

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 08/15)

| | | | |
|------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Fiscal Year 2016-17 | Business Unit 5225 | Department California Department of Corrections and Rehabilitation | Priority No. 4 |
| Budget Request Name 5225-059-BCP-BR-2016-GB | | Program 4530 – ADULT CORRECTIONS AND REHABILITATION OPERATIONS-GENERAL SECURITY 4540 – ADULT CORRECTIONS AND REHABILITATION OPERATIONS-INMATE SUPPORT | Subprogram 4530010 – GENERAL SECURITY 4530019 – HEALTH CARE ACCESS UNIT SECURITY 4540032 – FACILITY OPERATIONS |

Budget Request Description
 Health Care Access Unit Staffing – Central Health Buildings and Health Care Facility Improvement Program

Budget Request Summary

The California Department of Corrections and Rehabilitation is requesting \$9.4 million General Fund and 78.4 positions in fiscal year 2016-17, \$11.8 million General Fund and 98.7 positions in 2017-18, and \$12.2 million General Fund and 102 positions beginning in 2018-19 to support the Health Care Facility Improvement Program, Triage and Treatment Area, Correctional Treatment Centers, and the Heating, Ventilation, and Air Conditioning system at Ironwood State Prison.

| | |
|---------------------------------------------------------------------------------------------|----------------------------------------------|
| Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Code Section(s) to be Added/Amended/Repealed |
|---------------------------------------------------------------------------------------------|----------------------------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i> | Department CIO | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR SPR Project No. Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

| | | | |
|--------------------------------------------------------------------|----------------|---------------------------------------------------------|------------------|
| Prepared By Tammy Foss <i>Tammy Foss</i> | Date 1-4-16 | Reviewed By <i>Jason Lopez</i> Jason Lopez | Date 01.04.16 |
| Department Director <i>Kelly Harrington</i> Kelly Harrington | Date 1/4/16 | Agency Secretary <i>Scott Kernan</i> Scott Kernan | Date 1-4-16 |

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

BCP Type: Policy Workload Budget per Government Code 13308.05

| | |
|----------------------------|-----------------------------------------------|
| PPBA <i>[Signature]</i> | Date submitted to the Legislature 1/7/2016 |
|----------------------------|-----------------------------------------------|

BCP Fiscal Detail Sheet

BCP Title: Health Care Access Unit Staffing - Central Health Buildings and Health Care Facility Improvement Program

DP Name: 5225-059-BCP-DP-2016-GB

Budget Request Summary

| | FY16 | | | | | |
|-----------------------------------------------------------------|------------|----------------|-----------------|-----------------|-----------------|-----------------|
| | CY | BY | BY+1 | BY+2 | BY+3 | BY+4 |
| Positions - Permanent | 0.0 | 78.4 | 98.7 | 102.0 | 102.0 | 102.0 |
| Total Positions | 0.0 | 78.4 | 98.7 | 102.0 | 102.0 | 102.0 |
| Salaries and Wages | | | | | | |
| Earnings - Permanent | 0 | 5,696 | 7,184 | 7,417 | 7,417 | 7,417 |
| Total Salaries and Wages | \$0 | \$5,696 | \$7,184 | \$7,417 | \$7,417 | \$7,417 |
| Total Staff Benefits | 0 | 3,453 | 4,352 | 4,492 | 4,492 | 4,492 |
| Total Personal Services | \$0 | \$9,149 | \$11,536 | \$11,909 | \$11,909 | \$11,909 |
| Operating Expenses and Equipment | | | | | | |
| 5301 - General Expense | 0 | 146 | 184 | 190 | 190 | 190 |
| 5302 - Printing | 0 | 18 | 23 | 24 | 24 | 24 |
| 5304 - Communications | 0 | 23 | 29 | 30 | 30 | 30 |
| 5306 - Postage | 0 | 9 | 11 | 11 | 11 | 11 |
| 5320 - Travel: In-State | 0 | 20 | 26 | 27 | 27 | 27 |
| 5322 - Training | 0 | 10 | 13 | 13 | 13 | 13 |
| 5340 - Consulting and Professional Services - Interdepartmental | 0 | 6 | 8 | 8 | 8 | 8 |
| Total Operating Expenses and Equipment | \$0 | \$232 | \$294 | \$303 | \$303 | \$303 |
| Total Budget Request | \$0 | \$9,381 | \$11,830 | \$12,212 | \$12,212 | \$12,212 |

Fund Summary

| | | | | | | |
|--------------------------------------------|------------|----------------|-----------------|-----------------|-----------------|-----------------|
| Fund Source - State Operations | | | | | | |
| 0001 - General Fund | 0 | 9,381 | 11,830 | 12,212 | 12,212 | 12,212 |
| Total State Operations Expenditures | \$0 | \$9,381 | \$11,830 | \$12,212 | \$12,212 | \$12,212 |
| Total All Funds | \$0 | \$9,381 | \$11,830 | \$12,212 | \$12,212 | \$12,212 |

Program Summary

| | | | | | | |
|--------------------------------------------|------------|----------------|-----------------|-----------------|-----------------|-----------------|
| Program Funding | | | | | | |
| 4530010 - General Security | 0 | 4,516 | 6,965 | 7,347 | 7,347 | 7,347 |
| 4530019 - Health Care Access Unit Security | 0 | 4,341 | 4,341 | 4,341 | 4,341 | 4,341 |
| 4540032 - Facility Operations | 0 | 524 | 524 | 524 | 524 | 524 |
| Total All Programs | \$0 | \$9,381 | \$11,830 | \$12,212 | \$12,212 | \$12,212 |

Personal Services Details

| Positions | Salary Information | | | | | | | | |
|-----------------------------------------------|--------------------|----------------|----------------|----------------|----------------|----------------|--------------|--------------|--------------|
| | Min | Mid | Max | CY | BY | BY+1 | BY+2 | BY+3 | BY+4 |
| 6713 - Stationary Engr - CF (Eff. 07-01-2016) | | | | 0.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 |
| 9662 - Corr Officer (Eff. 01-01-2017) | | | | 0.0 | 0.9 | 1.7 | 1.7 | 1.7 | 1.7 |
| 9662 - Corr Officer (Eff. 02-01-2017) | | | | 0.0 | 2.4 | 5.8 | 5.8 | 5.8 | 5.8 |
| 9662 - Corr Officer (Eff. 03-01-2017) | | | | 0.0 | 1.1 | 3.4 | 3.4 | 3.4 | 3.4 |
| 9662 - Corr Officer (Eff. 07-01-2016) | | | | 0.0 | 49.7 | 49.7 | 49.7 | 49.7 | 49.7 |
| 9662 - Corr Officer (Eff. 08-01-2016) | | | | 0.0 | 2.2 | 2.4 | 2.4 | 2.4 | 2.4 |
| 9662 - Corr Officer (Eff. 09-01-2016) | | | | 0.0 | 9.6 | 11.5 | 11.5 | 11.5 | 11.5 |
| 9662 - Corr Officer (Eff. 10-01-2016) | | | | 0.0 | 2.2 | 2.9 | 2.9 | 2.9 | 2.9 |
| 9662 - Corr Officer (Eff. 10-01-2017) | | | | 0.0 | 0.0 | 3.8 | 5.1 | 5.1 | 5.1 |
| 9662 - Corr Officer (Eff. 11-01-2016) | | | | 0.0 | 1.9 | 2.9 | 2.9 | 2.9 | 2.9 |
| 9662 - Corr Officer (Eff. 11-01-2017) | | | | 0.0 | 0.0 | 3.8 | 5.8 | 5.8 | 5.8 |
| 9662 - Corr Officer (Eff. 12-01-2016) | | | | 0.0 | 3.4 | 5.8 | 5.8 | 5.8 | 5.8 |
| Total Positions | | | | 0.0 | 78.4 | 98.7 | 102.0 | 102.0 | 102.0 |
| Salaries and Wages | CY | BY | BY+1 | BY+2 | BY+3 | BY+4 | | | |
| 6713 - Stationary Engr - CF (Eff. 07-01-2016) | 0 | 351 | 351 | 351 | 351 | 351 | | | |
| 9662 - Corr Officer (Eff. 01-01-2017) | 0 | 62 | 124 | 124 | 124 | 124 | | | |
| 9662 - Corr Officer (Eff. 02-01-2017) | 0 | 176 | 422 | 422 | 422 | 422 | | | |
| 9662 - Corr Officer (Eff. 03-01-2017) | 0 | 83 | 248 | 248 | 248 | 248 | | | |
| 9662 - Corr Officer (Eff. 07-01-2016) | 0 | 3,620 | 3,620 | 3,620 | 3,620 | 3,620 | | | |
| 9662 - Corr Officer (Eff. 08-01-2016) | 0 | 160 | 175 | 175 | 175 | 175 | | | |
| 9662 - Corr Officer (Eff. 09-01-2016) | 0 | 698 | 838 | 838 | 838 | 838 | | | |
| 9662 - Corr Officer (Eff. 10-01-2016) | 0 | 159 | 212 | 212 | 212 | 212 | | | |
| 9662 - Corr Officer (Eff. 10-01-2017) | 0 | 0 | 279 | 372 | 372 | 372 | | | |
| 9662 - Corr Officer (Eff. 11-01-2016) | 0 | 141 | 211 | 211 | 211 | 211 | | | |
| 9662 - Corr Officer (Eff. 11-01-2017) | 0 | 0 | 282 | 422 | 422 | 422 | | | |
| 9662 - Corr Officer (Eff. 12-01-2016) | 0 | 246 | 422 | 422 | 422 | 422 | | | |
| Total Salaries and Wages | \$0 | \$5,696 | \$7,184 | \$7,417 | \$7,417 | \$7,417 | | | |
| Staff Benefits | | | | | | | | | |
| 5150450 - Medicare Taxation | 0 | 83 | 104 | 107 | 107 | 107 | | | |

| | | | | | | |
|----------------------------------|------------|----------------|-----------------|-----------------|-----------------|-----------------|
| 5150600 - Retirement - General | 0 | 2,093 | 2,641 | 2,727 | 2,727 | 2,727 |
| 5150800 - Workers' Compensation | 0 | 256 | 323 | 333 | 333 | 333 |
| 5150900 - Staff Benefits - Other | 0 | 1,021 | 1,284 | 1,325 | 1,325 | 1,325 |
| Total Staff Benefits | \$0 | \$3,453 | \$4,352 | \$4,492 | \$4,492 | \$4,492 |
| Total Personal Services | \$0 | \$9,149 | \$11,536 | \$11,909 | \$11,909 | \$11,909 |

Analysis of Problem

A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) is requesting \$9.4 million General Fund and 78.4 positions in 2016-17, \$11.8 million General Fund and 98.7 positions in 2017-18, and \$12.2 million General Fund and 102 positions beginning in 2018-19. This proposal includes custody positions for the Health Care Facility Improvement Program (HCFIP) that are required on a phased schedule; non-custody positions attributed to facility operations, heating, ventilation, and air conditioning (HVAC) system at Ironwood State Prison, and custody positions, as determined through working with the Receiver's Office, to augment the Health Care Access Units (HCAU), namely the Triage and Treatment Area (TTA) and Correctional Treatment Centers (CTC).

B. Background/History

The Receivership was established by U.S. District Court Judge Thelton E. Henderson as the result of a 2001 class-action lawsuit (*Plata v. Brown*) against the State of California over the quality of medical care in the State's then 33 prisons. The court found that the medical care was a violation of the Eighth Amendment of the U.S. Constitution, which forbids cruel and unusual punishment. The State settled the suit in 2002, and in June 2005, Judge Henderson established a Receivership for prison medical care. A major component of the Receiver's "Turnaround Plan of Action" includes the HCFIP.

The goal of the HCFIP is to provide a facilities infrastructure within the CDCR institutions. This allows timely, competent, and effective health care delivery system with appropriate health care diagnostics, treatment, medication distribution, and access to care for individuals incarcerated within the CDCR. The existing health facilities, constructed between 1852 and the 1990s, were deficient and did not meet current health care standards, public health requirements and current building codes. The facilities also served a population that was greater in number than when it was originally built. These conditions were one of the conditions leading to the *Plata v. Brown* lawsuit.

Additionally, On October 26, 2012, delegation of the Health Care Access Units (HCAU) was turned over to the Secretary of CDCR. Upon the effective date of the delegation, the Secretary assumed control of the HCAU. Because Standardized Staffing was implemented prior to the delegation of HCAU positions being turned over to the CDCR's direct control, the CDCR did not include HCAU posts in the reviews and standardization of custody health care positions. The Division of Adult Institutions, working collaboratively with the California Correctional Health Care Services, has identified 18 institutions with custody staffing deficiencies within the TTA/CTC.

Lastly, the CDCR has identified the need for additional critical non-custody staff to operate a facility operation project at Ironwood State Prison. A Capital Outlay Budget Change Proposal (COBCP) was approved in the 2014 Budget Act for a chilled water plant, and all the ongoing maintenance related to the plant and the underground/above ground piping and valves, at Ironwood State Prison. The purpose of this project is to replace the ineffective and deteriorated evaporative cooling system ("swamp cooler") with an energy efficient central chiller plant serving a closed-loop HVAC system, and to correct the collateral damage caused by the deteriorated evaporative cooling system. The new central chiller plant requires 5 additional Stationary Engineer (Correctional Facility) positions to support an effective restoration, and adequately staff these new facilities.

C. State Level Considerations

Chapter 7, Statutes of 2007 (AB 900), which is also known as the Public Safety and Offender Rehabilitation Services Act of 2007, authorized the CDCR to design and construct new buildings, renovate existing buildings, and make necessary ancillary improvements at facilities under the jurisdiction of the Department to provide medical, dental, and mental health treatment.

Analysis of Problem

The HCFIP projects support basic, intermediate, and reception center health care at institutions as part of the CDCR HCFIP strategy to address statewide prison health care physical plant deficiencies. "Intermediate" institutions will have the capability of providing specialized medical services and consultation, including those which utilize advanced technologies such as cardiology for inmate-patients with chronic illnesses.

This proposal addresses identified deficiencies in the overall Departmental access to appropriate health care and remains in line with recommendations from the Federal Receiver who files the Tri-Annual Report in relation to pending federal class action suits against the CDCR and overall Departmental progress or continued issues. These class-action cases include *Armstrong v. Brown*, *Coleman v. Brown*, and *Plata v. Brown*.

D. Justification

HCFIP

A major component of the HCFIP projects is the construction of new primary care clinic space for both General Population, and Administrative Segregation Unit inmate-patients at various institutions. To ensure departmental standards for security coverage in these locations are met, additional custody staff must be activated to maintain the safe and secure operation of these new buildings. CDCR Facility Planning, Construction and Management completed a detailed analysis of which institutions would be receiving HCFIP. CDCR Program Support Unit then completed the analysis of positions needed for the new and renovated buildings. The requested positions have been approved by the Division of Adult Institutions, Standardized Staffing Review Team.

The scope of the HCFIP includes medication distribution, primary care clinic, specialty clinic, and Treatment and Triage Area. It also includes infrastructure improvements, pharmacy space upgrades, building new clinics, and various other improvements. The total quantity and type of these projects vary by institution as described in Attachment A.

The Division of Adult Institutions, working collaboratively with the California Correctional Health Care Services, has identified 18 institutions with custody staffing deficiencies within TTA/CTC.

Correctional Treatment Centers:

The correctional officers keep the keys for the patient rooms in the CTC so each time a room is accessed by a clinician, a correctional officer must be present to open the door. It is required for one officer to be on the CTC floor at all times. Due to the physical plant design in some of the older institutions, it is impossible for one CTC officer to provide required floor coverage as well as being available to allow access and egress into the locked CTC complex, especially on the first and third watches. The CTCs are historically close to capacity and between the doctor's rounds and the requirements for the nurses to enter rooms to conduct vitals and provide treatment, it is physically impossible for one officer to provide the required coverage and accessibility required by medical staff. If there is only one officer and there is an emergency, (i.e., man down) and that officer is occupied due to making rounds with the doctor, there would be no access into the inmate-patient rooms to address the emergency. Also, when there is an Administrative Segregation Unit inmate receiving treatment, two correctional officers are required to be present when the inmate-patient door is opened to provide coverage for the clinician.

The TTA officer is required to respond with the nurses in the emergency response vehicle in the event of an emergency at one of the facilities. However, the TTA cannot be left uncovered; this requires one of the CTC officers to come out of their area and provide temporary coverage in the TTA. This scenario cannot be facilitated with only one correctional officer at the CTC. In the absence of one of the officers either in the TTA or CTC (due to emergency response), there must be two officers present in the Central Health building at all times to handle any emergency that may arise within the building. Without two officers on all watches, access to care is significantly impacted. There is significant waiting time for

Analysis of Problem

doctors and nurses who conduct their daily rounds, based on unavailability of correctional officers to allow access to the rooms.

Triage and Treatment Areas:

The TTA requires 24 hour, 7 days-a-week coverage to provide custody and security within the emergency room area for all clinical staff and inmates. The TTA officer is required to respond to incidents along with health care staff and provide custody and security both at the incident scene and during the transport. When the TTA officer responds to an emergency outside of the Central Health building, it is required that one of the CTC officers cover the TTA both on first and third watch. Additionally, nurses are often required to respond on third and first watch which leaves the TTA uncovered. On second watch the TTA area can be covered by one of the existing Central Health building escort staff or assigned desk officers.

Lastly, a Capital Outlay BCP was approved in the 2014 Budget Act for a chilled water plant and all the ongoing maintenance related to the plant and the underground/above ground piping and valves at Ironwood State Prison. However, this excluded staffing to run the chilled water plant. The purpose of this project is to replace the ineffective and deteriorated "swamp cooler" evaporative cooling system with an energy efficient central chiller plant serving a closed-loop HVAC system, and to correct the collateral damage caused by the deteriorated evaporative cooling system. The new water plant is operational 24 hours a day, 7 days a week. Ironwood State Prison will require 5 Stationary Engineers to ensure all hours of operations are covered, including employee days off. Without these positions, there will be a shortage of appropriate trained staff to maintain the newly constructed chilled water plant. See Attachment B.

E. Outcomes and Accountability

The long-term outcomes of HCFIP projects will be the ability to provide a basic, intermediate, and reception center level of health care that the Department believes leads to a reduction in preventable illnesses and a reduction of contract medical expenditures associated with external medical clinics. In order to effectively operate the new and renovated health care space, while still maintaining fiscal responsibility, the positions are required on a phased schedule, which is detailed within Attachment A.

The Department also believes that adequately staffing TTA and CTCs allows the CDCR to continue to take positive steps in providing inmates appropriate and adequate access to health care, which will ultimately assist the Department in the settlement and closure of ongoing and costly health care litigation.

Lastly, the positions required for the Ironwood Chilled Water plant ensures the Department has the appropriate resources necessary to provide for oversight, monitoring, and preventative maintenance allowing the Department to maximize the system "life expectancy" and mitigate unforeseen plant issues.

F. Analysis of All Feasible Alternatives

Alternative 1:

Provide, as requested in this proposal, the resources necessary to maintain and operate the new health care spaces on a phased-in basis, adequate staffing to maintain the new chilled water plant, and necessary staffing for the TTA and CTC within the HCAU.

Pros:

- Will provide the appropriate resources necessary to support the HCFIP and the TTA/CTC.

Analysis of Problem

- Ensures the success of the "Receiver's Turnaround Plan of Action" as a component of ending federal court oversight.
- Continued Departmental progress with access to health care and continuity of care.
- Assists in preventing further costly litigation related to the inadequate level of care provided to CDCR inmate-patients.
- Maintains state investment in its real estate assets and capital outlay project approvals.
- Improve conditions of confinement, which meet court mandates.

Cons:

- Increase cost to the General Fund.

Alternative 2:

Approve resources necessary for health care spaces on a phased-in basis and necessary staffing for the TTA and CTC within the HCAU.

Pros:

- Ensures the success of the "Receiver's Turnaround Plan of Action" as a component of ending federal court oversight.
- Continued Departmental progress with access to health care and continuity of care.
- Assists in preventing further litigation related to the inadequate level of care provided to CDCR inmate-patients.

Cons:

- Puts the CDCR in long-term danger of non-compliance in relation to conditions of confinement.
- Continuous Stationary Engineer overtime would be required to maintain and monitor the Ironwood Chilled Water Plant.
- Potential state employee grievances and costly litigation related to required labor and work conditions.
- Reduced morale in non-custody classifications.
- Likely reduction of Ironwood Chilled Water Plant life expectancy.

Alternative 3:

Approve resources necessary for health care spaces on a phased-in basis only.

Pros:

- Will provide the appropriate resources necessary to support the HCFIP project.
- Continued Departmental progress with access to health care and continuity of care.
- Progress toward the "Receiver's Turnaround Plan of Action" as a component of ending federal court oversight.

Cons:

- Puts the CDCR in jeopardy for non-compliance with the "Receiver's Turnaround Plan of Action" with regards to improving the access to appropriate health care.
- Could result in delaying the turnover of health care to CDCR and result in increased long term costs.
- Potential Federal Receiver action to run necessary and critical TTA/CTC positions on unfunded overtime.
- Potentially creates continued litigation in relation to delays in timely inmate-patient access to care.
- Places the Department in budgetary deficiency for HCAU overtime necessary to meet requirements in the CTC/TTA. Continuous Stationary Engineer overtime would be required to maintain and monitor the Ironwood Chilled Water Plant.

Analysis of Problem

- Potential state employee grievances and costly litigation related to required labor and work conditions.
- Reduced morale in custody and non-custody classifications.
- Likely reduction of Ironwood Chilled Water Plant life expectancy.

Alternative 4:

Deny this proposal.

Pros:

- No immediate impact to General Fund.

Cons:

- Puts the CDCR in jeopardy for non-compliance with the "Receiver's Turnaround Plan of Action" with regards to improving the access to appropriate health care.
- Potential costly litigation for the lack of access to appropriate, reasonable medical care, and conditions of confinement.
- Inmate program would be delayed due to lack of staffing resources to run programs. Yards, day rooms, and gym would be cancelled.
- The safety and security of inmates and staff could be jeopardized due to lack of appropriate staffing to operate the programs and medical escorts.
- Will not adequately support the Ironwood State Prison capital outlay project requiring substantial overtime and redirection of already limited resources.
- Significant deficiency drivers in relation to custody overtime for required resources to run approved capital outlay projects without approved staffing resources.
- Reduced staff morale.
- Potential bargaining unit and labor grievances.
- Significant investments have already been made in the capital outlay projects.

G. Implementation Plan

Fiscal Year 2016-17

H. Supplemental Information

Attachment A: Detailed information by institution for HCFIP requests.

Attachment B: Ironwood State Prison Workload Analysis

Attachment C: TTA and In-Patient Staffing Comparison

I. Recommendation

Approve Alternative 1 as the funding of these positions will provide the resources necessary to maintain and operate the new health care spaces, along with the additional positions needed for TTA/CTC as well as the Ironwood State Prison chilled water plant. The resources would provide timely activation of custody staff to ensure successful activation of the new or renovated space and the ability to continue operating the facility once it has been activated.

**Health Care Facility Improvement Program
Projected Custody Staffing Need - FY 2015/16 through FY 2017/18**

Attachment A

| Inst | Project Title | 1st Inmate-Patients | 2015/16 | | 2016/17 | | 2017/18 | | PSU Justification | 5 day | 7 day | w/Relief |
|------|---------------------------------------------------------------------|---------------------|------------|------|------------|------|------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|
| | | | Start Date | Appr | Start Date | Appr | Start Date | Appr | | | | |
| CIM | | | | | | | | | | | | |
| CIM | Sub Pjt #1 New Facility A PCC | 6/22/2016 | | | | | | | New building not attached to or near old clinic. Old clinic currently provides dental and medical services. Since there will be a new primary care clinic, only dental services will be provided in the old clinic. Old clinic has 2.4 PY on 2nd watch, one 7-day and one 5-day post. Both posts will be redirected to the new primary care clinic. Old clinic requires 1.0 PY, one 5-day post, on 2nd watch for the clinic to be used for dental services. | 1 | | 1.2 |
| CIM | Sub Pjt #3 New Reception Center Health Care Processing Addition | 8/9/2016 | | | Aug-16 | 2 | | | Existing building with new structure added for health care space. New structure is connected to existing RR building through one entryway, the control station. 1.0 PY, 5-day post on 2nd watch, is needed for the control station because it is the only entrance into the new structure. The 1.0 PY at control station will process all incoming inmates and take them to and from the holding cells. New structure has corridors and rooms so an additional 1.0 PY, one 5-day post on 2nd watch, is needed to rove around the new clinic in order to maintain safety. The existing RR building has 8.8 PY; therefore, existing RR staff can accommodate the escorts to and from the new structure. The existing RR building averages approximately 56 inmates a week/11.2 inmates a day. | 2 | | 2.4 |
| CIM | Sub Pjt #7 New Facility D PCC North/South | 8/3/2016 | | | | | | | Two new buidlings for medical and dental services. Old facility D clinic has 12.4 PY operating one clinic. 9.6 on 2nd watch and 2.8 on 3rd watch. Redirecting staff from Old Facility D clinic to the two new primary care clinics. The 12.8 PY will be split between both clinics. 4.8 PY at each clinic on 2nd watch and 1.4 PY at each clinic on 3rd watch. The new clinics will be constructed on the north and south end of the yards. | | | |
| CMC | | | | | | | | | | | | |
| CMC | Sub Pjt #6 East Facility New ASU PCC & ASU EOP Mental Health Clinic | 9/22/2016 | | | Sep-16 | 3.4 | | | New building not attached to or near Central Health Services, which is located in the main area (inside the institution). Inmates currently receive all health care services at Central Health Services building, therefore, staff are unable to be redirected from the Central Health Services building since it will remain open to provide services to the inmates inside the institution. The new ASU PCC and EOP Mental Health clinic will be constructed with two floors. First floor will provide mental health services and the second floor is the primary care clinic. The mental health clinic will need 1.0 PY, 5-day post on 2nd watch, and the primary care clinic will need 2.4 PY, one 5-day and one 7-day post, on 2nd watch. ASU inmates are under a 2 on 1 escort until placed into holding cells. The current ASU EOP escort staff does the escorts and one rover in the ASU clinic can monitor the inmates while in the holding cell. Therefore only 1 post is required on 2nd watch on the first floor and 2 posts are required on 2nd watch on the second floor to assist with security. Furthermore, there is no adjustment for the ASU in the current POP. | 2 | 1 | 4.2 |
| CMC | Sub Pjt #7 New East Facility Central Health Services Renovation | 9/4/2017 | | | | | Sep-17 | | Renovating existing building by increasing space but not changing the design of the building so no additional PY is needed. CMC currently has 12.0 PY on 2nd and 3rd watch. Also, there is an additional 3.4 PY on 2nd watch and 2.8 PY on 3rd watch for security patrols. Furthermore, CMC has a TTA officer on all three watches (1st, 2nd, and 3rd) plus Specialty Care officers to assist in monitoring after the renovation. | | | |
| CMC | Sub Pjt #8A East Facility Quad Renovations (Med Rooms) | 6/11/2016 | | | | | | | Renovating existing building. Altering previous office space to Med Pass. Construction isn't changing design of building so no additional staffing is needed. Medical distribution windows do not require a full post. Security patrol, yard staff, or building staff can monitor the window during Med Pass. | | | |

POSITION START DATES ARE SUBJECT TO CONSTRUCTION COMPLETION SCHEDULE ADJUSTMENTS.

***Construction completion date will not be known until after receipt of general contractor schedule. Current date listed is the earliest anticipated date.**

**Health Care Facility Improvement Program
Projected Custody Staffing Need - FY 2015/16 through FY 2017/18**

Attachment A

| Inst | Project Title | 1st Inmate-Patients | 2015/16 | | 2016/17 | | 2017/18 | | PSU Justification | 5 day | 7 day | w/Relief |
|------------|---------------------------------------------------|---------------------|------------|------|------------|------|------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|
| | | | Start Date | Appr | Start Date | Appr | Start Date | Appr | | | | |
| CTF | | | | | | | | | | | | |
| CTF | Sub.Pjt #1 Fac A New PCC | 9/17/2016 | | | Sep-16 | | | | New building not attached to or near old clinic. Old clinic is located on Facility B. New clinic will be constructed at Facility A, specifically for Facility A inmates only. Old clinic will be utilized for Facility B inmates only. CTF currently has 9.6 PY on 2nd watch and 7.6 PY on 3rd watch for old clinic. 4.8 PY on 2nd watch and 2.8 PY on 3rd watch is needed for both clinics; therefore, a reduction of 1.0 PY on 3rd watch for both clinics. There is no need for the 2.0 PY A/B escort officers on 3rd watch. The escort officers accompanied the inmates off the yard to the clinic. Since the new clinic is on the yard, the escort staff will be zero on 3rd watch. | | | |
| CTF | Sub.Pjt #4 Fac C New PCC | 1/26/2017 | | | | | Jan-17 | | | | | |
| CTF | Sub.Pjt #7 Fac D New PCC* | 6/6/2016 | | | | | | | New building for the primary care clinic. Old clinic provides health care and dental services. Now old clinic will only provide dental services. Existing clinic officer will remain in at the dental clinic (old clinic). Primary care clinic requires 1.0 PY on 2nd watch. | 1 | | 1.2 |
| FSP | | | | | | | | | | | | |
| FSP | Sub.Pjt #1 New MSF Primary Care Clinic* | 1/21/2017 | | | Jan-17 | 1.4 | | | New building not attached to or near other clinic. Inmates receive health care services at the Central Health Services building, which is located inside the perimeter (the institution). New structure is a yard clinic. 1.4 PY on 2nd watch is required for the primary care clinic. Unable to redirect staff since the Central Health Services building will remain open to provide health care services to inmates at the institution. | | 1 | 1.7 |
| FSP | Sub.Pjt #3.3 New Central Health Bldg | 10/12/2017 | | | | | Oct-17 | 4.2 | New building not attached to or near other clinic, which will provide TTA, pharmacy, and some clinic functions, while all other services will remain in the existing Central Health Services building. Existing TTA staff will be redirected to the new Central Health Services building. New building requires 4.2 PY for the control booth. The old Central Health Services building does not have a control booth. | | 3 | 5.1 |
| LAC | | | | | | | | | | | | |
| LAC | Sub.Pjt #1 New ASU PCC & EOP Mental Health Clinic | 3/26/2016 | | | | | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will be provide services to stand alone ASUs and STRH inmates. | 1 | 1 | 2.9 |
| LAC | Sub.Pjt #2 New A & B Facility PCC | 6/11/2016 | | | | | | | Two new primary care clinic structures. Currently inmates use the mass clinic for all four yards (A, B, C, and D). The old clinic (mass clinic) will be utilized for mental health, specialty health care, and emergency rooms. The mass clinic currently has 9.6 PY on 2nd watch, 5.6 on 3rd watch, totaling 15.2 PY. | | | |
| LAC | Sub.Pjt #3 New C & D Facility PCC | 7/28/2016 | | | | | | | The each new primary care clinic will require 4.8 PY on 2nd watch and 2.8 PY on 3rd watch, totaling 15.2 PY. | | | |

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**Health Care Facility Improvement Program
Projected Custody Staffing Need - FY 2015/16 through FY 2017/18**

Attachment A

| Inst | Project Title | 1st Inmate-Patients | 2015/16 | | 2016/17 | | 2017/18 | | PSU Justification | 5 day | 7 day | w/Relief |
|-------------|---------------------------------------------------------------|---------------------|------------|------|------------|------|------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|
| | | | Start Date | Appr | Start Date | Appr | Start Date | Appr | | | | |
| MCSP | | | | | | | | | | | | |
| MCSP | Sub Pjt #3 New ASU Primary Care/ASU EOP Mental Health Clinic* | 2/22/2016 | | | | | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is no adjustment for the ASU in the current Fall Pop. | 1 | 1 | 2.9 |
| RJD | | | | | | | | | | | | |
| RJD | Sub Pjt #1: New Ad Seg (ASU) PCC/EOP Mental Health CLINIC | 6/16/2016 | | | | | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is no adjustment for the ASU in the current Fall Pop. | 1 | 1 | 2.9 |
| RJD | Sub Pjt #3/6: New Pharmacy / New Dialysis Clinic | 3/31/2017 | | | Mar-17 | 2.8 | | | New building with no previous dialysis clinic at the institution. Currently inmates are transported to outside hospitals for the dialysis treatment. Once RJD completes the dialysis unit it will be the hub for the state. The dialysis clinic requires 2.8 PY, 1.4 PY for 2nd watch and 1.4 PY for 3rd watch, due to the amount of dialysis treatment stations within the new facility. There are 8 dialysis stations, allowing the clinic to do 8 dialysis' at a time which run approximately 3-5 hours each. Clinic cop is to monitor safety and security of the Dialysis clinic during the treatments. | | 2 | 3.4 |
| SAC | | | | | | | | | | | | |
| SAC | Sub Pjt #1 New Facility PSU/ASU PCC* | 11/10/2016 | | | Nov-16 | 2.4 | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will be provide services to stand alone ASUs and STRH inmates. | 1 | 1 | 2.9 |
| SAC | Sub Pjt #3 1 New Central Health Services Bldg B/C | 1/6/2017 | | | Jan-17 | | | | New building not attached to or near main clinic in Facility A. Currently Fac B and C each have 2.4 PY clinic officers on 2nd watch and 3.0 PY and 4.0 PY respectively on 2nd watch as escorts as well as an additional 12.0 PY as escorts from Fac A on 2nd watch, totaling 23.8 PY. The new clinic is separated into two clinics, one for B side and the other for C side. Each clinic will require 2.4 PY on 2nd watch and 3.0 escorts on 2nd watch as well as 1.4 PY on 3rd watch, totaling 13.6 PY resulting in a net reduction of 10.2 PY; however, current analysis is based off blueprints. After construction, an in depth analysis needs to be completed to determine true PY reduction. | | | |
| SOL | | | | | | | | | | | | |
| SOL | Sub Pjt #1 New Complex Facility Clinic | 8/24/2016 | | | | | | | New building. Currently there are 4.0 PY on 2nd watch per facility (there is a total of 4 facilities), 5.0 escort officers on 2nd watch, and 5.6 escort officers on 3rd watch, totaling 14.6 PY. These post will be redirected to the two new facility clinics. Each clinic will need 2.4 PY on 2nd watch and 1.4 PY on 3rd watch as well as 7.0 PY escorts, each facility will receive 2 escorts except Fac A, which only requires 1.0 PY escort. | | | |

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|-------------|----------------------------------------------------------|---------------------|------------|------|------------|------|------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|
| | | | Start Date | Appr | Start Date | Appr | Start Date | Appr | | | | |
| SVSP | | | | | | | | | | | | |
| SVSP | Sub Pjt #1 New ASU Clinic* | 6/16/2016 | | | | | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will provide services to other ASUs inmates, stand alone ASUs, and STRH inmates. | 1 | 1 | 2.9 |
| WSP | | | | | | | | | | | | |
| WSP | Sub Pjt #2 Facility B New PCC | 9/5/2016 | | | | | | | New buildings, one for each facility. Currently WSP has modular clinics on the yard that will be removed after construction. All staff will be redirected to the new clinics. No additional staffing needed. | | | |
| WSP | Sub Pjt #3.2 Facility C PCC | 11/14/2016 | | | | | | | | | | |
| WSP | Sub Pjt #4 Facility D PCC | 9/5/2016 | | | | | | | | | | |
| CCC | | | | | | | | | | | | |
| CCC | Sub Pjt #3 New Minimum Support Primary Care Clinic (PCC) | 2/4/201 | | | | | | | New building for the primary care clinic. Old clinic will be used for mental health services. Redirecting 1.0 PY to new clinic. No additional staffing needed. | | | |
| CCI | | | | | | | | | | | | |
| CCI | SubPjt #5 Facility D Clinic | 9/9/2016 | | | | | | | New building for primary care clinic. Old clinic provides medical and dental services. Medical services moving to new clinic and dental services staying at old clinic. Currently, old clinic has 3.4 PY. The new clinic will need 2.4 PY and the old clinic will need 1.0 PY for dental services; therefore, no additional staffing needed. | | | |
| CCI | SubPjt #6 Facility E New Clinic | 9/9/2016 | | | | | | | New building for primary care clinic. Old clinic provides medical and dental services. Medical services moving to new clinic and dental services staying at old clinic. Currently, old clinic has 3.4 PY. The new clinic will need 2.4 PY and the old clinic will need 1.0 PY for dental services; therefore, no additional staffing needed. | | | |
| CIW | | | | | | | | | | | | |
| CIW | Sub Pjt #3a GP Clinic Addition | 8/9/2016 | | | | | | | Renovations to existing building will not change design; therefore, no additional PY needed. CIW currently have 5 officers inside the clinic. 1 clinic officer, 3 escort and 1 sec. CIW is requesting one additional officer to help monitor inmate movement in the clinic. 4.8.py MH S&E and additional 2.0 MH SEC PATS. The current staffing package is sufficient to maintain the new RENO. | | | |
| CMF | | | | | | | | | | | | |
| CMF | Sub Pjt #5.4 Primary Care Clinic (PCC) Reno (B1 wing) | 7/20/2017 | | | | | | | Renovations to existing building will not change design; therefore, no additional PY needed. Construction will make space more fluid. CMF Currently has a standby ER that is supervised on all three watches by post. The 3 post can monitor the ER. | | | |
| COR | | | | | | | | | | | | |
| COR | Sub Pjt #2 New ASU Clinic | 10/5/2016 | | | Oct-16 | 2.4 | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is no adjustment for the ASU in the current Fall Pop. | 1 | 1 | 2.9 |

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|-------------|-------------------------------|---------------------|------------|------|------------|------|------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|
| | | | Start Date | Appr | Start Date | Appr | Start Date | Appr | | | | |
| HDSP | | | | | | | | | | | | |
| HDSP | Sub.Pjt #2 New ASU Clinic | 12/6/2016 | | | Dec-16 | 2.4 | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will be provide services to stand alone ASUs and STRH inmates. | 1 | 1 | 2.9 |
| KVSP | | | | | | | | | | | | |
| KVSP | Sub.Pjt #2 New ASU PCC | 2/16/2017 | | | Feb-17 | 2.4 | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will be provide services to other ASU inmates, stand alone ASUs and STRH inmates. | 1 | 1 | 2.9 |
| NKSP | | | | | | | | | | | | |
| NKSP | Sub.Pjt #2 B Facility New PCC | 9/12/2016 | | | Sep-16 | 2 | | | New building for primary care clinic. Old clinic provides medical and dental services. Medical services moving to new clinic and dental services staying at old clinic. Currently, old clinic has 3.8 PY. The new clinic will need 2.4 PY on 2nd watch and 1.4 PY on 3rd watch. The old clinic will need 1.0 PY on 2nd watch for dental services; therefore, 1.0 PY is needed for 2nd watch at old dental clinic. | 2 | | 2.4 |
| NKSP | Sub.Pjt #3 Facility C PCC | 9/20/2016 | | | Sep-16 | 2 | | | New building for primary care clinic. Old clinic provides medical and dental services. Medical services moving to new clinic and dental services staying at old clinic. Currently, old clinic has 2.8 PY. The new clinic will need 2.4 PY on 2nd watch and 1.4 PY on 3rd watch. The old clinic will need 1.0 PY on 2nd watch for dental services; therefore, 2.0 PY is needed for 2nd watch at new clinic and old dental clinic. | 2 | | 2.4 |
| NKSP | Sub.Pjt #4 Facility D PCC | 9/12/2016 | | | Sep-16 | 2 | | | New building for primary care clinic. Old clinic provides medical and dental services. Medical services moving to new clinic and dental services staying at old clinic. Currently, old clinic has 2.8 PY. The new clinic will need 2.4 PY on 2nd watch and 1.4 PY on 3rd watch. The old clinic will need 1.0 PY on 2nd watch for dental services; therefore, 2.0 PY is needed for 2nd watch at new clinic and old dental clinic. | 2 | | 2.4 |
| PVSP | | | | | | | | | | | | |
| PVSP | Sub.Pjt #2 New ASU Clinic | 2/6/2017 | | | Feb-17 | 2.4 | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will be provide services to stand alone ASUs and STRH inmates. | 1 | 1 | 2.9 |

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|-------------|-------------------------|---------------------|------------|------|------------|------|------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|
| | | | Start Date | Appr | Start Date | Appr | Start Date | Appr | | | | |
| SATF | | | | | | | | | | | | |
| SATF | Sub Pjt#2 New ASU PCC | 12/30/2016 | | | Dec-16 | 2.4 | | | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is no adjustment for the ASU in the current Fall Pop. | 1 | 1 | 2.9 |
| CAL | | | | | | | | | | | | |
| CAL | Sub Pjt #2 New ASU Cinc | 11/16/2017 | | | | | Nov-17 | 2.4 | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is no adjustment for the ASU in the current Fall Pop. | 1 | 1 | 2.9 |
| CEN | | | | | | | | | | | | |
| CEN | Sub Pjt #2 New ASU Cinc | 11/16/2017 | | | | | Nov-17 | 2.4 | New building not attached to or near other clinic. Inmates receive services at the facility clinic, which will remain operational; therefore, staff are unable to be redirected to the new building. New clinic requires 2.4 PY on 2nd watch to absorb the workload of daily health care appointments. Current policy of 2 on 1 escorts for ASU inmates. There is an adjustment for the ASU in the current Fall Pop; however, the new clinic will be provide services to stand alone ASUs and STRH inmates. | 1 | 1 | 2.9 |
| | Subtotal | | | 0.0 | | 30.0 | | 9.0 | | 24.0 | 19.0 | 61.3 |
| | | | | | | | | | Total Staffing | 61.3 | | |

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California Department of Corrections and Rehabilitation
Workload Analysis

Stationary Engineer, CF
Institution: Ironwood State Prison-Chilled Water Plant

| ACTIVITY TASK | PROJECTED ONGOING WORKLOAD | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|
| | HOURS TO COMPLETE TASK | NUMBER OF TASKS PER YEAR | NUMBER OF HOURS PER YEAR |
| Specific Task | | | |
| Perform all routine daily operational tasks to ensure proper chiller plant function and delivery of required cooling. Operational tasks include but are not necessarily limited to: Record chiller equipment operating temperature and pressure readings hourly; monitor all operating parameters using System Condition and Data Acquisition (SCAD) automation; adjust system operating parameters as necessary; test and treat chiller and cooling tower water for proper chemical additive concentrations required to avoid scale deposits on internal pipe and equipment surfaces. Develop and monitor preventive maintenance schedules to minimize system downtime during peak load seasons. | 7.00 | 365.00 | 2555.00 |
| Perform all preventive maintenance (PM) and contract administration tasks as scheduled in the Standard Automated Preventive Maintenance System (SAPMS) and as required by manufacturer recommendations in order to achieve intended system useful life, as required by regulatory compliance, and as required to achieve CDCR policy for building system and infrastructure performance. PM tasks include inspections, testing and periodic replacement of worn components. PM tasks are typically time-based and require personnel to perform work at recurring intervals throughout a given 12 month cycle (e.g. monthly, quarterly, semi-annually and annually). Each interval can include different tasks. All PM tasks are required for the proper and efficient operation of chilled water generation and thermal energy storage system (TES). Work includes but is not limited to cleaning chiller tubes, cleaning, lubricating and replacing gaskets for chiller components; inspecting cooling towers sump, replace motor drive belts, and heat exchanger media; inspect cooling tower fans for proper balance; inspect pumps for abnormal vibration seal leakage, abnormal temperature and other abnormal operating conditions. | 7.00 | 365.00 | 2555.00 |
| Be responsible for all parts and materials specification and ordering as required to perform scheduled preventive maintenance and planned minor repair. Coordinate parts and materials inventory requirements with direct supervisor or the designated Plant Operations parts and materials inventory technician. | 3.00 | 365.00 | 1095.00 |
| Complete and submit all documentation for assigned work orders daily. Include, hours worked, materials costs and resolution notes for each work order. Record and track all inmate worker time. Complete a personnel timesheet (998) monthly, as required by CDCR Department Policy. Be responsible for the organization, maintenance and updating of as-built / record documents used in the original facility construction, for facility modifications and / or for special repairs including but not necessarily limited to: construction drawings, specifications, operational process flow diagrams, commissioning reports, operation and maintenance manuals, in-progress construction images. | 2.50 | 365.00 | 912.50 |
| Attend standard CDCR Department mandated In-Service Training (IST min 40 hrs / year). Attend weekly safety meetings; participate in On-The-Job Training (OJT) as required for technical skills improvement. Train unskilled inmate workers in the IIPP/SB-198 Code of Safe Practices for tool and equipment use. | 1.50 | 365.00 | 547.50 |
| Responsible for executing all tool and key control procedures at the institution, including, but not necessarily limited to daily key, hand tool, and power equipment inventories for all items used in performance of required duties | 1.50 | 365.00 | 547.50 |
| Respond to any and all emergency repair conditions within the chiller and TES facilities. Execute all assigned unplanned corrective repair work orders affecting main chiller, cooling tower and /or TES operation. | 2.00 | 365.00 | 730.00 |
| TOTAL HOURS PROJECTED ANNUALLY | | | 8,942.50 |
| TOTAL POSITIONS PROJECTED | | | 5.00 |

Triage and Treatment Area
Correctional Treatment Center

| Institution | Proposed Staffing |
|--------------------|--------------------------|
| ASP | 1.7 |
| CAL | 1.7 |
| CCC | 1.7 |
| CEN | 1.7 |
| CIW | 1.7 |
| CRC | 3.4 |
| CTF | 1.7 |
| DVI | 3.4 |
| ISP | 1.7 |
| KVSP | 1.7 |
| LAC | 3.4 |
| MCSP | 1.7 |
| NKSP | 1.7 |
| PVSP | 1.7 |
| SCC | 1.7 |
| SOL | 1.7 |
| VSP | 1.7 |
| WSP | 1.7 |
| TOTAL | 35.7 |