

Policy Summary

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Policy Summary

FINAL REPORT/CALIFORNIA LEGISLATURE'S STUDY OF CORRECTIONAL NEEDS
JUNE 1978

Contract Number LCB 17557/January 9, 1978
Between the Joint Rules Committee and Approach Associates

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ABBREVIATIONS

The following abbreviations for institutions have been used throughout this report:

CCC	California Correctional Center, Susanville
CIM	California Institution for Men, Chino
CIW	California Institution for Women, Frontera
CMF	California Medical Facility, Vacaville
CRC	California Rehabilitation Center, Corona
CMC	California Men's Colony, San Luis Obispo
Folsom	Folsom State Prison, Represa
San Quentin	San Quentin State Prison, San Quentin
CTF	Correctional Training Facility, Soledad
DVI	Deuel Vocational Institution, Tracy
SCC	Sierra Conservation Center, Jamestown
CCI	California Correctional Institution, Tehachapi

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Approach Associates

November 20, 1978

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Ms. Shu-Shun Chiang
National Criminal Justice Reference Service
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Box 6000
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Dear Ms. Chiang:

Regarding the recent NCJ-99111 criminal justice activity announcement, we are enclosing the following publications and materials prepared by Approach Associates, a firm of consultants specializing in criminal justice planning and training.

California Legislature's Study of Correctional Needs

Volume 1 - POLICY SUMMARY

Volume 2 - PRISONER POPULATIONS AND CUSTODY
OPTIONS

Volume 3 - INSTITUTIONAL PROGRAMS

Volume 4 - WORK AND VOCATIONAL PROGRAMS

Volume 5 - FACILITIES

Sincerely,



Alan Kalmanoff
General Partner

AK:sc
Encl.

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POLICY SUMMARY

The California State Legislature hired Approach Associates (ApA) in January, 1978,* to assist in deciding the future need, if any, for new prison facilities. The Legislature additionally requested that Consultants both consider alternatives to prison incarceration for persons committed to the Department of Corrections (CDC), and evaluate recommendations made by the Department of Corrections.**

POPULATION PROJECTIONS: CONCLUSION AND ANALYSIS

On the basis of its five-month examination of whether the State should appropriate \$120 million to provide additional prison bed capacity in California, Consultants conclude that:

- No expansion of current prison bed capacity is warranted at this time. Consultants' population projections forecast, at most, a modest rise in population in the next five to six years.

1. Population projections submitted by the CDC to the Legislature predict a rise in population from present levels of 20,000 to 26,245 in 1983. This projected increase is the main justification offered by the CDC for the construction of new facilities.

*Consultants are grateful to the California Department of Corrections for their consistent cooperation. The Department provided Consultants with data as rapidly as possible, which was crucial given the short time period allotted for the study.

**Consultants' study, completed June, 1978, includes an analysis of CDC population projections, development of alternative projections, an on-site architectural inventory of ten major prisons, a classification review and prisoner profile study, and a survey of alternate modes of incarceration. Over 200 people throughout the State, as well as correctional experts from other states, were interviewed. (See Sources section of this report for a complete listing of persons contacted and literature reviewed.)

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2. The population projections in CDC's report to the Legislature are extremely improbable, and should not be used as a basis for planning decisions.*

3. Over the past nine years, CDC projections have shown a significant tendency to overestimate the institution population by large amounts.

a. Of 36 projections made during this time period, 26 were overestimations.

b. The median error on all projections was 4,431, equivalent to 19 percent of the population.

c. Errors increase with the lead time of the projection; for lead time of more than five years, median error ranged from 9,000 to 15,500.

d. Of 21 projections made with lead times of more than two years, not one has been within 1,000 or 5 percent of the actual population.

The methodology used to generate the latest CDC projections is very similar to the methodology used over the previous nine years; therefore, the tendency to make large errors of overestimation is probably still operative.

4. The tendency of the CDC to make large errors of overestimation has continued in the projections for the first year under the Determinate Sentencing Law (DSL).

a. CDC projections for the first three quarters of Fiscal Year 1977-78 overestimated institution population by 1,519, equivalent to 8 percent of the population.

b. As of mid-May, the institution population was 20,132; 1,673 less than the CDC projection (21,805) for June 30, 1978, the end of the first year under DSL. Thus, the net result of the CDC projection for the first full year under DSL will be another significant overestimation.

*At the time of publication of this report, CDC produced revised projections based on an extended forecast period. The new projections were higher than the first set, and would seriously impede implementation of the major concepts outlined in the CDC Program Planning Report (e.g., small prisons and expanded work programs). Consultants found the revised projections more improbable than the original projections. Another CDC projection will be issued in June, 1978.

c. That the actual population level is below the CDC projections for this period of time means that, even if the population should suddenly begin to increase at the rate projected by the CDC, the population levels could not catch up to the projections by 1983.

5. In order to attain the population projected by the CDC, commitment rates would have to show large increases to unprecedented levels in future years. There is no evidence for increases of the required magnitude at this point in time.

a. Population movement data for this year to date shows a 6 percent increase in felon commitments over the previous year; this increase falls far short of the levels required to reach the CDC projections.

b. To a certain extent, an increase in commitments under DSL is expected to be balanced by a decrease in parolees returned because of the limitation imposed by DSL on the length of the parole period.

c. In the State population, the growth rate is slowing down for the younger age groups having higher crime rates; this effect should act as a brake on future increases in commitment rate.

d. Commitment of civil narcotic addicts to date shows a 45 percent drop over previous years. The decrease in civil narcotic commitments will also act to balance any increase in felon commitments under DSL.

6. Given the inexact nature of population projections, and since projections rapidly become obsolete, it is quite risky to base planning decisions on a single projection.

7. As a more appropriate approach, Consultants recommend the use of a range of probabilities bounded by a best case and a worst case projection. This method yields population projections which are significantly lower than the CDC projections.

8. The best case projection uses a best fit regression line that extends into the future the overall downward trend in the institution population during the 1965 to 1977 time period.

a. The regression line yields population projections for the next six years that are drastically lower than the CDC projections -- ranging from 1,500 lower in 1978 to 8,800 lower in 1983.

b. When tested competitively with a previous CDC projection, the regression line yielded more accurate projections. As of mid-May, 1978, the actual population level (20,132) was very close to the regression line prediction (20,337).

9. Consultants' worst case projection was generated by estimating court admission figures from the predicted growth patterns of specific age groups in the State population. These court admissions were inserted into an approximation of the CDC input-output flow model.

The worst case projections show a relatively stable population until 1982, followed by an upswing to the 22,800 level in 1983, 3,500 less than the CDC projection for that year.

10. The period of uncertainty caused by the introduction of DSL will continue for at least another six months. During this period, projections should be updated at quarterly intervals.

FACILITIES: CONCLUSION AND ANALYSIS

- Current institutional capacities are sufficient to meet anticipated population increases.

1. Comparing the current capacity of the system to Consultants' worst case population projections, Consultants found that there are sufficient beds to account for the population increase projected through 1983.

a. There are currently 24,140 beds in the prison system; as of March, 1978, there were approximately 4,500 vacant beds in the system. Consultants' best case projections show a need for 17,402 beds by 1983; the worst case projections show a need for 22,795 beds. With the introduction of a co-correctional program at the existing facility at Chino, the system would be functioning well below the 95 percent capacity level, even in Consultants' worst case.

b. By applying the proportion of maximum, medium, and minimum custody prisoners currently in the system to Consultants' 1983 best and worst case projections, Consultants demonstrate that, even in the worst case, there would continue to be excess capacity in medium and maximum security housing through 1983.

- A carefully coordinated program to renovate -- and in the case of San Quentin, to replace -- five of the current prisons should be begun immediately.

Consultants' review of the existing prisons indicates that the oldest institutions are in serious violation of basic fire, health, and safety standards. Many prison facilities, some built as late as the 1960s, do not provide the flexibility necessary for proper control and security, or for current programming needs.

2. By concentrating on the improvement of these existing facilities, the Department can achieve its goals of increasing management flexibility, and can improve its medium and maximum security housing capability. Additionally, better programming adaptability would be provided.

3. A thorough program of renovation and reconstruction would upgrade approximately 7,200 beds, at an estimated cost of \$108 million -- a significantly more effective use of resources than would be the addition of 2,400 new beds, estimated to cost at least \$120 million.

PRISONER CLASSIFICATION: CONCLUSION AND ANALYSIS

- Consultants recommend that a new classification level be instituted. Prisoners with no current or prior conviction for violent offenses, no conviction for sale or possession of drugs, and no history of drug addiction or escape should be classified as low minimum security. These low minimum security prisoners, along with the appropriate pre-release prisoners, should be placed in local alternate modes of incarceration.

Consultants conducted a prisoner profile research study and, in reviewing the current CDC population, Consultants identified 8.9 percent of the population with no current or prior conviction for violent offenses, no sale or possession of drugs, and no history of drug addiction or escape. Because of the stringent criteria used in developing this classification, Consultants recommend non-prison placement for this group of prisoners.

ALTERNATE MODES OF INCARCERATION: CONCLUSION AND ANALYSIS

- The State should contract with counties for at least 1,000 beds in specialized local correctional facilities, and should contract with private agencies for up to 1,000 beds in highly structured local correctional centers.

A survey conducted by Consultants of local alternate modes of incarceration revealed approximately 5,000 vacant beds in specialized county correctional centers (e.g., honor camps and work furlough facilities) suitable for minimum security prisoners. The State should begin immediately to develop a compensation scheme for counties to house at least 1,000 low minimum security state prisoners in these vacant beds. Use of local county and private centers will provide the Department the opportunity of locating more prisoners closer to their homes, thereby improving visiting and job placement possibilities.

In this volume, Consultants summarize the background data for these central recommendations, as well as a series of other priority issues. These issues include recommendations regarding classification, management plans for the control of violence and gang activities, institutional programs, programs for disabled prisoners, programs for women prisoners and their children, and the need for monitoring of the entire criminal justice system. Complete data analysis and resulting conclusions are presented in companion volumes.*

*Volume II, Prisoner Populations and Custody Options; Volume III, Institutional Programs; Volume IV, Work and Vocational Programs; Volume V, Facilities.

Population Projections

A. ALTERNATIVE POPULATION PROJECTIONS

CDC PROJECTIONS

Population projections made by the California Department of Corrections (CDC) in 1977 predict a rise in institutional population from present levels (20,132 in May, 1978) to 26,245 in 1983.* This increase in population is the CDC's major argument for the request for new facilities.

Consultants are of the opinion that CDC's current projections are extremely improbable and should not be used as a basis for planning decisions at this time.

Information contained in the Inventory Report previously presented by Consultants as part of this study** demonstrated that, over the last nine years, the CDC projections have shown a significant tendency to overestimate prison populations by large amounts:

- a. Of 36 projections made during this period, 26 were overestimations;
- b. The median error on all projections was 4,431, equivalent to 19 percent of the population;
- c. Errors increase with the lead time of the projection; for lead times of more than five years, median error ranged from 9,000 to 15,500;
- d. Of 21 projections made with lead times of more than two years, not one has been within 1,000 or 5 percent of the actual population.

*The California Department of Corrections, Program Planning Report for the 1978-79 Fiscal Year, Volume II, Program Analysis and Recommendations (April, 1978), p. 68.

**Approach Associates, California Legislature's Study of Correctional Needs, Inventory Report, "An Analysis of the Accuracy of the California Department of Corrections Population Projections, 1969 to 1977; and the Effect of Determinate Sentencing Legislation on Incarceration Time" (March, 1978).

In light of these circumstances, and especially considering the importance of the decisions to be made, it is prudent to examine alternative population projections.

ALTERNATIVE POPULATION PROJECTIONS

Given that the nature of population projections is inexact and that projections tend to become obsolete with frightening speed, it is highly undesirable to base decisions on any one projection -- in effect, on a single scenario of the future. The risks of error are particularly high during the current period of uncertainty caused by the introduction of the Determinate Sentencing Law (DSL).

As a more appropriate approach, Consultants recommend that population projections be considered in terms of a range of future probabilities. Consultants performed population projections using two distinct methodologies:*

1. A time series regression line, which yielded a best case projection based on the most optimistic feasible assumptions concerning future population levels, as one boundary of this range of probabilities; and,
2. A modified flow analysis, which yielded a worst case projection based on the most pessimistic feasible assumptions, as the other boundary. (See Figure A.1 for a comparison of Consultants' projections with the CDC projections.)

REGRESSION

An alternative projection technique, regression, involves the use of best fit lines with the historical pattern of institutional population. (See Figure A.2.) Of various regression methods (some of them quite complex), the simplest and most mechanical is a time series linear regression. This method is mechanical in the sense that: (1) no attempt is made to consider causal factors underlying the historical changes in population level and (2) the only predictive variable is the passage of time itself.

*The following analysis of the California correctional system has been undertaken in the context of the laws in effect as of June 1, 1978. The potential effects of some of the most important pending legislation are discussed in Volume II of Consultants' Final Report.

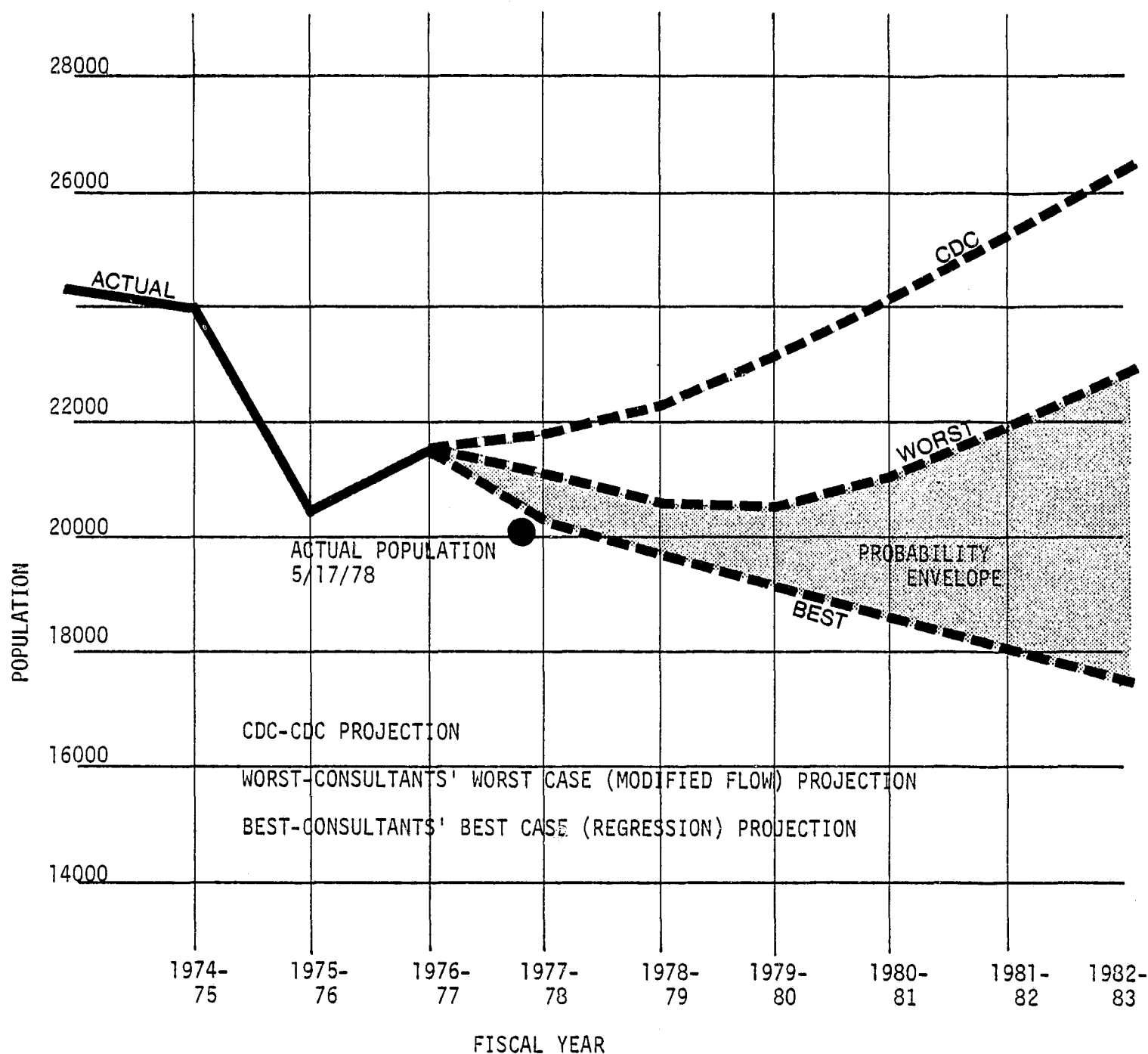


FIGURE A.1
COMPARISON OF PROJECTIONS OF THE INSTITUTIONAL POPULATION

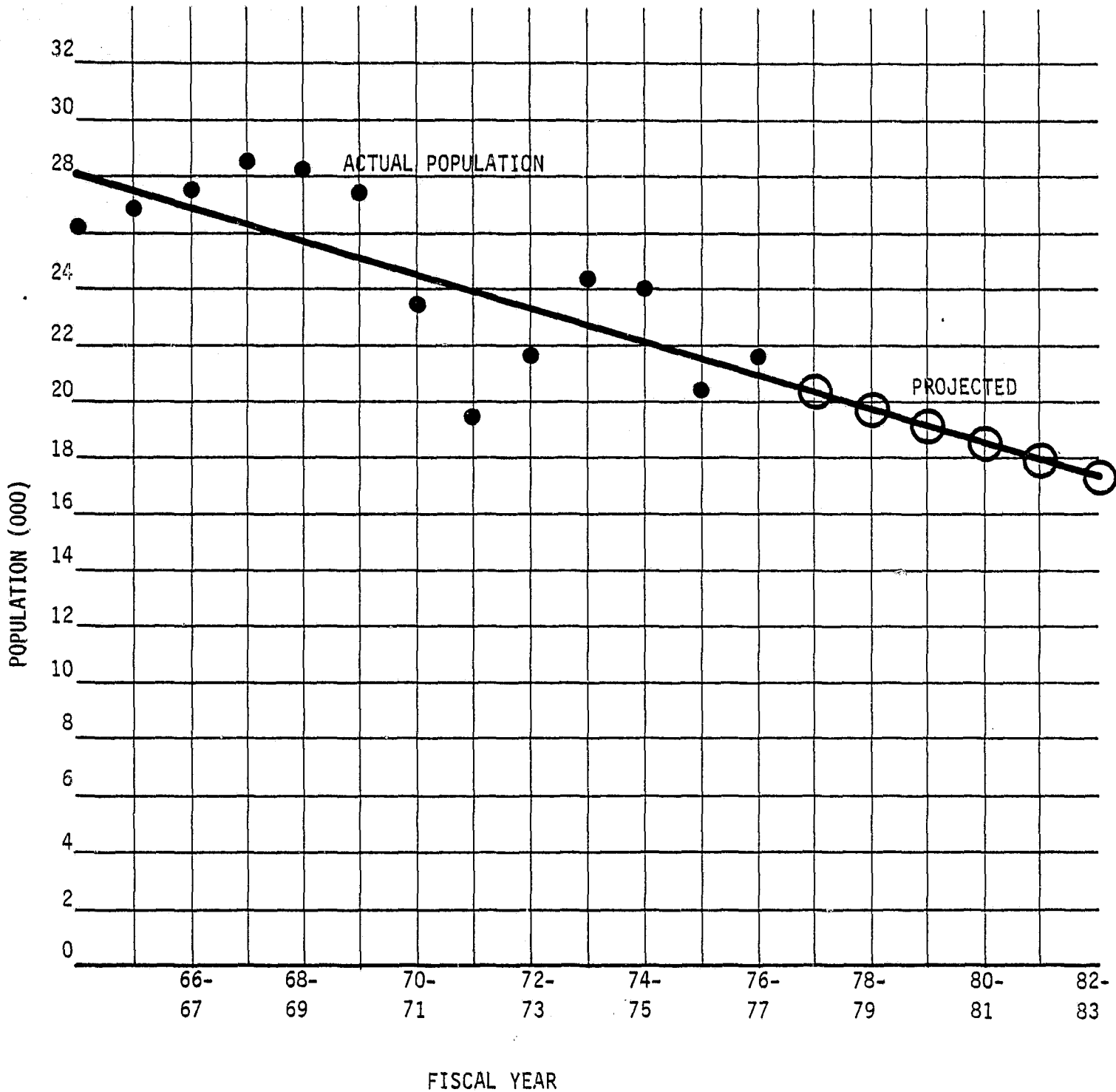


FIGURE A.2
BEST FIT REGRESSION LINE FOR THE
INSTITUTIONAL POPULATION 1965-1983

To test the validity of the regression technique, a best fit line was applied to the population history as it existed in 1972, yielding projected populations for the years 1973 through 1977. These regression predictions were then compared in accuracy to the CDC projections also made in 1972. The regression projections were more accurate in four of the five years than were the CDC projections. As of mid-May, 1978, the actual population level (20,132) was very close to the regression line prediction (20,337).

Modified Flow Projection

A second alternative projection is produced by modifying the input data for the CDC projection model. The CDC projection methodology uses a flow model which breaks down the corrections population into detailed components, and tracks the movement of these components in the form of inputs and outputs. The input variable of greatest weight in the calculation of institutional population is the number of felons received from the courts.

The CDC projection of felons received from court conforms to an assumption of increasing commitment rates for the 18-49 age group of the State population.* Applying an increasing commitment rate to a population age group which is also increasing produces an accelerated increase in projected commitments.

This represents a significant problem in the CDC approach to projected court admissions. The 18-49 age group is too broad and diverse a category to be used as a population base for the validation of commitment projections. The 18-49 age range includes a number of age groups with vastly different commitment rates.

The younger age groups have much higher commitment rates than have the older groups. For example, the commitment rate for the 20-24 age group is four times that of the 40-44 age group; yet both groups are lumped together in the 18-49 age group and assigned a common commitment rate. This unrealistically inflates the commitment rate and input numbers used in the CDC projection. Consultants refined this category by breaking the ages down into smaller units corresponding to standard demographic sources. Then, an alternative commitment projection was calculated by

*CDC Program Planning Report for the 1978-79 Fiscal Year, Vol. II, pp. 61, 64-66.

applying estimated 1977 commitment rates for each age group* to the projection of the size of that age group in the California State population for the next six years (according to California Department of Finance estimates). This procedure increases the precision of the commitment estimates in two ways: (1) it makes use of differential commitment rates for the specific age groups and (2) it tracks the predicted growth patterns for these groups in future years; thus, Consultants' refined flow methodology will reflect a more realistic commitment rate.

The results of the calculations in Table A.1 show how sensitive the projections of court commitments are to the specific assumptions regarding commitment rates and age groups. Use of the more precise age group commitment rates results in court commitment projections which are significantly lower than the estimates based on CDC assumptions for both men and women. When the alternative court commitment figures are substituted into an approximation of the CDC flow model, the resultant population projections show a relatively stable population until 1982, followed by an upswing to the 22,800 level in 1983 (Table A.2). This 1983 level is only 1,300 more than the actual 1977 level, and 3,500 less than the CDC projection for that year.

EFFECT OF THE DETERMINATE SENTENCING LAW

As of April 19, 1978, the California prison population was 19,851; the net effect of the first nine months under DSL has been a drop in population of 1,700. As seen in Table A.3, there was a decrease in all population categories except women felons. The drop was especially severe for civil narcotic addicts, with the male population down 32 percent and the female population down 25 percent. The CDC projection for the first three quarters under DSL was an overestimation of 1,519, equivalent to 8 percent of the population.

Table A.4 contains a summary of population movement for the first nine months of Fiscal Year 1977-78, as compared to the same period during the previous year. The most significant movement trends for the first nine months under DSL were:

1. A 6 percent increase in court commitments for felons, balanced by an equivalent decrease in parolees returned, resulting in a zero net change in intake compared to the previous year.

*The age groups used consisted of the following ages: 18-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, and 50-59.

TABLE A.1
PROJECTIONS OF FELON COURT COMMITMENTS UNDER TWO
CONTRASTING ASSUMPTIONS REGARDING POPULATION GROWTH

End Year June 30	Court Commitments			
	Male Felons		Female Felons	
	Increasing Rate*	Age Cohort	Increasing Rate*	Age Cohort
1978	7,614	7,162	590	510
1979	8,080	7,300	670	522
1980	8,498	7,427	719	532
1981	8,832	7,553	736	538
1982	9,133	7,658	752	547
1983	9,396	7,761	778	558

*The increasing rate admissions are based on the CDC assumption of an increasing commitment rate for the 18-49 age group.

TABLE A.2CDC PROJECTION OF INSTITUTION POPULATION
COMPARED TO TWO ALTERNATIVE PROJECTIONS

End Year	CDC Projection	Regression Projection	Modified Flow Projection
1978	21,805	20,337	21,160
1979	22,265	19,748	20,543
1980	23,105	19,159	20,506
1981	24,105	18,570	21,068
1982	25,205	17,981	21,976
1983	26,245	17,402	22,795

TABLE A.3

ACTUAL INSTITUTION POPULATION FOR APRIL, 1978
COMPARED TO PREVIOUS YEAR AND TO CDC 1977 PROJECTION

Population Component	Institutional Population				
	6/30/77	4/19/78	Net Change	CDC 1977 Projection for 3rd Qtr 77-78	Error
Male Felons plus Other	18,482	17,499	-983	18,265	+766
Female Felons plus Other	727	751	+24	795	+44
Male Civil Narcotic Addicts	1,919	1,303	-616	1,880	+577
Female Civil Narcotic Addicts	397	298	-99	430	+132
TOTAL	21,525	19,851	-1,674	21,370	+1,519

TABLE A.4

POPULATION MOVEMENT FOR THE FIRST THREE QUARTERS OF 1977-78
COMPARED TO THE FIRST THREE QUARTERS OF 1976-77

Offender Type	Movement	First 3 Quarters 76-77	First 3 Quarters 77-78	Gain/Loss	% Change
Felons	<u>Intake</u>	7,225	7,233	+8	+0.1
	Court Commitments	5,464	5,795	+331	+6.1
	Parolees Returned	1,761	1,438	-323	-18.3
	<u>Outgo</u>				
	Paroled	5,501	7,846	+2,345	+42.6
Civil Narcotic Addicts	<u>Intake</u>	3,582	2,563	-1,019	-28.4
	Court Commitments	1,512	837	-675	-44.6
	Outpatients Returned	2,070	1,726	-344	-16.6
	<u>Outgo</u>				
	Outpatients	3,093	2,845	-248	-8.0

2. A 43 percent increase in parolees occurred due to the retroactive provisions of DSL; and

3. A 45 percent decrease in civil narcotic commitments.

To provide further data on the effect of DSL, an analysis was conducted of the sentencing patterns of felony court commitments covering the period from July 1, 1977, to March 17, 1978. In addition, interviews were conducted with judges, prosecutors, and defense attorneys in several of California's more populous counties, to see what changes "practitioners" reported in their policies under DSL. (These interviews are summarized in Volume II of Consultants' Final Report, Appendix A.) Sentence length and jail credit time for specific crime types were extracted from a random sample of 1,120 cases chosen from the total of approximately 2,400 DSL cases.

For men, the average sentence length under DSL was 41.1 months; average credit for jail time was 2.8 months. Credit for good time was estimated by the conservative assumption that 75 percent of available good time would be earned. When jail credit and estimated good time are subtracted from the average sentence length, the average length of stay for male felons is 28.7 months, slightly less than the median length of stay for male felons first paroled in 1977 (which was 30 months).

For female felons, the equivalent figures under DSL are: 35.8 months for average sentence, 2.3 months for jail time, and 25.1 months for average length of stay. This average length of stay represents an increase over the 1977 average length of stay for female felons first paroled (20 months). Generalization from the data on women should be carried out with caution because of the very small number of women in the sample. Women felons constituted only 1.5 percent (17 cases) of the sample, markedly less than the proportion of women in the Fiscal Year 1976-77 court commitments (6.6 percent).

The relative proportion of crimes of violence did not show any increase when compared to the male felons newly received from court in 1975 (the most recent data available). There is, however, some possibility of a bias in the sample due to under-representation of crimes involving longer sentence lengths, which take longer to process through the judicial system. A balancing source of error in the sample may have been caused by duplicative counting of individuals sentenced in different proceedings.

It is still too early to predict the long-term effects of DSL; however, at this point in time, the transitional effects of the changeover in sentencing systems should be weakening rapidly. Specifically, the pool of prisoners with retroactive parole eligibility should be almost exhausted, and the majority of new commitments should be receiving sentences

under DSL. Corrections population flow and sentencing data during the next six months to a year should provide a much better basis for the estimation of long-term trends.

Consultants sent their alternative population projections and the CDC's projections to the National Clearinghouse on Criminal Justice Planning and Architecture. The Clearinghouse is the Congressionally designated Department of Justice/Law Enforcement Assistance Administration (LEAA) evaluator of all jail and prison construction planning funded through Omnibus Crime Control monies. It represents the highest level of expertise on the subject of corrections projections. The Clearinghouse has evaluated population projection methodologies for over 250 local jurisdictions and 10 statewide corrections plans.

The Clearinghouse evaluated Approach Associates' and the CDC's projection methodologies, and concluded that the methodology used by Consultants (incorporating differentiated age groups) was superior.

RECOMMENDATIONS

Consultants are of the opinion that the population projections contained in the CDC report to the Legislature are extremely improbable, and should not be used as a basis for planning decisions at this time. The reasons for this conclusion can be summarized as follows:

1. According to the CDC report, the computerized projection methodology used to generate the latest CDC projections is "very similar" to the methodology used previously to 1977.* The previous CDC projections showed a significant tendency to overestimate; any part of this tendency associated with the methodology therefore would continue to operate.
2. The fact that the actual population level is below the CDC projection for this period of time means that, even if the population should suddenly begin to increase at the rate projected by the CDC, the population levels could not catch up to the projections by 1983.

*CDC Program Planning Report for 1978-79 Fiscal Year, Volume II, p. 61.

In order to attain the population levels projected by the CDC, commitment rates would have to show large increases to unprecedented levels in future years. There is no evidence for increases of the required magnitude at this point in time.

The 6 percent increase in felon commitments during the first nine months under DSL falls far short of the levels required to reach CDC projections. Reports from the field of very high commitment rates from specific jurisdictions over short time intervals are not confirmed when statewide totals are examined for the entire year to date. Commitment rates should be monitored carefully to detect possible changes in this situation.

3. The CDC's methodology, which includes the lumping together of all those aged 18-49 into one age group, creates an artificial inflation of commitment rates. When this is corrected for by estimating court figures from the predicted growth patterns of specific age groups, the commitment rates are altered. Since the growth rate is slowing down for the younger age groups with the higher crime rates, this effect should act as a brake on future commitment rates.

4. To a certain extent, an increase in commitments under DSL is expected to be balanced by a decrease in parolees returned because of the limitation imposed by DSL on the length of the parole period. Employing the first three quarters of 1976-77 data, parole violators accounted for almost one-third of the input into the prisons (1,761 parole violators out of a total of 5,464 prison commitments). This suggests that a reduction in parole violators should have a significant effect on commitments.

5. The CDC projections include increases in both male and female civil narcotic addicts. Population flow for this year to date shows a 45 percent decrease in civil narcotic commitments under DSL. Interviews of key judges in the larger counties attribute the decrease in commitments to the California Rehabilitation Center (CRC) to a judicial preference for local drug programs, a defendant preference for local programs or even relatively short prison commitment, and a prosecutor preference for prison commitment over CRC.

6. The CDC projections for women felons reach levels never before achieved in the history of the California corrections system. Population flow for this year to date shows no increase for female felons over the previous year. Interviews of judges suggest that women will continue to receive lighter sentences than men for the same offenses.

Consultants therefore make the following recommendations:

- CDC's projections should not be used as the basis for planning decisions (particularly when costly new prisons are involved); and
- Consultants' population projection methodology should be used when calculating future projections. Actual population levels should be compared with the limits of the probability envelope at quarterly intervals.

The probability envelope is not proposed as a static concept: depending on the actual curve of population growth, the probability range could be broadened, narrowed, or retained unchanged as a result of periodic review.

Facilities

B. FACILITIES

After performing independent population projections, Consultants reviewed current CDC bed capacity to determine whether housing is sufficient to meet the projected needs.

The CDC current bed capacity at existing prisons and work camps is 24,140 beds. On March 15, 1978, there were approximately 4,500 vacant beds systemwide -- an overall vacancy rate of 18.7 percent. For male felons (the largest segment of the prison population), the population on this date was 17,290 -- approximately 3,600 below the current capacity of 20,925 beds in the prisons and camps used for male felons.

Table B.1 compares CDC bed capacity with Consultants' best and worst case projections for all prisoner categories.

Based on Consultants' worst case projections, there would be approximately 22,795 prisoners in the system in 1983 -- 1,345 short of full capacity. There would be approximately 19,400 male felons in the system in 1983 -- 1,500 beds short of full capacity for this category, and well within acceptable operating levels.

CDC projections of total prisoner population for 1983 are 3,450 inmates higher than the worst case or highest projections prepared by Consultants, with corresponding differences in each major prisoner category.

As indicated in Figure B.1, the difference between the projections is even more dramatic when a best case projection is introduced. With the inclusion of the best case, Consultants' projections suggest that populations may be 3,450 to 8,800 persons lower than those forecasted by the Department of Corrections.

In addition to reviewing the number and type of beds available, the condition of each of the Department's existing prisons was reviewed in some detail, to determine the nature of the housing and program facilities available, and their appropriateness with respect to current and future modes of correctional programming. On the basis of this review, Consultants conclude that there is little utility to be gained from the system without seriously considering a program of modification and reconstruction for at least six of the State's existing prisons. Consultants conclude that such a program is necessary for a number of reasons:

TABLE B.1

COMPARISON OF BED CAPACITY WITH CONSULTANTS' WORST AND BEST CASE POPULATION PROJECTIONS

Inmate Category	Worst Case*		Best Case**	
	Current Capacity	Capacity @ 95%	1983 Projected Population	# Prisoners Above/Below 95% Capacity
Male Felons and Other***	20,925	19,879	19,416	(463)
Female Felons and Other***	930	884	914	30
Male Narcotic Addicts	1,885	1,791	1,976	185
Female Narcotic Addicts	400	380	489	109
Total	24,140	22,934	22,795	(139)

*1983 projected populations based on Consultants' "modified flow" or worst case projections; these represent the highest anticipated population for the coming five-year period.

**1983 projected populations based on regression analysis of recent trends in prison population.

***"Other" category includes prisoners on hold from other jurisdictions, federal prisoners, etc.

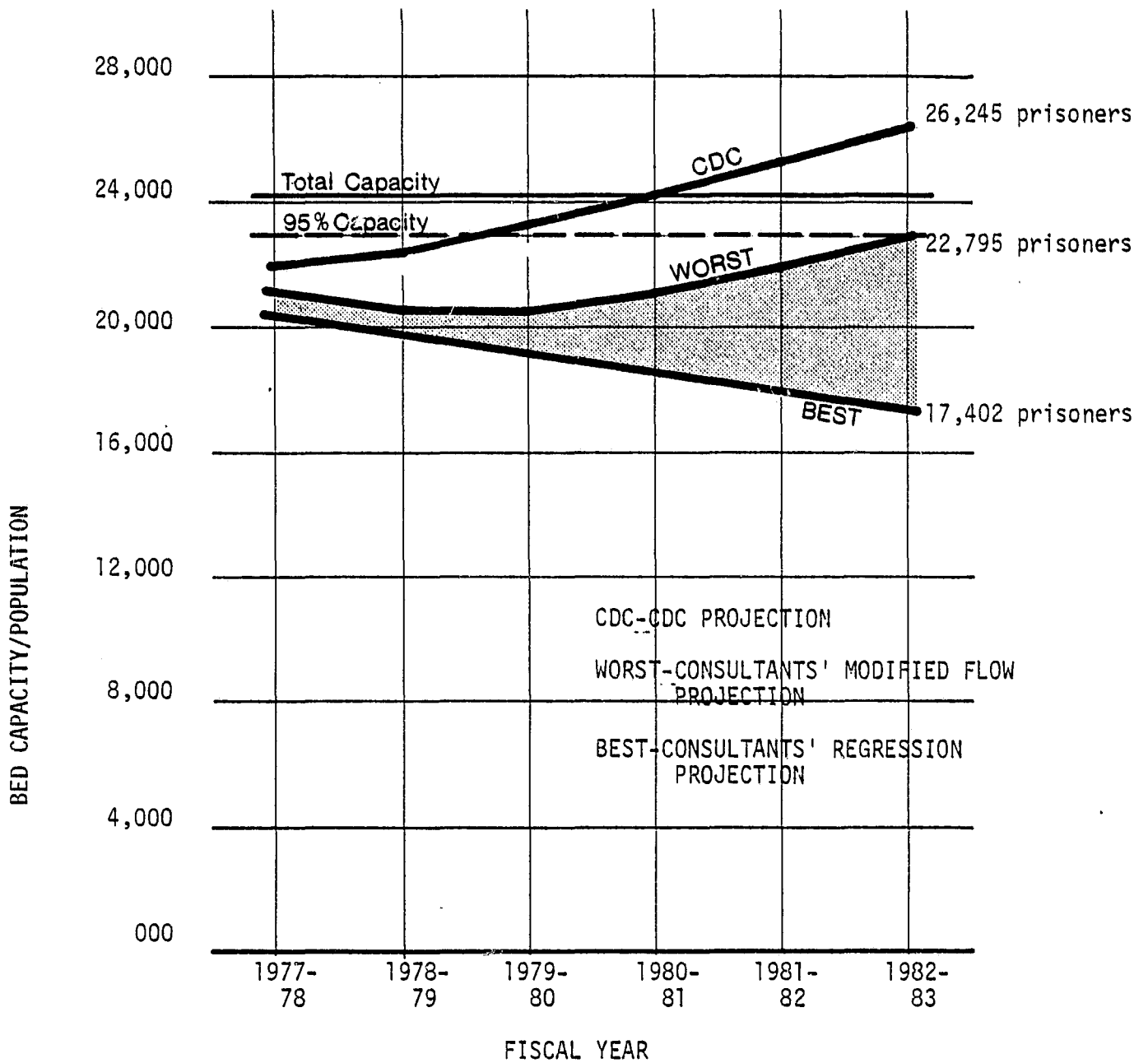


FIGURE B.1

PROJECTIONS AND CURRENT PRISON CAPACITY

1. Several present facilities are inimical to the health and safety of both prisoners and staff; there are serious violations not only of basic fire, seismic, and other construction standards, but also of reasonable and simple elements of habitability.

2. Many of the State's major facilities are "mega-prisons" -- having large mainline populations, and large cell buildings designed with little thought to correctional programming and current security needs. These facilities do not provide the flexibility needed for adequate classification procedures, and create severe management problems in controlling prisoner movement patterns and in separating problem groups within the institution.

3. A number of the prisons built in the 1950s are in generally good physical condition, but require "replanning" to facilitate current correctional management and program practices.

4. Programs such as Correctional Industries cannot be efficiently accommodated in many of the present facilities. If longer work or utilization days are desired, improvements in physical security systems, better lighting for nighttime activities, and improved movement patterns will be needed.

5. Finally, although difficult to demonstrate conclusively, it is reasonable to assume that present prisons, particularly the larger and older facilities such as San Quentin, contribute to violence. Conditions such as high noise levels, minimal privacy, and crowding may be assumed to increase the general level of tension among prisoners.

Consultants agree with the CDC on the need for more flexible institutions. However, on the basis of Consultants' population projections, no proposals to expand the current capacity of the State's prison system are warranted at this time.

- With regard to the current prisons in this State, a carefully coordinated program of reconstruction, renovation, and, in some cases, replacement should be undertaken.

The building program recommended here to be adopted by the Legislature and the Department of Corrections should constitute the first step in a long-range program to maximize the usefulness of existing prison facilities.

There are a number of findings in the current study which indicate that such a strategy is not only warranted but feasible at this time. As stated earlier, projections of future prison populations prepared by

Consultants do not indicate that the increases which underlie the Department's request for expanded prison capacity will take place during the coming five-year period.

Second, the system is currently operating at approximately 80 percent of its total capacity; approximately 4,500 beds in a variety of security classifications are available throughout the system.

Third, as will be shown in the section on prisoner profile and classification, there are a number of prisoners in the system with no past or current violent offenses, no sale or possession of drugs, and no history of drug addiction or escape, who can be transferred to existing alternate modes of incarceration at the local level. These facilities will provide the flexibility needed in the corrections system to undertake the program of renovation required at several of the largest prisons.

Consultants think the current Departmental Program Planning Report misplaces priorities regarding facilities. First priority should be placed on the "creative reuse" of the correctional facilities currently available. Further expansion of the system by building the six new prisons requested by the CDC will not improve conditions in the old ones -- more likely, the emphasis on expansion will only divert available funding, making it extremely unlikely that the immediate needs of the existing institutions will be addressed in an appreciable manner. If this is the case, 90 percent of the prison population will remain in the older "problem" institutions. The effect of building additional prisons would be -- perhaps paradoxically -- to perpetuate the substandard condition of the entire system.

Although more detailed evaluation and planning will be required to define the full scope and proper sequence of reconstruction efforts, several initial steps toward the renovation of existing facilities should be funded immediately.

- It is recommended that planning and construction funds be set aside now to ensure that plans for the phased reconstruction of San Quentin Prison will be prepared and implemented; and that the expenditure of funds appropriated be contingent upon demolition of portions of the existing prison.

While Folsom State Prison also requires substantial new construction, priority should be given to San Quentin, as part of the sequenced

reconstruction process. The sites of both facilities will accommodate the rebuilding process, and should be retained.*

It is clear that both San Quentin and Folsom are, by current American Correctional Association standards, too large.** While both prisons should be reduced in size as part of the long-range reconstruction process, it would be unlikely that the Department could undertake major renovation at both locations concurrently, given the Department's current dependency on these prisons as its primary high security facilities. Since both correctional staff and prisoners agree as to the untenable living conditions at San Quentin, it is recommended that reconstruction at San Quentin be started immediately, delaying the major work at Folsom.

There are problems with at least five other major prisons which can be effectively solved through renovations to the existing facilities.

- The Central and North Facilities at the California Training Facility (Soledad), the Deuel Vocational Institution (Tracy), the California Medical Facility (Vacaville), and the California Institution for Men (Chino) are all key institutions which can and should be improved to meet current correctional security and program standards.

Work on these facilities should be started immediately, as part of the series of construction activities which will be required to cope with existing population problems and to rehabilitate San Quentin.

With modifications to the housing units and greater internal separation of mainline populations, the prisons at Soledad, Tracy, and Vacaville will be better able to handle the problems posed by higher custody populations. The present minimum security facilities at Chino can, with relatively minor modification, assume the role of a medium custody facility. In each case, improvements to these existing facilities will provide much the same results as new construction, at significantly lower costs than those associated with building new facilities.

*Complete abandonment and sale of the San Quentin site has been discussed as one alternative; without a similarly accessible site in the Bay Area, however, such an alternative is considered by Consultants to be unacceptable.

**The American Correctional Association Standards for correctional facilities are not, it should be pointed out, legally binding. They do, however, represent current correctional thinking and are most widely recognized by correctional authorities. They have been adopted by the CDC as its standard for basic care, programs, and facilities.

- In lieu of the Department of Corrections' proposal for a new 400-bed facility for females in Northern California, a women's facility is proposed as part of the new construction at San Quentin. Consultants also recommend that immediate plans be prepared for the establishment of a co-correctional program for 200 males and 200 females, located within the existing Main Facility at the California Institution for Men at Chino.

The need for a 400-bed facility for women is not justified by Consultants' population projections. A co-correctional program however, would provide some additional bed capacity for women, and at the same time would provide the opportunity to implement a correctional program concept which should be instituted in this State. Co-correctional programs have been found -- in other jurisdictions comparable to California -- to contribute to normalization of the prison environment, to reduce prison violence, and to facilitate equal programs and service for male and female prisoners. Locating the program in the existing facility at CIM will provide the opportunity to initiate the program almost immediately, with little investment in facilities.*

The Department of Corrections has also proposed a new facility for psychiatric care of prisoners in Southern California.

- As indicated in Volume III of this series, Consultants think that the need for a new psychiatric facility has not been demonstrated.

In addition to the above recommendations, there are a number of other on-going facility needs which do not require immediate attention. As one example, the Department's existing facility for Civil Narcotic Commitments at the California Rehabilitation Center (Norco) will almost certainly require extensive rehabilitation or new construction in the future; however, in view of the uncertainties surrounding this particular program, upgrading of the physical plant would be unwarranted at this time.

The recommendations which have been proposed for immediate adoption -- the substantial rebuilding of San Quentin and the renovation of existing prisons at Soledad, Tracy, Vacaville, and Chino -- have been estimated

*If the concept proves viable, a co-corrections program should also be implemented at CIW.

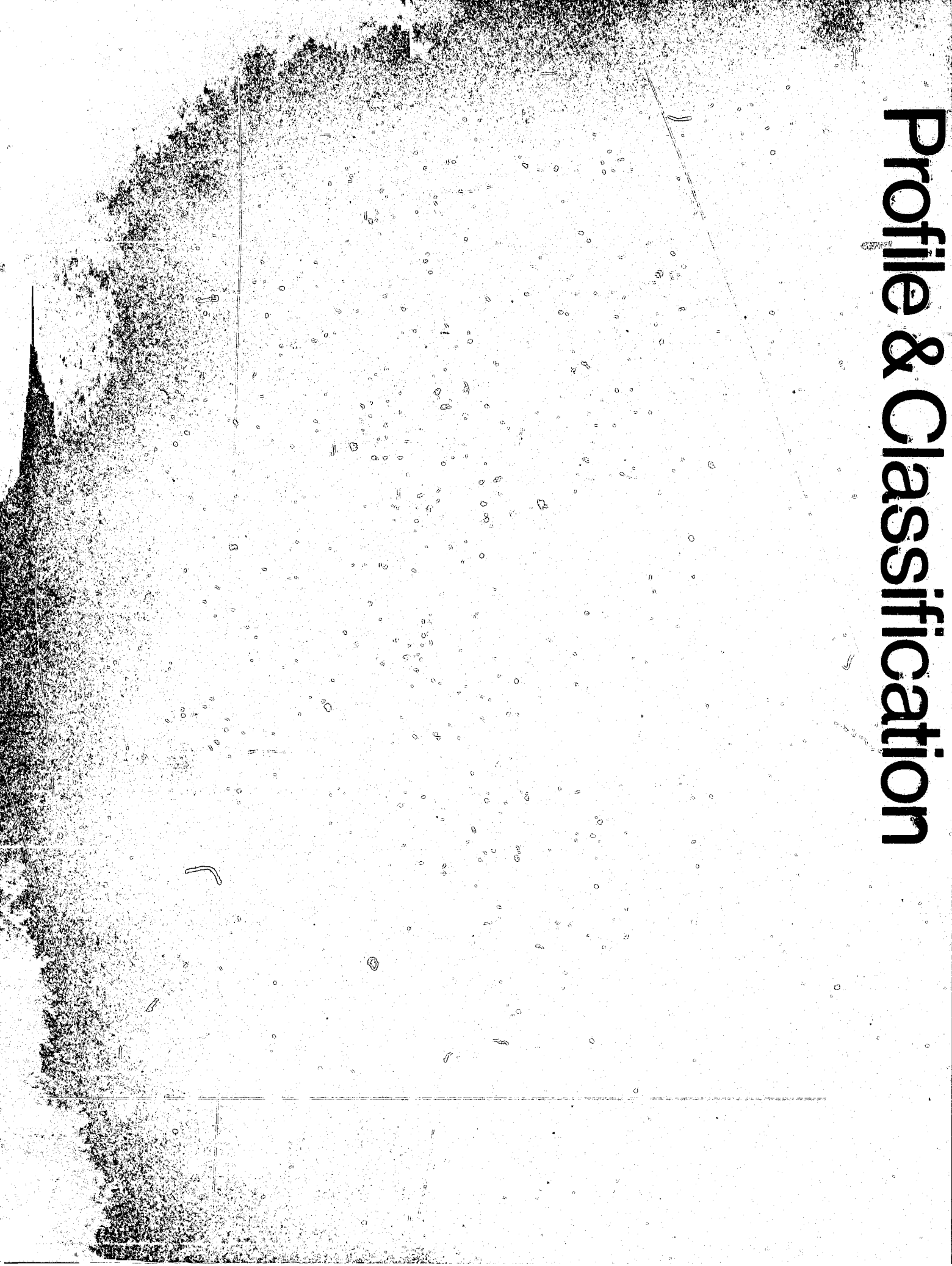
to require 8 to 10 years to complete, at an approximate cost of \$108.5 million (in 1978 dollars). The cost of the approximately 7,400 new and renovated beds at these prisons would be \$14,660 per bed, about 25 percent of the cost of totally new facilities of comparable capacity.*

CONCLUSIONS

Consultants share the Department of Corrections' concern with the inflexibility of many of California's prisons, but believe that the most appropriate response is to make the present prisons more flexible through reconstruction, rather than building unneeded prisons at this time. There is, in fact, a possibility that systematic program planning -- with priority given to innovative and alternative forms of correctional programming -- will provide the opportunity to achieve a balance in the prison population at, or below, current levels. Should this be the case, the need for replacement or expanded capacity may never materialize. If the need for expanded capacity is demonstrated in future projections, only then should the option of constructing new facilities in new locations be considered.

*The renovation of these facilities would result in an approximate net reduction of 2,350 beds at these five locations.

Profile & Classification



C. PRISONER PROFILE AND CLASSIFICATION

In planning for future correctional needs, it is essential to predict not only how many prisoners will come under the jurisdiction of the Department of Corrections, but also what kinds of prisoners will be incarcerated and whether current housing is appropriate to handle this population.

In this section, Consultants first present information on the characteristics of California prisoners. Then, this "picture" of the prisoner population is analyzed. Consultants applied current CDC proportions of custody levels to Consultants' 1983 best case and worst case projections. This method shows the number of minimum, medium, and maximum beds needed in 1983.

Consultants also applied two different classification approaches to specific data obtained in a prisoner profile research study, in order to develop an independent set of custody levels.

PRISONER CHARACTERISTICS AND PROFILE RESEARCH STUDY

In order to develop the most recent information about what kinds of prisoners are being committed to the CDC, Consultants conducted their own prisoner profile research study. Consultants reviewed the records of approximately 350 male felons who had entered the CDC Reception Centers at Vacaville and Chino during March and April, 1978. In addition, records for approximately 90 female felons imprisoned at CIW during April, 1978, were reviewed.

For both samples, the distribution of various characteristics (such as commitment offense, age, number of prior commitments, etc.) were compared with 1975 CDC data on male and female felons. Consultants' sample was similar to 1975 commitments with respect to age, ethnicity, and prior commitment records.* However, there were noteworthy differences with respect to commitment offense.

*See Consultants' Final Report, Volume II, Appendix B, Tables 1-4.

From 1964 to 1975, commitments from court of male felons for crimes of violence increased from approximately 33 percent to 50 percent. (Crimes of violence, as defined here, include all robberies; also homicide, assault, and sexual assault.) At the same time, commitments for property offenses declined from 48 percent of commitments in 1964 to 20 percent in 1975. Major increases in commitment offenses during this period were concentrated in homicides and robberies; major decreases occurred in auto theft and forgery. It should be noted, however, that these trends appear to have slowed or leveled off in the early 1970s, with proportions of various commitments remaining roughly consistent for the past few years.

Consultants 1978 sample contrasts with the 1975 data with regard to crimes of violence and property crimes. (The results of the 1978 prisoner profile study for offense groups of male and female felons can be seen in Tables C.1 and C.2.)

While the effects of the Determinate Sentencing Law (DSL) regarding commitments for various offenses are, at this point, undetermined, it is possible that Consultants' sample reveals some effects of the new law. It should be noted that among new commitments, during the Spring, 1978, property crimes constituted a higher percentage than has been the case in prior years, while robbery, homicide, and assault declined noticeably. In 1975, robbery, homicide, and assault accounted for 44 percent of commitments; in the Spring, 1978 sample, they accounted for only about 33 percent of the sample. Property crimes increased from 30 percent in 1975 to 36 percent in the 1978 sample. It would be premature, however, to infer definite trends from this sample; as with the population projections, transitional effects may still be operative.

After a discussion describing classification procedures, this profile will be analyzed in terms of suggested classification categories.

TABLE C.1
OFFENSE GROUPS EXPRESSED IN PERCENTAGES*
Male Felons Newly Received from Court

Offense	1975	1978 Profile Sample
Number of Males	5,433	346
Total Percent	100.0	100.0
Homicide	10.7	6.1
Robbery	25.0	20.5
Assault	8.3	6.6
Burglary	17.2	22.2
Theft except Auto Auto Theft	7.5] 2.1]	9.0
Forgery and Checks	3.5	4.9
Rape	4.0	5.8
Other Sex	2.6	2.6
Controlled Substances & Marijuana	14.1	16.2
Escape	0.9	2.0
Other Offenses	4.1	4.1

*Data for 1974 and 1975 was taken from Department of Corrections, California Prisoners 1974 and 1975 - Summary Statistics of Felon Prisoners and Parolees (Sacramento, Ca.: 1978), p. 16. 1978 data is from Consultants' prisoner profile research study sample.

TABLE C.2
OFFENSE GROUPS*
PERCENTAGE DISTRIBUTION OF WOMEN FELONS IN PRISON

December 31, 1975, and April Sample, 1978

Offense	1975	1978 Profile Sample
Number of women**	638	89
Total Percent	100.0	100.0
Homicide	22.4	22.5
Murder 1st	6.0	
Murder 2nd	8.3	
Manslaughter	8.1	
Robbery	13.2	19.1
Assault	7.4	6.7
Burglary	6.3	9.0
Theft except Auto	9.2	10.1
Auto Theft	0.6	
Forgery and Checks	14.1	11.2
Sex	0.9	0
Controlled Substances & Marijuana	22.8	19.1
Escape	0.5	2.2
All Other	2.8	

*Excludes felons in the Reception Centers and active parolees in the Controlled Substances Treatment Control Units.

**Data for 1974 and 1975 was taken from Department of Corrections, California Prisoners 1974 and 1975 - Summary Statistics of Felon Prisoners and Parolees (Sacramento, Ca.: 1978), p. 65. 1978 data is from Consultants prisoner profile research study sample.

CLASSIFICATION

CDC Classification Procedures

Procedures for classifying prisoners result in determinations of security level requirements.* Classification is based on a "matching" of prisoner characteristics with system capabilities, in regards to both housing and programming. While there are extensive procedural guidelines regarding classification and appeals, there are no explicit written statements regarding the characteristics of prisoners which shall be pertinent to classification, and how those characteristics shall be identified and weighed in the classification decision. This lack of substantive direction makes discretionary abuse possible, makes predictability and consistency in classification difficult, and works against effective appeals or review mechanisms.

In place of written criteria, other factors effectively shape classification patterns. For example, the present design and configuration of facilities dictates that the majority of prisoners must be placed in large, medium security facilities. Also, in attempting to prevent violence, many predictions of possible escape or violence risks are made, without the benefit of specific or reliable predictors. Studies have demonstrated, however, that most predictions of future actions are highly unreliable, whether based on subjective impressions or elaborate diagnostic instruments.**

*The security levels are defined by both physical and administrative criteria. Medium and maximum security custody both require secure perimeter prisons, whereas minimum security entails no necessary physical restrictions. Maximum security cells are different from medium in some respects, although the major difference between medium and maximum security, is, in many cases, administrative: maximum security prisoners have more restrictions regarding movement within the prison and access to programs and privileges.

**See for example: Bernard L. Diamond, "The Psychiatric Prediction of Dangerousness," University of Pennsylvania Law Review, Vol. 123, pp. 439-452.

John Monahan, "The Prediction of Violent Criminal Behavior: A Methodological Critique and Prospectus," reprinted from Deterrence and Incapacitation: Estimating the Effects of Criminal Sanctions on Crime Rates, (Washington, D.C.: National Academy of Sciences, 1978).

Additionally, Consultants' Final Report; Volume 2, Chapter 9, contains a detailed discussion of risk prediction techniques.

Recommendations

In view of the importance of classification to the entire system, and in light of a lack of substantive direction in CDC's process which makes consistency, predictability, and accountability difficult, the following measures are recommended.*

- Written guidelines regarding the substantive criteria to be applied in classification decisions should be developed.

A clearly written set of guidelines will mitigate against potential abuse of discretion and inconsistencies, and will render the classification system more reasonable and accountable.

- There should be a presumption of eligibility for minimum security placement, unless a contrary showing can be made.
- In view of the punitive consequences of denying offenders minimum security placement, all assignments to medium or maximum security housing, especially those made on the basis of risk prediction, should be regularly reviewed. The analogy to the Federal Bail Reform Act is appropriate here, in which decision-makers are required to give reasons for denial of the least restrictive available option.
- The use of risk prediction in classification should be clarified, and inappropriate or invalid predictive considerations should be abandoned.

*The following recommendations are applicable to all stages of the classification process, including both the Reception Center custody level classification and institutional classification. They also apply to a new intake screening function, which is recommended in Section D. It should be noted that Consultants have not reviewed the discipline process and rules in any detail; many of the recommendations may well apply to that system also.

Since predictions of future actions are highly unreliable, it is imperative that classification decisions based on prediction of risk be subject to reasonable levels of proof. Although standards would be different in predictions than in disciplinary placements for actual conduct, risk predictions should contain some showing that a risk is "demonstrably present and represents an actual threat to others."* To the degree possible, escape and violence risk predictions should be based on actual misconduct (e.g., a history of institutional aggression, attempted escapes, or assaultive behavior).

- External review of classification decisions should be instituted.

The external review should have two components: (1) the right to appeal to an independent agency, such as the Community Release Board (CRB), access to which does not pose the delays and complexities of court appeals;** and (2) periodic audit/samplings of classification records by an external review body, to ensure that reasonable guidelines are being followed and that classification decisions are consistent and equitable.

1. A prisoner who has been classified in other than minimum security and who has not obtained relief through the CDC internal appeals procedure should be able to appeal to an appeal body such as the CRB. The independent appeal agency should review the case on the basis of the CDC's stated written reasons for denying minimum security, and the prisoner's written rebuttal. While the recommended added appeal process will entail some expense, Consultants stress that because it is based only on summary written documents, the time and resources required for this external administrative appeal will not be significant.

*Edith Elisabeth Flynn, "Standards and Goals: Implications for Facilities Planning," in Report on the Colloquium on Correctional Facilities Planning, California Department of Corrections Program Planning Project (Sacramento, Ca.: January, 1978).

**This review process will extend the time and complexity for the few cases requiring administrative and court review.

2. To ensure implementation of the preceding recommendations, the Legislature should budget for the Legislative Analyst's Office to review CDC classification (e.g., criteria) and appeals to the CRB through audits of a random sample of classification and appeals cases.

Classification Projections

To project future needs for minimum, medium, and maximum beds, Consultants compared CDC housing security ratings with prisoner custody classifications. Table C.3 shows projections for the CDC's current proportions of minimum, medium, and maximum security male felon prisoners, using Consultants' best and worst case population projections to determine numbers of beds necessary for each custody level (through 1983). Assuming a uniform worst case rate of population increase through 1983 among all custody levels, there would continue to be excess capacity in medium and maximum security housing through 1983, but a shortage of over 15 percent in minimum security housing.

Alternate Methods of Classification

Because of the need for definition in the classification process, Consultants used explicit criteria to perform an exercise in classification which is based on information contained in the prisoner profile research study.

This study did not entail a complete review of the classification system; however, the profile does identify those prisoners who, on the basis of personal and criminal history variables, should be classified as minimum security. Since the prisoner profile does not include information on institution misconduct, which is the basis for the majority of maximum security classifications, primary attention is given to projections for minimum custody prisoners. However, since gang membership and prediction of violence are currently two of the most significant elements in prison classification -- particularly in maximum security designations -- they are reviewed separately in some detail.

The profile procedure also does not include prisoners who, as a result of good conduct or pre-release eligibility following a period of incarceration, would also qualify for minimum security custody.

TABLE C.3
COMPARISON OF CDC HOUSING SECURITY RATINGS AND PRISONER CUSTODY CLASSIFICATIONS (MALE FELONS) WITH
CONSULTANTS' 1983 WORST AND BEST CASE PROJECTIONS OF INMATE POPULATION

Custody Level	Current Bed Capacity* (Male Felons)	Prisoner Custody Classification (9/30/77)**	1983 Consultants' Worst Case	Number of Beds Available	1983 Consultants' Best Case	Number of Beds Available
Maximum	2,081 (10.0%)	1,615 (9.5%)	1,844	237	1,426	655
Medium	14,779 (70.6%)	11,257*** (66.5%)	12,912	1,867	9,980	4,799
Minimum	4,065 (19.4%)	4,057 (24.0%)	4,660	(595)	3,602	463
TOTAL	20,925****	16,929	19,416	1,509	15,008	5,917

*Bed capacity security classifications are based on current use of housing units in the ten major prisons for male felons, as reported in the CDC survey dated October 15, 1977.

**Classification of male felon prisoners reported in the CDC Quarterly Management Review, September 30, 1977.

***"Close" and "other" categories have been included as medium custody prisoners, see Table 3, p. 10 of Consultants' Inventory Report: Facilities.

****The capacity of 20,925 beds for male felons includes 78 minimum security beds for male felons located at the California Rehabilitation Center.

To develop the percentages eligible for minimum security classification, two basic approaches (each with variations) were used for analyzing the information collected. One approach employed a "past actions" set of assumptions: this approach assumes that past conduct (in this case, drug use, prior escapes, and the commitment of past offenses) should determine eligibility for various levels of minimum security. As shown in Table C.4, this approach was employed with various combinations of serious offenses.

The second approach involved a "base expectancy" or predictive scale method. This method, which is weighted more toward prediction of behavior than is the "past action" approach, is frequently used in parole release decisions. The base expectancy method is more complex than the "past actions" method: weights are assigned to selected characteristics (e.g., criminal history variables, employment, marital status, and age) on the basis of correlations found in previous studies between those characteristics and recidivism. The base expectancy method "penalizes" individuals who have extensive criminal records, as well as those committed for serious or violent offenses. It is security conscious in the sense that it screens for the degree of threat (defined as the probability of further crimes) that the prisoner would be predicted to present if he or she were to escape from custody.

The results of the profile classification analysis are presented in Table C.4. Because the base expectancy method uses a scoring system, the "typical" prisoner found eligible for placement in minimum security in each variation of the method is described in the table. Both approaches understate the number of eligible prisoners. For example, neither approach reflects institutional conduct. Most of the prisoners currently in CDC minimum security housing have been placed there only after a period of incarceration in higher custody housing. These "merit" or "good conduct" placements in minimum security will presumably continue. The profile really reflects only those prisoners Consultants think could be placed directly into minimum security custody at the time of their commitment.*

As can be seen in Table C.4, under extremely restrictive screening criteria -- Variations A and D, which approximate typical probation or early parole release criteria employed in many jurisdictions -- about 10 percent of the men and up to 20 percent of the women qualify for minimum security custody. Under slightly less restrictive -- but still selective -- criteria (Variation E), 25 percent of men and 50 percent of women would qualify for minimum security custody. (Variation C is included in the table as illustrative of a simpler, less restrictive set of criteria.)

*The CDC custody assignments for the same profile study population placed approximately 10 percent in minimum security.

TABLE C.4
APPLICATION OF PROFILE TO MINIMUM SECURITY CUSTODY LEVELS

ELIGIBILITY CRITERIA	Number of Eligible Prisoners			
	Male Felons 1983		Female Felons 1983	
	Best	Worst	Best	Worst
TOTAL PROJECTED POPULATION	14,578	18,843	544	851
<u>I. "PAST ACTIONS" METHOD</u>				
Variation A: <u>Excludes</u> any prisoner who has any conviction (current or prior) for violent offense or for sale or possession of drugs; excludes any prisoner with drug addiction or prior escape history.	1,297	1,677	43	67
	8.9%*	8.9%	7.9%	7.9%
Variation B: <u>Excludes</u> any prisoner who has any violent offenses (current or prior) or prior conviction for sale of drugs; excludes prisoners with prior escape history.	2,099	2,713	110	172
	14.4%	14.4%	20.2%	20.2%
Variation C: <u>Excludes only</u> those prisoners with two or more convictions for violent offenses. (Based on NCCD recommendations regarding non-prison placements.)	8,557	11,061	434	679
	58.7%	58.7%	79.8%	79.8%

TABLE C.4 (cont.)

ELIGIBILITY CRITERIA	Number of Eligible Prisoners			
	Male Felons 1983		Female Felons 1983	
	Best	Worst	Best	Worst
II. <u>BASE EXPECTANCY METHOD**</u>				
<u>Variation D:</u> Typical prisoner in this category had no juvenile delinquency history, no convictions for violent offenses, and no prior incarceration in either county jail or state prison. Prisoners in this category vary in age and race, and are, in those respects, representative of the entire prison population.	1,574	2,035	114	179
	10.8%	10.8%	21%	21%
<u>Variation E:</u> Typical prisoner in this category is similar to those in Variation D, except that he or she has <u>either</u> some juvenile history, a present or prior conviction for violent offense, or some prior incarceration.	3,455	4,466	263	411
	23.7%	23.7%	48.3%	48.3%

*Because of different sentence lengths, prisoner profiles dealing with commitments are typically different than comparable profiles describing the incarcerated population. The incarcerated population typically has more serious offenders who have been sentenced to serve longer terms. The percentages in this table refer to the incarcerated population, not the commitment population. Profile data for male felons was developed from a "commitment sample"; to derive an "incarceration" profile, percentages of prisoners eligible for minimum security were developed for the commitment sample and then reduced by a factor of approximately one-third. For details regarding the method used, see Volume II of Consultants' Final Report, Chapter 3.

**Because the base expectancy method involves a point system, the variations in the table reflect different "cutoff" scores. For details, see Volume II of Consultants' Final Report, Chapter 2.

- Consultants recommend that Variation A, which excludes prisoners with any current or prior convictions for violent crimes (see Table C.5), sale or possession of drugs, or history of drug addiction or escape, be the basis of a new security classification designation; such a designation should be labeled low minimum security, because of its extremely stringent criteria.

PRISONER VIOLENCE AND GANG ACTIVITY

Violence and security concerns have come to dominate many crucial aspects of prison management in California. Prison administrators have felt compelled to isolate major groups of prisoners from each other, thus filling maximum security housing units or limiting the flexibility of their institutions. Classification officers report that housing and program placements are determined almost solely by considerations of violence and prison gang affiliation, not by criteria of optimal placements for the program or other needs of prisoners.

In short, the CDC now finds itself in the reactive situation of coping with crises or the threat of crises. The basic dilemma facing the Department is how to reverse this process, to become proactive in order to manage the prison system in a way consistent with effective and efficient corrections.

The Department's Program Planning Report outlines several proposed measures for combating the increasing threat of violence and prison gangs within the system. These measures include expanding various programs, especially prisoner work opportunities, but the key proposal is construction of more, and more flexible, prisons. The renovation of existing prisons to make them more flexible is seen by Consultants as a top priority. However, along with institutional flexibility, an administrative management system must be developed which not only controls and punishes violence, but which can divert and defuse violent gang activity.

The predominant response to prison gangs has been a policy of separation. In many instances, all prisoners identified or suspected to be gang leaders, members, associates, or possible affiliates are removed from the mainline population and placed in a special maximum security unit, segregated by gang. At San Quentin, for example, there are approximately 300 prisoners in this special maximum security unit.* This policy of separation

*This poses a severe management problem for staff, particularly regarding prisoner movement, since prisoners can only be let out one gang at a time. Additionally, there is virtually no programming in these units, and no likely way back out into the mainline population.

TABLE C.5

Consultants employed the following statutes as "violent crimes" in the prisoner profile and classification analyses.

VIOLENT OFFENSES

182/187	Conspiracy to commit murder
187/190	Murder
187/190.1	
187/190.2	
192.1/193	Manslaughter (voluntary)
192.2/193	Manslaughter (involuntary)
203/204	Mayhem
207/208	Kidnapping
209	Kidnapping for ransom, extortion, etc.
210	Kidnapping
211/213	Robbery
217	Assault with intent to commit murder
217.1	Attempt to kill or assault public officials
220	Assault with intent to commit rape, sodomy, mayhem, robbery or grand larceny
221	Assault to commit felonies not in section 220
240/241	Assault against peace officer or fireman
243	Battery with serious injury
244	Assault with caustic chemicals
245a	Assault with deadly weapon or assault
245b	Assault
245.2	Assault with deadly weapon on peace officer
261	Rape with force
264	Rape (victim injured)
264.1	Aiding in rape with force
273(a)	Willful cruelty to child
273(d)	Inflicting traumatic injury on (Wife) (Child)
286(c)	Sodomy - by force
286(d)	Aiding in sodomy by force
286.1	Crime vs. nature by force
288a	Aiding in sex perversion with force
288b	
288c	
288d	

also avoids mixing gang members at various institutions. For example, DVI houses members of the Nuestra Familia, while San Quentin and Soledad house members of the other three gangs: the Aryan Brotherhood, the Black Guerilla Family, and the Mexican Mafia.

It is clear that prison officials have an obligation to protect staff and prisoners from violence within the institution, and caution and some preventive measures are necessary. This concern underlies the statement in the CDC Program Planning Report that "we will continue to err on the side of the conservative since our mistakes may result in the loss of human life."*

However, this process of separating hundreds of identified or suspected gang affiliates is not at all a conservative or overcautious approach. It is, in fact, a dangerous process which can create additional violence. Prisoners who were only marginally involved with the periphery of the gang or who were not yet gang members but who were suspected of gang activity, by being segregated with and labeled as gang members in maximum security units, are placed amid the gang, and once in, have no way out. One high ranking prison official believes that as many as 50 percent of gang members have been "recruited" through this kind of labeling by staff. Extended maximum security detention for preventive purposes can precipitate anger and violence on the part of prisoners who, having actually committed no illegal acts in prison, feel unjustly punished. Additionally, extended warehousing of prisoners with no provisions for programming is known to diminish their chances of successful reintegration into society. This system of separating all suspected gang affiliates becomes a negative self-fulfilling prophecy, in which administration policies designed to control gang violence often perpetuate the very gang associations they seek to curtail.

The Department faces an extremely complex dilemma: how to reverse a reactive stance (e.g., separation) into a proactive and controlling position. While a more thorough study of the subject by an independent observer is necessary in order to maximize beneficial solutions, Consultants present several recommendations to facilitate greater Departmental control of the problem. These recommendations are suggested as a three-pronged strategy to be implemented simultaneously: (1) control; (2) divert; and (3) defuse.

*CDC Program Planning Report for 1978-79 Fiscal Year, Vol. II, p. 76.

Control

Some Minimal Separation. Clearly identified gang leaders and members should be separated. However, only those for whom there is some factual basis of gang activity should be separated.

Discipline. Punishment for violent or other incidents must, of course, be swift and consistent. All infractions should be immediately punished, with punishments for gang members the same as the punishments meted out to other prisoners for the same violations.

All violent or otherwise coercive behavior, whether gang-related or not, should be regarded as serious. To impart to prisoners a sense that their protection and well-being is taken seriously by prison staff and administrators, investigations of incidents should be thorough and rigorous.

In some cases, closer cooperation by local law enforcement and prosecution personnel is desirable. As noted by Conrad:

"The unwillingness of district attorneys to add to their workloads and the reluctance of criminal investigators to engage in the unrewarding process of crime detection on the prison yard must give way to a rigorous policy of law enforcement."*

Institutional Flexibility. Consultants' facility renovation recommendations will provide institution managers with the ability to quickly isolate individuals involved in disruptions. The CDC needs to develop management policies to use this flexibility so that individuals can be locked down or moved without making general population sweeps.

Divert

While there is a small core of calculating and violent gang leaders and members, a good deal of the gangs' strength emanates from their ability to recruit prison newcomers by offering protection, access to desired goods (e.g., narcotics, sexual favors, housing, or miscellaneous other commodities or positions). While exploring the peripheral aspects of the gang, these newcomers are either drawn in by the gang before they know how dangerous and irreversible gang membership can be, or they are labeled by staff as gang affiliates. Once labeled, the prisoner, fearing reprisal by that or rival gangs, will have little choice but to become actively involved with the gang.

*John P. Conrad, "Who's in Charge? Control of Gang Violence In California Prisons," in Report on the Colloquium on Correctional Facilities Planning, op. cit., p. 210.

It is crucial that a program be developed to divert new prisoners from affiliation with gangs before they are drawn in. A thorough orientation of all incoming prisoners, depicting the realities and expectations of gang activity, should be provided by select prisoners. One attempt at such an orientation is a film being made by prisoners at CMC. The Department should make funding available for this and other programs sponsored by prisoners to divert new inmates away from prison gangs.

Additionally, rather than concentrating the older prisoners who are serving long sentences in one institution, prison administrators should aim for more diverse populations. All prisons should house some older, more stable prisoners who can exert some leadership and peer pressure to keep other prisoners from joining the gangs. In order to encourage these mature prisoners to exert peer pressure and to work with others to mock the joining of gangs as a sign of weakness, not strength, a reward system for anti-gang attitudes should be developed. The gangs develop strength to the degree that they control, or appear to control, access to desired goods and protection. It is important that access to at least the licit goods be given to those who are stable and persuasive enough to provide alternatives to gang affiliation.

Defuse

Renovations to major facilities recommended in this report will help reduce the incidence of violence by alleviating the general tension created by high levels of noise, lack of privacy, and problems caused by frequent crossflows of prisoners.

Correctional officers can also play an important role in defusing gang activity and reducing violence. All correctional officers should be trained, prior to being placed on the job, and training should include, among the more traditional security techniques, conflict management, gang defusing techniques, hostage negotiation, job stress, and criminal investigation techniques (e.g., crime scene preservation). Consultants strongly recommend that recruitment for correctional officers be conducted statewide rather than locally, to encourage more officers of varied backgrounds and more minorities to enter the field. A set of standards should be developed, and standardized training offered to all officers. Those who fail to meet training standards must be terminated. It is widely acknowledged in corrections that some officers contribute to tensions and violence through brutal or discriminatory behavior, and through exacerbating rather than defusing gang activity. Additionally, contraband is sometimes introduced into prisons by staff. These injustices committed by a small percentage of staff encourage problems of violence which pose threats for all employees.

A statewide system of recruitment, selection, and training* is a crucial and highly neglected way to defuse gang activity and to reduce violence. By upgrading the staff, and by offering specific defusing techniques as well as a myriad of other skills designed to maintain prison control devoid of overreaction or violence, staff capacity to provide a more stable and controlled environment will be greatly enhanced.

*This should be similar in form though not necessarily in content to the California Highway Patrol training program.

Alternate Modes of Incarceration

D. ALTERNATE MODES OF INCARCERATION

An excellent opportunity now exists to improve the flexibility and increase the options and effectiveness of the California prison system by developing a series of minimum security placements for the local custody of selected prisoners. The classification analysis that Consultants conducted, based on the prisoner profile study, demonstrated that about 8.9 percent of prisoners currently committed to the CDC have no current or prior conviction for any violent offense, or for the sale or possession of drugs; neither do they have a history of drug addiction or escape. This group would consist of approximately 2,000 prisoners currently committed to the CDC.

These 2,000 prisoners should be eligible for what Consultants have identified and recommended as a new security classification -- "low minimum security." Consultants recommend that prisoners with a low minimum security classification be eligible for placement in alternate modes of incarceration in local correctional settings. Two different options for such correctional settings are explored in this section:

1. County operated facilities; and
2. Local privately operated facilities.

COUNTY OPERATED FACILITIES

Consultants surveyed and analyzed available data concerning usable surplus bed space in California's local corrections system. This study was conducted to determine the availability and suitability of vacant county beds for custody of, and programming for, state prisoners, and the potential for local government acceptance of these prisoners.

Currently, there are over 6,000 empty beds in the California county jail system (based on an Average Daily Population of 23,450 inmates, and a total State Board of Corrections rated capacity of 30,827). However, because of a myriad of unresolved policy and implementation issues concerning the use of county jail beds for state prisoners, Consultants are not now recommending the blanket use of all of these surplus beds as

alternate modes of incarceration.* However, a review of specialized county operated programs surveyed in the State Board of Corrections Report** reveals over 2,000 empty beds in specialized county programs (e.g., honor camps and work furlough facilities).

The following specialized county programs, with a total capacity of 2,147 beds, are found in 16 California counties:

Work Furlough	217
Minimum Security	375
Industrial Farms	217
Rehabilitation Centers	611
Honor Farms and Camps	659
Correctional Centers	68
	<hr/>
	2,147***

In addition to the empty bed space identified in the State Board of Corrections report, Consultants have identified, through discussions with State Board of Corrections staff, additional empty bed space in specialized county facilities. For example, in the following five counties, some facilities are closed or partially closed. Reopening them would provide additional bed space:

San Diego County	170
Los Angeles County	2,000 - 2,260
San Bernadino County	430
Orange County	115
Lassen County	25
	<hr/>
	2,740 - 3,000

*These beds do, however, provide temporary emergency capacity for the State system in the event of overcrowding. The advantages and the disadvantages of general usage of these county beds is explored in Volume II, Chapter 7.

**State Board of Corrections, Report of Inspection of Local Detention Facilities to the California Legislature (March, 1978).

***Sixteen counties are represented in these numbers: Alameda, Contra Costa, Fresno, Imperial, Los Angeles, Marin, Mendocino, Merced, Monterey, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Ventura.

The totals from the State Board of Corrections report and those reported in interviews add up to approximately 5,000 empty beds in specialized county facilities. While Consultants recommend a more comprehensive planning effort regarding the suitability of these and other facilities, it is clear from preliminary research that of these 5,000 beds, the State could find at least 1,000 specialized county beds available and suitable for immediate use by state prisoners.*

Acceptance of state prisoners into these county operated facilities would be dependent on adequate economic incentives to the counties.

The following findings led Consultants to recommend that the CDC investigate, immediately and thoroughly, the potential for the use of specialized county facilities for state prisoners:

*Consultants discussed the findings of the brief survey of appropriate county jail space for state prisoners with the CDC, and were informed that the CDC now agrees that there is suitable bed space for "about 1,000" state prisoners, subject to the limitations discussed in this text. CDC performed their own analysis of these surplus beds, in reaction to Consultants' survey, and reviewed all minimum security empty beds identified in the Board of Corrections report. They deducted bed space where counties employed weekend sentencing, and also modified Board of Corrections' tallies to account for vacancy rates considered necessary for county administrative purposes (e.g., population "bulges" typical of county jails). There were certain minor variances as to which beds might be suitable and which might not; these variances do not effect Consultants' total estimate because the CDC identified some beds unknown to Consultants, and currently available. The CDC calculations accounted for only male prisoners, as estimates of bed space for females is more difficult to glean from the Board of Corrections' reporting format. The following statistics reflect the CDC's estimate of currently available county bed space for minimum security male state prisoners:

90% vacancy rate	972 males
80% vacancy rate	857 males

Consultants observe that these calculations are compatible with the most conservative estimates set forth in this text, and mark a reversal of CDC's contention, in its Program Planning Report, that county jail space was not available. (CDC Program Planning Report for 1978-79 Fiscal Year, Vol. II, Program Analysis and Recommendations, April, 1978, p. 130.)

1. The availability of local resources in the form of surplus beds;
 2. The positive attitude of the State Board of Corrections staff (charged with evaluating local facilities' compliance with minimum jail standards);
 3. The receptivity of interviewed county officials; and
 4. The major advantages in housing prisoners in their county of origin, in terms of restitution and reintegration (e.g., access to eventual employment, visiting, and community services).
- Consultants further recommend that the CDC begin immediately to develop suitable compensation schemes and contracts with counties to use these specialized facilities for a minimum of 1,000 state prisoners classified as low minimum security.

LOCAL PRIVATELY OPERATED FACILITIES

Consultants conducted an extensive review of minimum security facilities and programs which stressed reintegration or restitution programming for prisoners. Consultants were seeking models for correctional centers in or near urban areas, which would typically provide intensive supervision and structure. Included in this survey were a literature review, interviews with spokespersons for a number of California correctional centers and programs, and interviews with correctional officials in a number of states regarding pre-release and minimum security custody settings. Consultants considered various program models which might be appropriate to State of California prisoners, and identified a few programs of the type needed in California.

The program review identified certain gross cost-comparisons between publicly operated programs and similar programs operated privately. Available documentation suggests that the typical range of costs for local correctional settings which are appropriate for state prisoners is between \$15 and \$30 per resident day (in 1978 prices). Differences in costs reflect not only variations in program content and management, but also in the degree of economies of scale achieved. However, there is considerable evidence that privately operated programs are less expensive than public correctional centers. Among the three California correctional centers, the lowest per day cost was achieved by the privately operated Volunteers of America work furlough program, which costs approximately \$7,525 per resident year (or \$20-21 per day) at current utilization

rates.* Some economies are achieved in private programs because there is less expense for correctional personnel. More generally, however, Robert Montilla notes:

"Private operators in the business for profit seem to provide a more effective service in terms of reintegrating the offender into the community, and at less cost than do state operated community residential centers or halfway houses."**

Consultants reviewed the literature and research findings on the social effectiveness of prisons, and the reintegration potential of alternate modes of incarceration. Numerous commissions and studies have favored the approach of working with offenders in the community.*** Research concerning traditional prison incarceration demonstrates the negative impact of prison on reintegration potential.**** (See Volume II, Chapter 6.)

*The State contracts with Volunteers of America for an even lower rate of \$17.79 per resident day.

**Robert Montilla, "Environment for Community Corrections," in Miller and Montilla, editors, Corrections in the Community, p. 23. ~~See also:~~

Donald J. Thalheimer, "Cost Analysis of Correctional Standards: Halfway Houses" (Washington, D.C.: National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, Department of Justice, 1975).

***See for example: Nora Klapmuts, Community Alternatives to Prison, reprinted from Crime and Delinquency Literature (Hackensack, New Jersey, June, 1973).

Lipton Douglas, Robert Martinson, and Judith Wilks, The Effectiveness of Correctional Treatment -- A Survey of Treatment Evaluation Studies (New York: Praeger, 1975).

****See for example: National Advisory Commission on Criminal Justice Standards and Goals, Corrections (Washington, D.C.: U.S. Government Printing Office, 1973).

Charles Hampden-Turner, Sane Asylum (West Caldwell, New Jersey: William Morrow and Company, Inc., 1977).

United States President's Commission on Law Enforcement and Administration of Justice, The Challenge of Crime in a Free Society (Washington, D.C.: U.S. Government Printing Office, 1967).

- On the basis of this research, Consultants recommend that the CDC also contract with private organizations to operate local correctional centers for up to 1,000 low minimum security state prisoners.

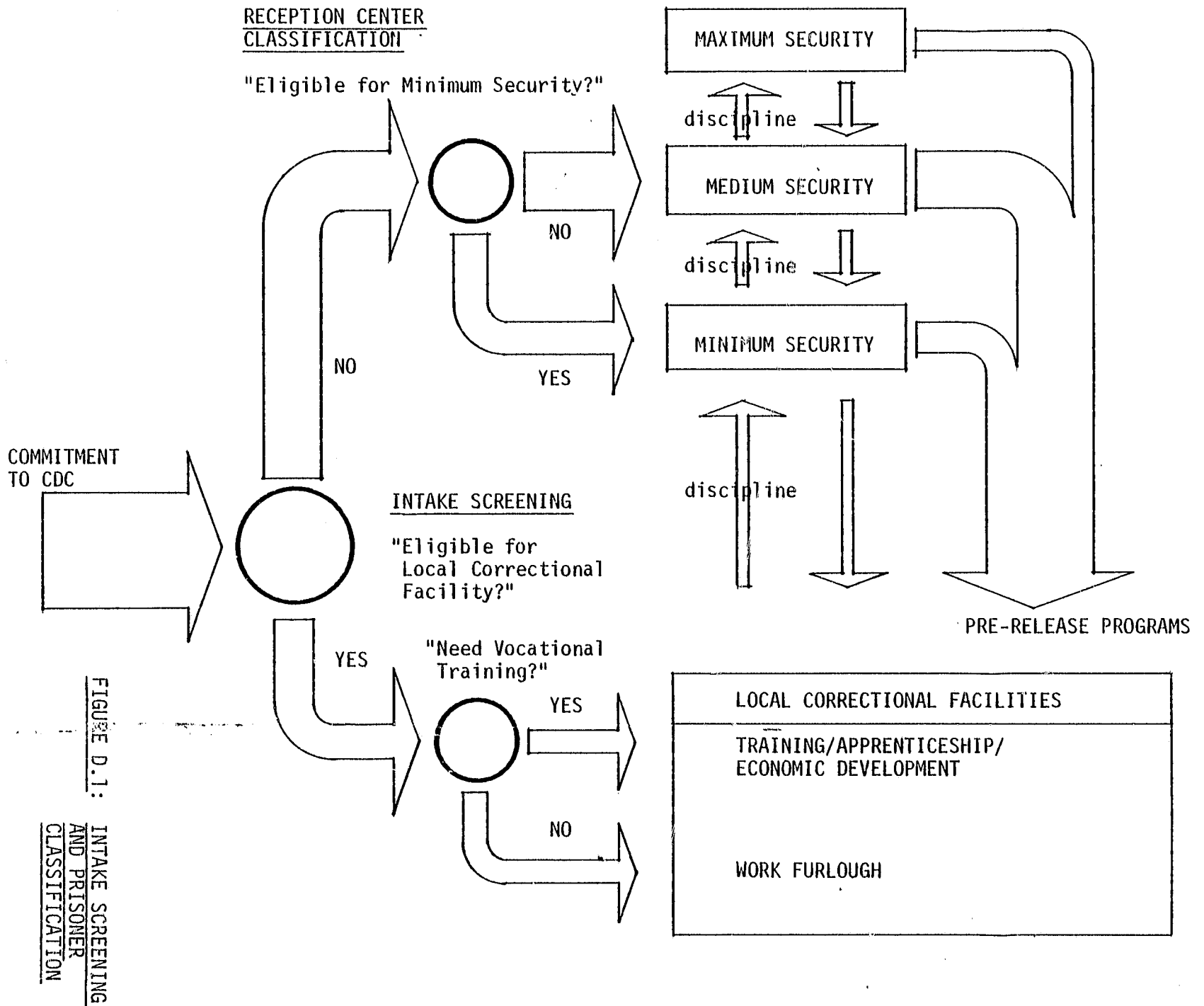
The centers should be organized so as to maximize the potential for the successful reintegration of prisoners into their communities. These private centers should provide intensive supervision and structure, opportunities and procedures for restitution, and a variety of program models. These centers will be labeled "Urban Skills Centers" in Consultants' report, so as to distinguish them from the bulk of low structure and low supervision programs which currently abound in community corrections.

Consultants consider that alternate modes of incarceration would optimize a number of reintegration prerequisites: maintaining family contact, access to current and future employment in the prisoners' home community, means for restitution to society and to the victim, and multiple opportunities for learning social survival skills (e.g., decision-making).

The nature of the centers' job or vocational program core should vary widely, according to prisoner need and availability of specialized local resources. This program core could, for example, include the following:

1. A traditional work furlough approach for the prisoner who already possesses job-holding skills and who is eligible for day release;
2. Union apprenticeship programs;
3. Close interconnection of a program with a particular factory or business; and
4. Program-operated small businesses.

In various ways, each of these program models could produce revenue through prisoner wages or sales which could offset public costs of programs; the programs could provide the means for restitution to victims as well. Consultants' recommended alternate modes of incarceration dramatically expand, in intensity and duration, the "pre-release"



programs recommended by the CDC.* They are an expansion because they go beyond pre-release measures to ease reintegration (e.g., obtaining a driver's license), to various mechanisms for realistic job training and placement while in the local setting. They are, in addition, designed to strengthen community ties needed by prisoners upon their release.

The following findings led Consultants to recommend that the CDC contract with private organizations to open local correctional centers for up to 1,000 low minimum security state prisoners.

1. Research demonstrates the reintegration benefits of working with offenders in the community, and the negative effects of prison;
2. A more flexible and greater array of placement options would result; and
3. Privately operated programs tend to be less expensive than those publicly operated.

PRISONER ELIGIBILITY FOR ALTERNATE MODES OF INCARCERATION

As depicted in Figure D.1, there would be two main channels by which prisoners could enter the proposed local incarceration settings. One channel involves the referral of low minimum security prisoners immediately upon their commitment to the CDC. The second channel involves a classification route, such as current entry into minimum security and pre-release settings after incarceration in other higher security housing.

In intake referrals, emphasis would be on those prisoners who have no violence or drug history, and no escape history (e.g., who pose low risks of recidivism). Assuming that they were not involved in any disciplinary actions, these prisoners could well spend their entire incarceration terms in the county facilities or private Urban Skills Centers.

*CDC recommended 600 community release beds, with a stay of from 30 to 90 days. Only about 3,650 prisoners under this model would be able to go through such a pre-release center each year (or less than half of those released in 1977). The program content of the community release centers is not specified in the CDC Program Planning Report. (California Department of Corrections, Program Planning Report for 1978-79 Fiscal Year, op. cit., p. 124.)

Referrals through the CDC classification system for "pre-release" programming to these alternate modes of incarceration should be available to all prisoners (including maximum security), but should exclude prisoners with extremely serious disciplinary records.

- While duration of this placement would vary according to the particular needs and security classification of the prisoner, a minimum of three months is recommended, with placements extending to a year or more prior to release.

Table D.1 depicts the number of prisoners (both at intake and pre-release) who, under Consultants' recommendations, would be eligible for alternate modes of incarceration. The table shows the male and female felons who would be eligible in 1983 under Consultants' best case and worst case projections.

Intake Screening

For both local incarceration settings (e.g., county operated and privately contracted), a new intake screening procedure is recommended. Intake screening should identify prisoners eligible for local placement prior to transportation from county jail to CDC Reception Centers. Identification of eligible prisoners should be based on profile criteria that excludes persons with any current or prior violent offenses or sale or possession of drugs, and any history of drug addiction or escapes. Regular CDC classification officials should conduct this intake screening in order to expedite prisoner processing. Screening at the local level will minimize gang and related pressures which might occur at Reception Centers, and will eliminate transportation problems and costs.

In addition to review of profile information, a personal interview by a board (including CDC classification officials and representatives from local county and private facilities) is recommended. Where the prisoner being considered for county placement is not a local resident, county officials should have the right to refuse; additionally, private contractors should be able to refuse admission to any prisoner.

TABLE D.1

APPLICATION OF PROFILE PLUS PRE-RELEASE TO POPULATION PROJECTIONS*

ELIGIBILITY CRITERIA	Number of Eligible Prisoners			
	Male Felons 1983		Female Felons 1983	
	Best	Worst	Best	Worst
TOTAL PROJECTED POPULATION	14,578	18,843	544	851
<u>I. "PAST ACTIONS" METHOD</u>				
Variation A: <u>Excludes</u> any prisoner who has <u>any</u> conviction (current or prior) for violent offense or for sale or possession of drugs; excludes any prisoner with drug addiction or prior escape history.	2,692	3,479	96	149
Variation B: <u>Excludes</u> any prisoner who has any violent offenses (current or prior) or prior conviction for sale of drugs; excludes prisoners with prior escape history.	3,409	4,407	156	243
Variation C: <u>Excludes only</u> those prisoners with two or more convictions for violent offenses. (Based on NCCD recommendations regarding non-prison placements.)	9,189	11,878	446	697
<u>II. BASE EXPECTANCY METHOD</u>				
Variation D: Typical prisoner in this category had no juvenile delinquency history, no convictions for violent offenses, and no prior incarceration in either county jail or state prison. Prisoners in this category vary in age and race, and are, in those respects, representative of the entire prison population.	2,939	3,800	159	250

TABLE D.1 (cont.)

ELIGIBILITY CRITERIA	Number of Eligible Prisoners			
	Male Felons		Female Felons	
	1983		1983	
	Best	Worst	Best	Worst
Variation E: Typical prisoner in this category is similar to those in Variation D, except that he or she has <u>either</u> some juvenile history, some prior conviction for violent offense, or some prior incarceration.	4,623	5,976	293	457

*The number of prisoners identified in the boxes in this table include the numbers previously determined to be "eligible for minimum security" (see Table C.4), plus the percentage of the remainder of the prison population theoretically placed in the minimum security category for pre-release programming. The pre-release addition assumes that pre-release placements are for three months. The figures here reflect the computation that three months equals 10.5 percent of the average male felon term, and 12 percent of the average female felon term.

STANDARDS FOR ALTERNATE MODES OF INCARCERATION

Consultants stress that there is a need to develop stringent standards for the design and operation of alternate modes of incarceration, for both the privately contracted programs and the county operated facilities. It would be naive to assume that private centers such as those proposed here can be easily developed. There are successful programs, of the sort Consultants propose, already in operation. (See Volume II of Consultants' Final Report, Chapter 11, for a discussion of several such programs, a combination of which served as the model for the recommendations summarized here.) Most have either strong leadership or peer pressures which create involvement by prisoners or participants in the program; most also have extremely stringent rules and regulations regarding the conduct of participants. It would be necessary to develop analogous strengths in the proposed centers and to provide an adequate set of incentives -- such as job placements or development of marketable skills.

The CDC, with several experienced operators of successful programs, should develop precisely written standards, and should provide for the regular financial auditing of the local incarceration programs. This combined group should also provide necessary technical assistance to both the private Urban Skills Centers and the county operated specialized facilities. The penalties for misconduct should include swift disciplinary action (such as return to state prison). In view of the potentially controversial nature of some centers, and related community resistance, Consultants recommend establishment of local advisory boards. These boards should be fully representative of citizens in the communities where local incarceration programs are located.

In summary, Consultants recommend a series of minimum security placements for the local custody of selected state prisoners. Approximately 2,000 low minimum security prisoners should be incarcerated in county operated specialized facilities and local privately contracted facilities.

Institutional Programs

E. INSTITUTIONAL PROGRAMS AND SERVICES

In Volumes III and IV of the Final Report, Consultants' discuss specific programs and services in light of both CDC's recommendations for institutional programs, and evaluations of the CDC programs and services made by the Department of Education, the Department of Health, and the Department of Vocational Rehabilitation.*

Additionally, Consultants employed current case law and modern correctional standards in evaluating prison programs.

The following summarizes Consultants' evaluation of major programs and services provided in the State's prisons.

MEDICAL CARE

As reported both in the Department of Health Report, Health Services in California Correctional Institutions, and in the CDC Program Planning Report, medical services are seriously substandard in California prisons.

- Consultants recommend contracting out all inpatient health services to accredited community hospitals if a fiscal feasibility study would show it can be done without incurring excessive costs.

CDC should maintain skilled nursing home level of infirmary care in each institution, using trained personnel certified by the appropriate regulatory agency and recertified as needed to maintain skills.

The health administration should be centralized under the office of the Medical Director, who then reports to the Director of CDC. An outside advisory medical board should be established to review policy and to advise the Medical Director.

*CDC Program Planning Report for 1978-79 Fiscal Year, Vol. II (Appendices C, D, and E).

PSYCHIATRIC CARE

The Department of Health report also noted serious deficiencies in prison mental health services. Consultants concur with these conclusions. Understaffing problems are aggravated by the high proportion of clinical staff time currently devoted to diagnostic evaluations, particularly "violence potential" evaluations, considered by staff to be inconclusive and wasteful. Since research has also shown such evaluations to be unreliable and invalid, Consultants recommend that violence potential evaluations be eliminated to free up valuable staff time.

Group therapy is the only mode of mental health counseling available at most prisons, and much of this is of questionable therapeutic value. The limited variety of available treatment should be broadened to include more reality-based counseling; for example, family counseling and drug and alcohol abuse therapy.

- Consultants conclude that no need has been demonstrated for an additional psychiatric hospital facility as proposed by the Department of Corrections.

No reliable data has been offered to suggest that the number of prisoners in need of in-patient psychiatric care necessitates additional space. Preferable alternatives include more careful screening of referrals to the California Medical Facility. In some cases, existing hospital facilities at some prisons might also provide space for this function, particularly if increased use is made of community hospitals for in-patient care.

COUNSELING

The Department of Health report describes the problems of correctional counselors (CCs) -- their clerical duties, lack of training in counseling roles and techniques, and their propensity toward custody roles, which stems from their background and past experience as guards. The problem with correctional program supervisors (CPSs) is even greater. They are supervised by the CCs, and they play an even more specific custody role. Many CDC administrative staff think the CC designation should be abandoned.

- Consultants recommend that the position of CPS be reexamined; if the position is found warranted, it is important to clarify the role of the CPS vis-a-vis the CC.
- Consultants also recommend that a task analysis of the CC position be undertaken (and the CPS position if maintained), and training be developed based on this analysis.

EDUCATION

The Department of Rehabilitation, in its report concerning the education program provided by the CDC, recommended that all academic programs be operated independently by local education agencies, community colleges, or state colleges and universities.*

Consultants agree with the emphasis of the Department of Rehabilitation; however, the feasibility and cost of implementing a statewide educational contract needs further exploration.

- Consultants recommend that the State contract with a public or private education system capable of and interested in delivering such a service to the CDC. The contractor should determine the feasibility and cost of developing the service, so that the State would be better able to determine whether to implement such a plan.

Furthermore, Consultants recommend for the present CDC educational program a series of priority concerns: (1) the need to extend educational hours to ensure that programs do not restrict prisoners' opportunities for employment; (2) the desirability of having classes jointly for prisoners and staff; (3) the need for more educational counseling; and (4) the need for prisoner involvement in program design.

*CDC Program Planning Report, op. cit. (Appendix E), pp. 2-3.

SELF-HELP

Consultants recognize that policies for self-help groups, particularly those related to sponsorship requirements, vary from institution to institution, depending on the priorities of each.

- Consultants recommend that a systematic approach to scheduling and paying sponsors of self-help groups be established to make such groups more accessible to prisoners.

VISITING

Visiting is vital to the reintegrative process of prisoners when released, and to their morale while incarcerated.

Although California has an innovative prison visiting program, no mention of expanding these programs was made in the CDC report.

- Consultants recommend extending visiting hours systemwide to seven days a week (including weekday evening hours), developing an escort service for children, extending furlough programs, and developing systemwide family/friend days. Additional trailers should be provided for family visiting (to include common law partners), or for individual space where the prisoner may spend time alone.

RECREATION

In regard to recreational programs, Consultants conclude that various physical improvements are needed in the prisons, particularly in outdoor recreational facilities. Moreover, access to recreational programs and facilities should be increased.

Use of certain facilities is restricted, particularly in evening hours, because of prison administrators' belief that sufficient correctional staff for supervision are unavailable. In addition, maximum security prisoners' access to recreation facilities is severely restricted.

- Consultants recommend that the CDC develop an approach to determining the personnel and other requirements which would ensure greater prisoner access to recreation, programs, and special events.

RELIGION

The Department of Corrections, in its Program Planning Report, proposed two revisions in the religion program: that in any new prisons, chapels be redesignated as multipurpose areas, and that a "Coordinator of Religious Services" be provided in lieu of permanent civil service chaplains.*

Consultants disagree with both CDC proposals. Whether in future prisons or in the present facilities, specific religious designations should remain. Non-specific designations, for both the religious coordinator and the religious facilities, would diminish the credibility of prison religious programs.

WORK

The Department of Corrections Program Planning Report devotes particular attention to the need for expanding work opportunities for prisoners. Consultants are in basic agreement with the Departments' efforts, and with the development of a "full work day" as an essential part of upgrading work programs. It is particularly important that Correctional Industries be expanded.**

- To facilitate a major expansion of Correctional Industries, Consultants recommend the repeal of PC 2709, which provides that "all articles, materials, and supplies, produced or manufactured (by inmate labor) . . . shall be solely and exclusively for public use." Correctional Industries should be allowed to become competitive in the private sector.

*Ibid., p. 150.

**Free Venture should serve as a model for the State's efforts. Free Venture is a program now in use in several states, which incorporates the importance of modern business methods into the prison setting.

Planning and management capabilities should be upgraded to become comparable with free world business, and personnel policies more akin to free society practices should be gradually implemented.

Key personnel issues include changing prison work assignment procedures to allow direct hiring and firing by work supervisors, and tying wage levels to prisoner productivity, with the goal of providing compensation at prevailing "market" wages in like occupations. Consultants think that incorporating this "free world" emphasis into prison work programs can aid prisoners in accepting financial responsibility for themselves, thus speeding their social reintegration.

One of the most important aspects of any prison work program is the set of attitudes, values, and management principles on which the work program is based.

Experience with training traditionally unemployable people demonstrates that teaching positive work habits and a sense of responsibility for one's actions is as important as is training in particular skills. While extrinsic incentives (e.g., pay or better working conditions) are important to maintain productive workers, research has shown that intrinsic rewards, such as the development of a sense of pride and self-reliance in taking responsibility for one's achievements, are as important as are work motivators.

OTHER PROGRAMS

Co-Corrections

The CDC, in its Program Planning Report, considers co-corrections a feasible corrections alternative for the future.* Consultants agree with this new direction, and conclude that a co-sexual program should be instituted at this time on an experimental basis.

Co-corrections provides a more normalized environment for prisoners of both sexes, and additionally ensures equal program access to male and female prisoners housed in such facilities.

*CDC Program Planning Report for 1978-79 Fiscal Year, op. cit., p. 158.

- As a first step, Consultants recommend that a co-correctional program for 200 male and 200 female prisoners be located within the existing Main Facility at the California Institution for Men at Chino.

Women Prisoners with Children

- Consultants also recommend that a community-based residential program for women prisoners with children be established.

This program would accommodate appropriately screened women with infants or preschool aged children, and would include training in parenting and infant care.

- Additionally, for women prisoners at CIW, Consultants recommend that a Child Development Center be established.

In order to preserve maternal ties with children and to clarify the woman's role in child rearing, the Center would provide training in child-care and family dynamics, while concurrently providing opportunities for women to interact with their children through an extended overnight visiting program.

Prisoners with Physical and Learning Disabilities

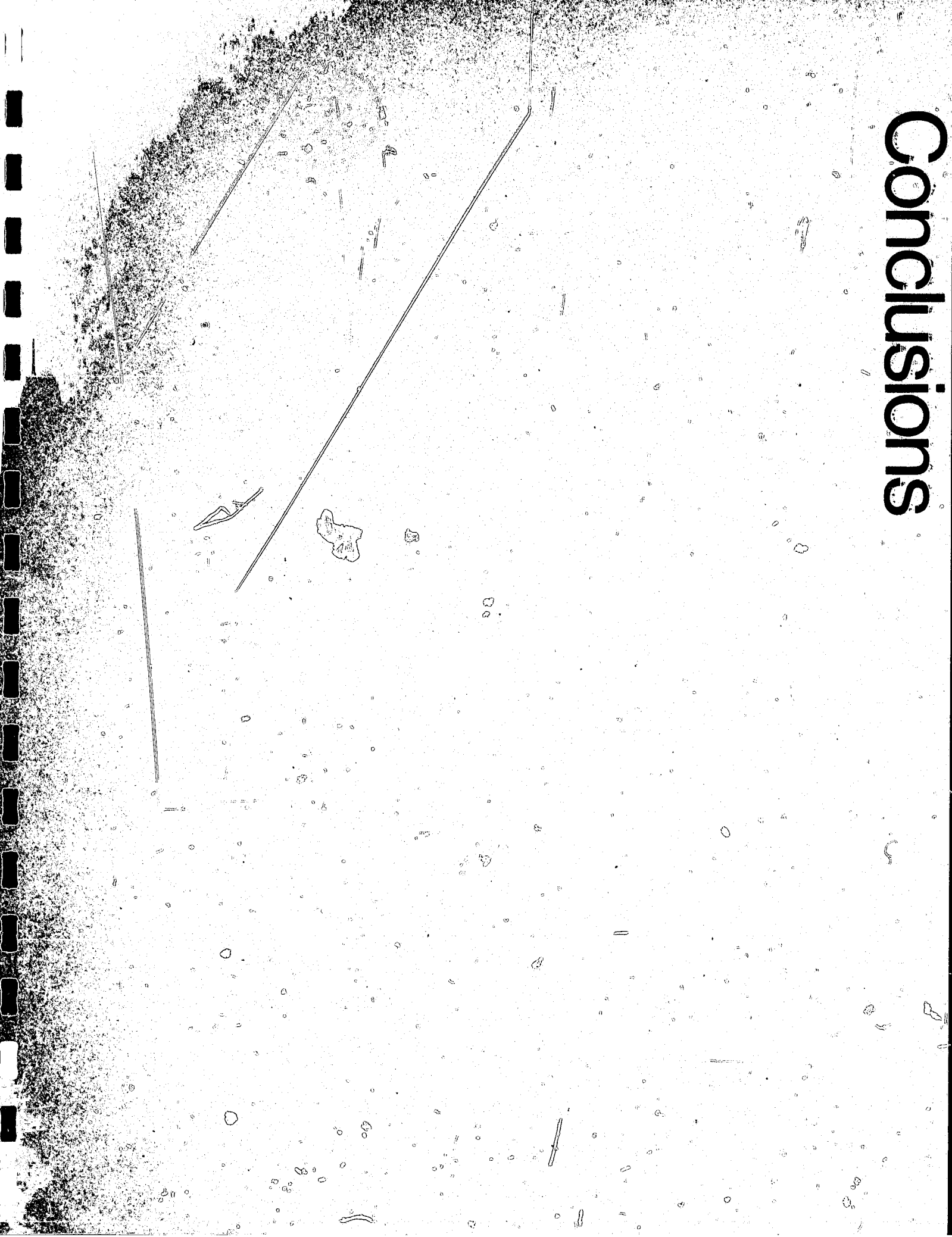
Prisoners with particular handicapping conditions require extra attention to promote their survival skills while in prison to be used as reintegrative tools upon their release.

- There is no reliable information regarding the number of prisoners with various disabilities currently in the system, and Consultants recommend that a comprehensive disability survey be conducted to guide planning for services to these populations.

- Consultants further recommend that a living skills program be provided to those prisoners with serious disabilities. Based on available information on the current population, Consultants recommend immediate implementation of this program at CMF and CIM.

Special diagnosis and remediation services for those with learning disabilities should also be instituted. CDC should explore the possibility of implementing these programs in cooperation with community college districts which receive state allocations for handicapped adult students.

Conclusions



F. CONCLUSIONS

Although there are many areas of common concern, Consultants' perspectives regarding priorities for corrections in California are different from those contained in the Department of Corrections' Program Planning Report. The Department sees the need for additional prisons, not only on the basis of its population projections, but also because it believes that many of the systemic problems facing corrections will be eased or set right as the new prisons become operative.

Consultants differ from this perspective in a number of respects. Consultants' population projections indicate that population increases in the next five to six years will be within current capacity levels. To the degree that there is uncertainty about population projections -- for example, in regard to the effects that the Determinate Sentencing Law (DSL) or pending legislation will ultimately have -- it is wiser to wait until elements of doubt have been resolved than to embark now on a costly new prison construction project. This position is particularly sound in light of existing alternatives to new construction, such as the current abundance of minimum security county jail space.

Consultants also think that systemic problems (e.g., control of violence and gangs) must be addressed directly, because they are issues which would not disappear as the prison system grew. Priority tasks in making California's prisons more flexible and secure involve improving the existing system.

It must be emphasized that, at this point, any responses to correctional problems entail costs. There are no "free" options, including maintenance of the status quo. California prisons pose threats to the health and safety of staff and prisoners. Without renovation, several outmoded facilities will continue to burden the Department, not only in continuing maintenance costs, but also because of their inefficiency for management and programming purposes.

AGENDA FOR IMMEDIATE ACTION

Consultants conclude that a number of actions should be taken immediately to improve the prison system.

- Renovation of six key prisons -- San Quentin; California Training Facility, Central; California Training Facility, North; Deuel Vocational Institution; California Institution for Men; and California Medical Facility.
- The classification system should be restructured and written criteria developed. Both an appeal process outside of the CDC and an external review of classification should be instituted.
- Detailed implementation planning should begin immediately for development of minimum security housing for selected prisoners at the local level in county and private facilities.
- Perhaps the most important planning need is to compile new population projections at quarterly intervals, using Consultants' recommended projection methodologies. Much hinges on these projections; it is important that they be based on data that more completely reflects the effects of DSL than does the data presently available.
- Steps should be taken to improve programs and services in the prisons. Some of these steps are primarily policy changes (e.g., expansion of markets for Correctional Industries); others involve substantial investments of resources (e.g., improving medical care in the prisons).
- The implementation of recommendations proposed by the CDC and by Consultants should be undertaken with participation of line staff.

Corrections officers, like everyone else, resist change that originates only from top management. Line staff should be included as participants in planning and decision making, in order to maximize the opportunities to change prisons and prison programs.
- Correctional officers work in an environment where physical violence is a continual possibility. It is crucial that staff be carefully recruited, selected, and trained. Training should include, for example, job stress and conflict resolution.

- The relationship between the Department and other correctional and criminal justice agencies should be examined on an ongoing basis. There appears to be considerable overlapping of resources between correctional agencies.

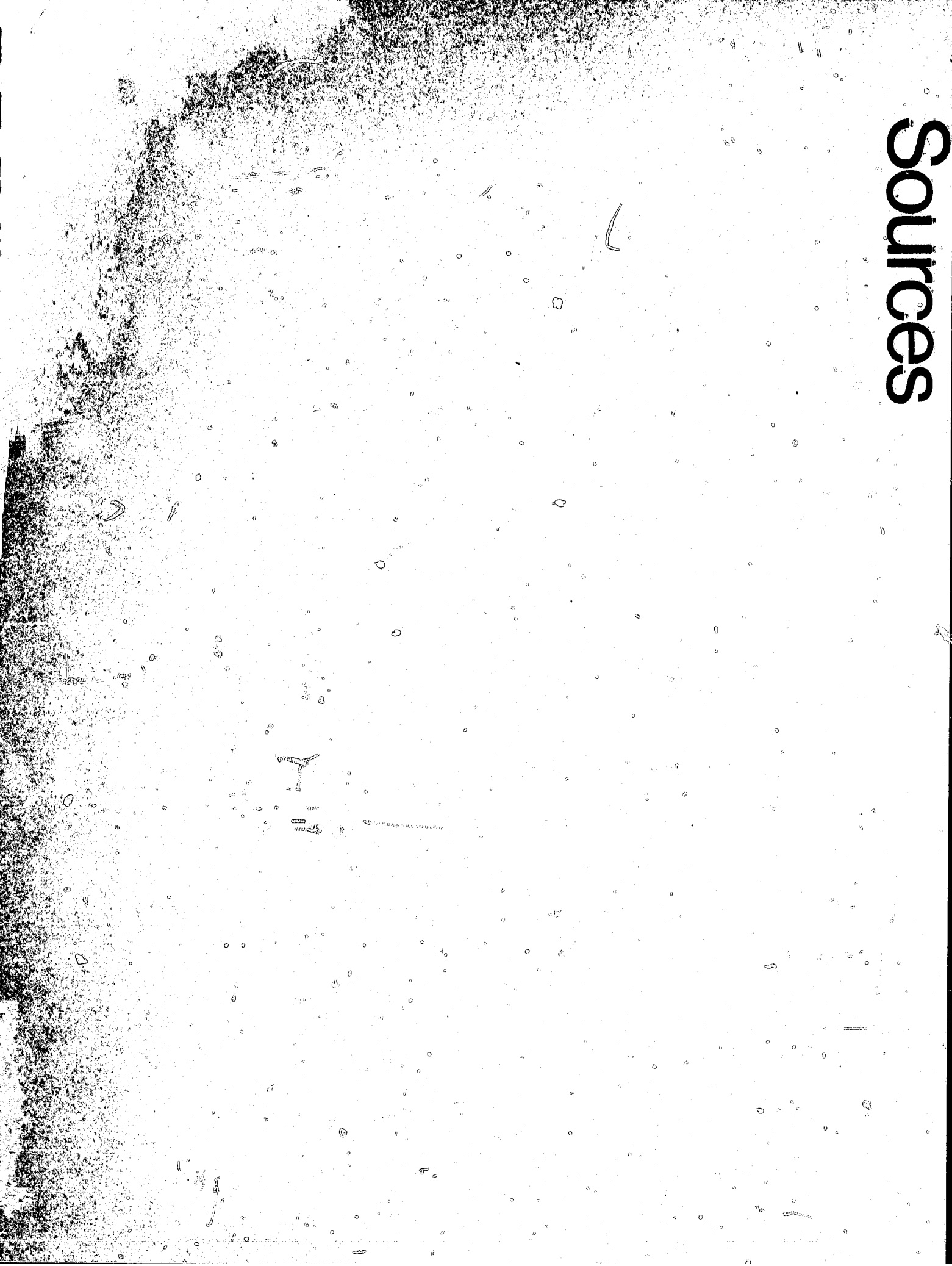
Consultants have recommended a special commission (under the auspices of the State Board of Corrections) which would, in effect, institutionalize the role filled temporarily and only in part by the present study -- that of providing independent perspectives for legislative and gubernatorial consideration on the need for and effects of trends or policy changes in criminal justice.

- In order to accomplish the entire scope of work proposed in this report, Consultants recommend that a Master Plan be developed.

The complex issues of sequencing of program development, prison renovation, careful cost estimation, and structured staff and prisoner participation in the planning and implementation process would best be addressed through such a detailed and independent planning process.

There exists, perhaps, the unfortunate aura of a "paper chase" when one study recommends additional studies. However, the number and duplication of reports in recent years on corrections in California may reflect a sporadic and unsystematic -- and therefore ultimately ineffective -- consideration of correctional issues. Consultants think the major directions or needs of corrections have been identified; what is required now is a planning effort which addresses the hard details of implementation. Differences between Consultants and the Department of Corrections' reports can be decided by Legislative action: beyond that, the two reports provide an extensive basis for implementation planning.

Sources



SITES VISITED

California Correctional Institution
Tehachapi, California

California Institution for Men
Chino, California

California Institution for Women
Frontera, California

California Medical Facility
Vacaville, California

California Men's Colony
San Luis Obispo, California

California Rehabilitation Center
Corona, California

Correctional Training Facility
Soledad, California

Deuel Vocational Institution
Tracy, California

Folsom State Prison
Represa, California

San Quentin Prison
San Quentin, California

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Dr. Kalmanoff, a General Partner in Approach Associates, is an attorney (J.D.) with a master's degree in Social Work and a Ph.D. in City and Regional Planning. He has academic and professional experience in law enforcement and corrections, and has consulted to police departments, state governments, county agencies, as well as to the California Department of Justice. Recently, Dr. Kalmanoff directed the New Mexico Master Plan for Corrections. Dr. Kalmanoff also directed a study for the Alaska Department of Transportation and Public Works, providing consulting services on planning for correctional and public safety facilities. Dr. Kalmanoff was on the faculty for Criminology at the University of California, Berkeley, and the School of Social Work. He currently lectures on Criminal Justice and Political Science at California State University, San Francisco. He is the author of Criminal Justice: Enforcement and Administration (Little, Brown, 1976).

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Ms. Kizziah, a General Partner in Approach Associates, has a master's degree in City and Regional Planning from the University of California, Berkeley. Ms. Kizziah has experience in law enforcement and corrections research and planning, particularly in program planning and evaluation work related to prisons and jails. Ms. Kizziah directed the firm's programming work for the new detention facilities in Contra Costa County and Portland, Oregon (the work in Portland involved evaluating programming already conducted by the Department of Justice Services staff). Ms. Kizziah is currently director of the evaluation of the Women's Residential Center in San Jose, a correctional facility for women who may reside with their preschool-age children. Ms. Kizziah has trained police officers in the areas of rape investigation, field interrogation, and community profiling.

MIMI HALPER SILBERT
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Dr. Silbert has a master's degree and a Ph.D. in Psychology, and a doctorate in Criminology. She is a national leader in the field of corrections, and has extensive experience as a training consultant in law enforcement, corrections, and mental health. Dr. Silbert is the Consulting Director of Training for the San Francisco Police Department and has trained law enforcement officers in numerous police departments as well as for the Department of Justice. Recently she reviewed the program planning and evaluation work for alternatives to incarceration programs for the New Mexico Master Plan for Corrections. Dr. Silbert was a correctional treatment specialist at Lorton Prison in Washington, D.C., and director of group counseling at numerous group homes and halfway houses throughout the state. She served as Group Analyst/Evaluator for the John D. Rockefeller, III, Youth Task Force, evaluating over 50 programs nationally. She also consults to the National Institute of Mental Health. She is the Executive Director of the Delancey Street Foundation, a center for over 400 ex-convicts in San Francisco and New Mexico, which maintains a number of self-supporting businesses. She has taught Criminology at the University of California, Berkeley, and Psychology at the Wright Institute, Berkeley, and California State University, San Francisco.

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Dr. Radner has a master's degree and a Ph.D. in Experimental Psychology. His academic and professional background is in systems and policy analysis in the areas of military defense, law enforcement and corrections, housing and community development. Dr. Radner accomplished the population projection work for Approach Associates' New Mexico Master Plan for Corrections. Subsequently, he performed similar projection work for the New Mexico Mental Health Master Plan. Dr. Radner lectured in Psychology at the University of Maryland in Baltimore.

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Mr. Nestle is an attorney (J.D.) and former Director of the California Public Defenders Association. His background is in criminal law, sentencing, and legislative analysis. Previous to consulting with Approach Associates, Mr. Nestle served as the Legal Editor for Bancroft-Whitney Company in San Francisco and in various consulting capacities with the Youth Development Project, and Neighborhood Legal Services in Berkeley, California. He also served as the consultant for a Determinate Sentencing Conference at Boalt Hall School of Law, University of California. Mr. Nestle has trained judges in California's new sentencing bill.

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Dr. Morris has a master's degree and a Ph.D. in Political Science. He has experience in public administration, criminology and program development and evaluation. He accomplished much of the systems planning and program cost analyses for Approach Associates' New Mexico Master Plan for Corrections, and directed the New Mexico Mental Health Master Plan. Dr. Morris has had chief responsibility in several criminal justice evaluation projects, including a correctional facility programming study in Shasta County. Dr. Morris also directed a planning study for the reorganization of the Berkeley Police Department. Prior to joining Approach Associates, Dr. Morris served as Consultant to the Oakland Police Department. Dr. Morris was an Instructor at Mills College, Oakland, and currently lectures in Criminal Justice at California State University, San Francisco.

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Ms. Pillors has a master's degree, and has been advanced to Ph.D. candidacy in Criminology. She has experience in corrections and in teaching Ethnic Studies. Ms. Pillors has been a Community Projects Evaluator and a member of the Campus Police Review Commission at the University of California, Berkeley. She worked as an Intern to the U.S. Department of Justice, and to Representative Yvonne B. Burke. She is a Board member of Vocare House, a halfway house for female ex-convicts.

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Dr. Baron is an attorney (J.D.) and has a master's degree and a Ph.D. in Clinical Psychology. He has experience in developing, implementing and evaluating juvenile and adult corrections programs and legal services programs. As a Consultant to Approach Associates, Dr. Baron coordinated the juvenile justice element of the New Mexico Master Plan for Corrections, consulted on a corrections and public safety facilities study for the Alaska Department of Transportation and Public Works, and directed the evaluation of eight law enforcement projects in Wisconsin. Dr. Baron developed and directed the Sacramento 601 Diversion Project (named an Exemplary Project by LEAA's National Institute of Law Enforcement and Criminal Justice). Dr. Baron has provided technical assistance to corrections agencies throughout California, and in New York, Connecticut, Tennessee, Georgia, Florida, Utah, Montana, North Dakota, and Colorado. He served as an evaluator for the Vera Institute of Justice, and was Director of the Institute's Manhattan Bail Project.

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Ms. Greene has a wide variety of planning and correctional program experience. She has served as Deputy Sheriff for the San Francisco Sheriff's Department, and was the Project Director for the Women's Resources Program for the San Francisco County Jail, planning and implementing a work and education release program for women inmates. Ms. Greene was Research and Planning Director for the San Francisco Phoenix Project, a research and demonstration project in supported-work for offenders, where she developed employment and training projects for both men and women ex-prisoners. She has served as the Project Coordinator for a felony diversion project for drug offenders and has worked on a number of studies for Approach Associates, including an evaluation of the Newton, Massachusetts, Women in Policing Program, analysis of juvenile mental health for the New Mexico Mental Health Master Plan, and a corrections and public safety facilities study for the Alaska Department of Transportation and Public Works.

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Ms. Lea graduated from the University of California, Berkeley. She has experience in corrections and health planning. She was an educator and counselor prior to joining Approach Associates. For the firm, Ms. Lea has directed major efforts in planning for the developmentally disabled, including needs assessment work in Ohio and California, the development of a manual of rights in California, and planning a statewide advocacy system in California. She has evaluated social service programs in Alameda County, and conducted research for the New Mexico Master Plan for Corrections, the programming study for the Contra Costa County jail, and a reorganization study for the Berkeley Police Department.

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Mr. Luger has a master's degree in Public Affairs and is a Ph.D. candidate in Economics. He has experience in budgeting and fiscal analysis, and in planning and architecture. Mr. Luger was Director of Evaluation and Physical Planning for the Mayor's Model Cities Bureau in Scranton, Pennsylvania. He has conducted research and published in the fields of housing and urban planning, and productivity measurement in state government (for the Urban Institute in Washington, D.C.).

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FACILITIES

Mr. Craun has a master's degree in Architecture and City and Regional Planning. He is an experienced facility programming and planning specialist, and a registered architect in California. Mr. Craun directed an inventory of correctional facilities and developed guidelines and

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Mr. McLaughlin has a master's degree in Architecture from Yale University, and is the principal in charge of all design and research at Kaplan/McLaughlin. He has experience in corrections architecture, and is a member of LEAA's Ad Hoc Advisory Committee on Correctional Architecture. He was a participant in the White House Conference on Corrections. Mr. McLaughlin has been a visiting lecturer at several universities, and is widely published in his field. Mr. McLaughlin was a faculty member at the American Institute of Architects Conference on Correctional Architecture in 1974.

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FORELL/ELSESSER ENGINEERS, INC.
FACILITIES

Mr. Elsesser has a master's degree in Structural Engineering, is a registered Civil and Structural Engineer, and a Vice President of Forell/Elsesser Engineers, Inc. He has experience in the design, construction, and analysis of buildings, and in seismic design. He is a lecturer at the University of California, Berkeley, and has published widely in his field.

PETER OSBORN ADAMSON
ADAMSON ASSOCIATES
FACILITIES

Mr. Adamson is a certified cost engineer, has professional credentials from the Royal Institution of Chartered Surveyors of Great Britain, is a certified professional estimator and a member of the Society of American Value Engineers. He has been a consultant in construction cost planning and management and has experience as a quantity surveyor, estimator, and cost consultant, and is a principal in Adamson Associates.

SHELDON MESSINGER
SPECIAL CONSULTANT

Dr. Messinger has a master's degree and a Ph.D. in Sociology. He has a wide variety of experience in corrections and criminology, and has served extensively as a consultant to the National Institute of Law Enforcement and Criminal Justice, the California Department of Corrections, the American Bar Association, the Menninger Foundation, the National Research Council and various presidential commissions. Dr. Messinger is currently a Professor of Law at the University of California, Berkeley, where he was formerly a Professor of Criminology, Dean of the School of Criminology, and Vice Chairman of the Center for the Study of Law and Society. Dr. Messinger has published extensively in the corrections field.

CALEB FOOTE
SPECIAL CONSULTANT

Professor Foote received his B.A. from Harvard, his law degree from the University of Pennsylvania, and has a master's degree in Economics from Columbia University. He is a Professor of Law and Criminology at the University of California, Berkeley, and was Chairman of the Center for the Study of Law and Society. Professor Foote's major fields of teaching and research are release programming, criminal law and procedure, bail reform, corrections, and family law. He is widely published in academic journals.

RICHARD FINE, M.D.
SPECIAL CONSULTANT

Dr. Fine has experience in hospitals and health care administration, as well as jail and prison health programs. He is Medical Chief of San Francisco General Hospital's Security Ward, and Chief of the Medical Outpatient Department. He is also an Assistant Clinical Professor of

Medicine at the University of California, and a Consultant to the State Medical Society on Prison Health. He was Project Director of an HEW-funded Medical Care Project for Institutionalized Persons, and he has published widely in his field.

JACK CURTIN
SPECIAL CONSULTANT

Dr. Curtin has a master's degree and a Ph.D. in Education. He has experience in public education generally, and prison education programs in particular. He was a consultant to the Ford Foundation under the Prison College Program at San Quentin, helped implement an external B.A. program at San Francisco State University (where he is a Professor of Social Science), and designed a program of undergraduate education for prisoners and staff.

ABE IRIZZARY
SPECIAL CONSULTANT

Mr. Irizzary is Clinical Director for Delancey Street Foundation and a member of the board of directors of Delancey Street, New Mexico. He is the civilian coordinator of field problems for the recruit training program of the San Francisco Police Department. He was a consultant to Approach Associates and directed the interviewing of pre-trial inmates in Contra Costa for the jail programming study. He is an ex-felon who has served time in Vacaville, Soledad, Folsom and San Quentin.

SYLVESTER HERRING
SPECIAL CONSULTANT

Sylvester Herring is a Commissioner of Human Rights in San Francisco. He is an ex-drug addict and an ex-felon, who has served time at the Deuel Vocational Institution. Mr. Herring is the Coordinator of Community Services for Delancey Street Foundation and has consulted to numerous commissions on community based corrections. He served as a research assistant in developing role playing scenes for training recruits for the San Francisco Police Department.

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