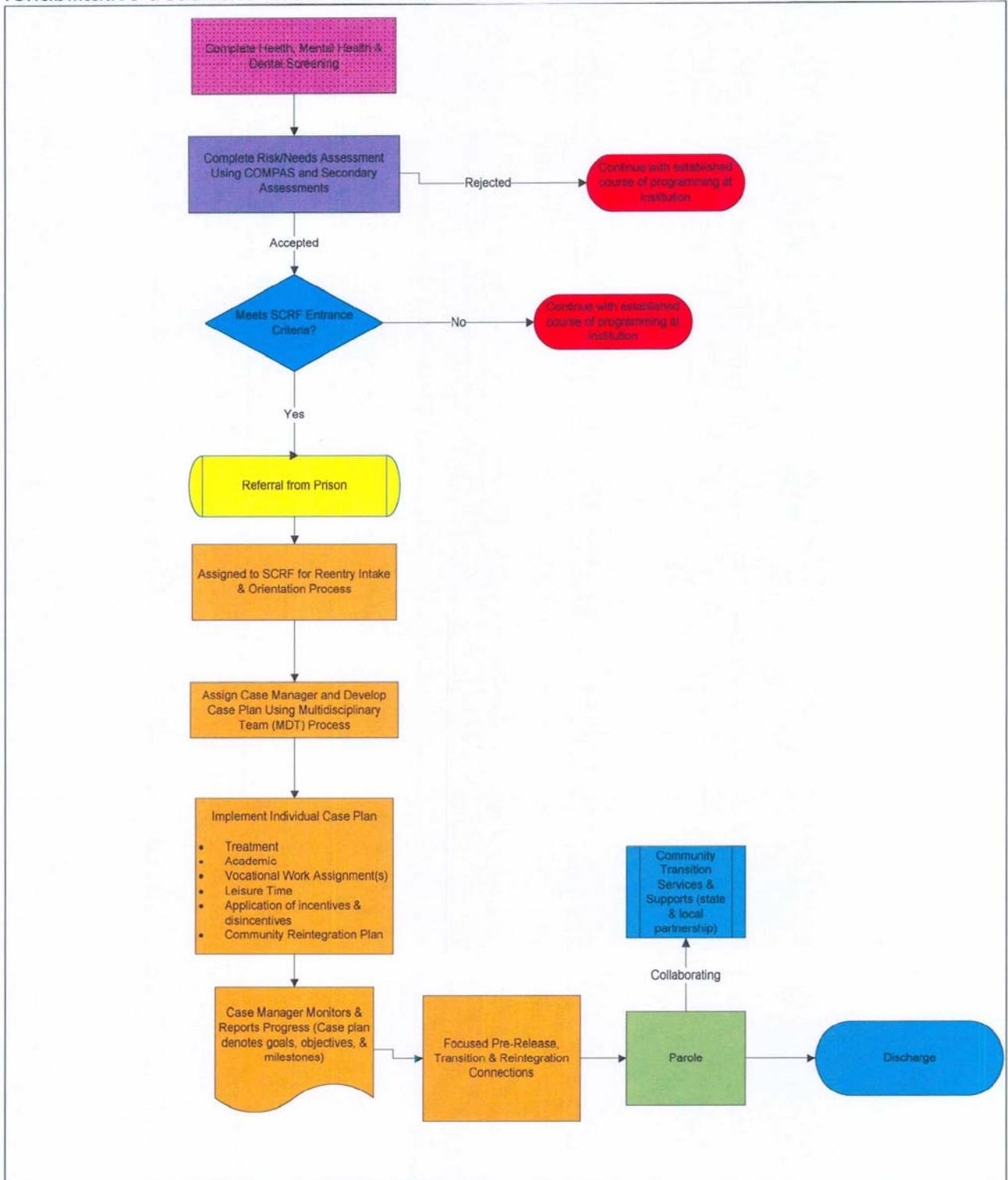


In addition, programs and other available services will include mental health, employment readiness, and community volunteer and faith-based services.

The SCRFs will be operated by CDCR; however of the major offender programs above, all will be contracted services with the exception of academic and some vocational programs.

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The following flow diagram depicts how an adult offender would move through the rehabilitative treatment model of a SCRF.



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What are the Expectations for County/City Readiness?

County/city readiness to support a SCRF can be represented through a variety of factors. Each county/city should be prepared to have a dedicated county/city local reentry planning team in place to facilitate planning and discussions with the CDCR. As an example, the county/city officials and members involved may include:

Sheriff	Office of Education/Career Colleges
County Board of Supervisors or City Council	Courts
District Attorney	Public Defender
Jail Commander	Private Industry Employers
Local Adult Probation Official	Community Colleges
Police Department	Housing Authority
Local Parole Representative	Victim and Family Representatives
Mental Health Services	Community and Faith-based Organizations
County Alcohol and Drug Administrators	Other Service Providers

The local reentry planning team should be prepared to consider topics including, but not limited to:

- Availability of “wrap-around” community services;
- Availability of employment for paroled offenders;
- The county’s/city’s mental health, substance abuse and social service delivery systems and networks;
- Availability of assistance with parolee housing;
- Availability of and access to public transportation;
- Strategies or systems presently in place designed to address recidivism issues; and,
- Established reentry efforts.

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The CDCR will collaborate with local reentry planning teams in each county/city where a SCRF is constructed. The local reentry teams will address the specific needs of each community to maintain a continuum of programs and services designed to provide support to adult offenders in order to ensure opportunities for success on parole and after discharge. Local government efforts will be necessary to support the returning adult offenders as part of the continuum of programs and services.

In Conclusion...

CDCR views the passage of AB 900 as an historic opportunity to improve public safety in California communities while addressing the root causes of offender recidivism. The Department gratefully acknowledges the participation of local governments in achieving the goals of this ground-breaking legislation and looks forward to a successful collaboration with counties and cities in establishing SCRFs.

Contact Information

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