

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 & Rehabilitation	Priority No. 1
Budget Request Name 5225-300-BCP-BR-2016-A1		Program 4540 – ADULT CORRECTIONS AND REHABILITATION OPERATIONS-CLASSIFICATION SERVICES	Subprogram 4540040 – CLASSIFICATION SERVICES

Budget Request Description
 Mentally Disordered Offender Coordinators

Budget Request Summary

The California Department of Corrections and Rehabilitation requests \$2.2 million General Fund and 16.0 Correctional Counselor I positions in 2016-17 and ongoing to support the mentally disordered offender inmate population. This request will allow the Department to ensure that mentally disordered offenders are properly identified, evaluated, certified, and transferred to the Department of State Hospitals upon parole, thereby ensuring public safety and potentially minimizing litigation and inmate appeals.

Requires Legislation <input type="checkbox"/> Yes <input type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) Components? <input type="checkbox"/> Yes <input 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. <input type="checkbox"/> FSR <input type="checkbox"/> 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 <i>Tammy Foss</i> Tammy Foss	Date 3-28-2016	Reviewed By <i>[Signature]</i> Jason Lopez	Date 3-28-2016
Department Director <i>[Signature]</i> Kathleen Allison	Date 3-28-2016	Agency Secretary <i>[Signature]</i> Scott Kernan	Date 3-28-2016

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 4/1/16
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BCP Fiscal Detail Sheet

BCP Title: Mentally Disordered Offender Coordinators

DP Name: 5225-300-BCP-DP-2016-A1

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	16.0	16.0	16.0	16.0	16.0
Total Positions	0.0	16.0	16.0	16.0	16.0	16.0
Salaries and Wages						
Earnings - Permanent	0	1,312	1,312	1,312	1,312	1,312
Total Salaries and Wages	\$0	\$1,312	\$1,312	\$1,312	\$1,312	\$1,312
Total Staff Benefits	0	799	799	799	799	799
Total Personal Services	\$0	\$2,111	\$2,111	\$2,111	\$2,111	\$2,111
Operating Expenses and Equipment						
5301 - General Expense	0	21	21	21	21	21
5302 - Printing	0	4	4	4	4	4
5304 - Communications	0	5	5	5	5	5
5306 - Postage	0	2	2	2	2	2
5320 - Travel: In-State	0	4	4	4	4	4
5322 - Training	0	2	2	2	2	2
5340 - Consulting and Professional Services - Interdepartmental	0	1	1	1	1	1
5368 - Non-Capital Asset Purchases - Equipment	0	17	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$56	\$39	\$39	\$39	\$39
Total Budget Request	\$0	\$2,167	\$2,150	\$2,150	\$2,150	\$2,150

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	2,167	2,150	2,150	2,150	2,150
Total State Operations Expenditures	\$0	\$2,167	\$2,150	\$2,150	\$2,150	\$2,150
Total All Funds	\$0	\$2,167	\$2,150	\$2,150	\$2,150	\$2,150

Program Summary

Program Funding						
4540040 - Classification Services	0	2,167	2,150	2,150	2,150	2,150
Total All Programs	\$0	\$2,167	\$2,150	\$2,150	\$2,150	\$2,150

Analysis of Problem

A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) requests \$2.2 million General Fund and 16.0 Correctional Counselor I positions in 2016-17 and ongoing to support the mentally disordered offender (MDO) inmate population. This request will allow the Department to ensure that mentally disordered offenders are properly identified, evaluated, certified, and transferred to the Department of State Hospitals upon parole, thereby increasing public safety, and potentially minimizing litigation and inmate appeals.

B. Background/History

The Mentally Disordered Offender Act requires CDCR to implement a process to identify, evaluate and commit to the Department of State Hospitals (DSH) as a special condition of parole, inmates with severe mental disorders if their commitment offense is a determinate sentence and involved or threatened use of force or violence as defined in Section 2692 of Penal Code. The Department implemented policies to govern the classification process in order to comply with the safeguards imposed by legal and departmental mandates set forth by the Mentally Disordered Offender Act, which became effective July 1, 1986. In addition to critically affecting the safety and security of the institution and the public, conducting proper classification reviews minimizes litigation and appeals stemming from the MDO inmate population.

The Mentally Disordered Offender Act requires that an inmate who meets six specific MDO criteria be ordered by the Board of Parole Hearings to be treated by DSH as a condition of parole.

Criteria for Certification as an MDO patient:

1. The inmate has a severe mental disorder (Per Section 2962 of Penal Code, as defined below).
2. The inmate used or threatened force or violence or caused serious bodily injury in one of the inmate's commitment crimes.
3. The severe mental disorder was one of the causes of or was an aggravating factor in the commission of the crime for which the inmate was sentenced to prison.
4. The inmate's "severe mental disorder is not in remission" or "cannot be kept in remission without treatment."
5. The inmate had been in treatment for the severe mental disorder for 90 days or more within the year prior to the inmate's parole or release.
6. As a result of the severe mental disorder, the inmate represents a "substantial danger of physical harm to others."

Per Section of 2962 of the Penal Code, a severe mental disorder is defined as an illness or disease or condition that substantially impairs the person's thought, perception of reality, emotional process, or judgment; or which grossly impairs behavior; or that demonstrates evidence of an acute brain syndrome for which prompt remission, in the absence of treatment, is unlikely. The term "severe mental disorder" does not include a personality or adjustment disorder, epilepsy, mental retardation or other developmental disabilities, or addiction to or abuse of intoxicating substances. Within CDCR, this includes the following levels of mental health care as defined in the Mental Health Program Guide:

- Clinical Correctional Case Management System (CCCMS),
- Enhanced Outpatient Program (EOP),
- Mental Health Crisis Bed (MHCB),
- Acute Care Facility (ACF),
- Intermediate Care Facility (ICF), and
- Psychiatric Inpatient Program

Analysis of Problem

Prior to the implementation of Standardized Staffing in 2012, CDCR's institutions had designated Correctional Counselor Is (CCIs) as MDO Coordinators, each responsible for screening, tracking, and monitoring the completion of MDO classification, evaluation, certification, and transfer processes. At the time Standardized Staffing was being developed, CDCR anticipated a reduced inmate population which would allow the MDO workload to be absorbed into the ratio-based CCI tasks. Therefore, upon implementation of Standardized Staffing, the MDO counselor workload was incorporated into the traditional inmate ratio-driven CCI workload. However, although the inmate population has declined as projected, the mental health population did not decline proportionate to the total population. Rather, the mental health population has grown substantially as a proportion of total inmate population, significantly impacting CCI workload and the ability of correctional counselors to complete the work of the former MDO Coordinators in addition to their assigned casework.

Resource History (Dollars in thousands)

Program Budget	PY - 4	PY - 3	PY - 2	PY - 1	PY
Authorized Expenditures for MDO Coordinator positions	\$3,106	\$3,106			
Actual Expenditures	\$3,015	\$3,015			
Revenues					
Authorized MDO Coordinator CCI Positions	30.9	30.9	0	0	0
Filled Positions	30.0	30.0			
Vacancies	0.9	0.9			

Workload History

Workload Measure	PY - 4	PY - 3	PY - 2	PY - 1	PY	CY
Mentally ill inmates	37,140	37,140	33,613	34,447	37,322	37,146
MDO evaluations			4,171	4,459	5,347	6,560*
MDO certifications by BPH			335	305	379	443
MDOs paroled to DSH			Not available	265	329	395

*Estimated through Fiscal Year 2015-16

C. State Level Considerations

The Department has a continued obligation to ensuring public safety related to all releases of offenders into the community. Ensuring the Department has the appropriate resources to identify, monitor, and evaluate MDOs is critical to that responsibility to the public.

D. Justification

Correctional Counselor MDO Workload:

All inmates received into the CDCR are screened for being a potential MDO. This screening involves reviewing the inmate's commitment offense to determine if it meets MDO criteria and if the inmate has received mental health treatment within the last 12 months. A review of the commitment offense requires the correctional counselor assigned to the case to review the arrest report and/or probation officer report for a detailed summary of the circumstances of the offense. If the probation officer reports, arrest reports, and/or other documents detailing the circumstances of the offense are not present in the central file, the CCI must request additional information from the committing county. The results of this screening are documented on the MDO Screening Form, flagged in the Strategic Offender Management System (SOMS), and maintained in a tracking log.

Through the Reception Center Screening and Evaluation Process, CCIs identify inmates with a significant history and/or current symptoms of a condition requiring treatment within the Mental Health Services Delivery System (MHSDS). The results of the preliminary screening, and, when necessary,

Analysis of Problem

full mental health examination, are documented in the central file. The CCI coordinates the screening of each inmate within the institution including any parole violator or inmate in a DSH facility or temporarily housed in county jail for out-to-court proceedings scheduled to be released to parole within eight months. If it is determined that the inmate has committed a qualifying offense and has received treatment in the last 12 months in a state mental hospital, county jail, or Parole Outpatient Clinic, and is within 60 days or less of release, the CCI coordinates a mental health evaluation with the CDCR MDO clinician assigned to their institution. The CDCR MDO clinician notifies the CCI immediately upon determination of positive or negative findings for MDO. If the determination is positive, the MDO Coordinator will refer the case to the DSH MDO Unit within 24 hours to schedule an evaluation with one of their clinicians. However, if the determination is negative, no further review is required unless a second opinion is requested. In the case that CDCR and DSH clinicians disagree, the Board of Parole Hearings must appoint two independent evaluators, requiring additional time for the MDO process.

To ensure that an inmate has the proper evaluations before their earliest possible release dates (EPRD), a request to the Board of Parole Hearings to process the MDO certification must be no less than five business days prior to the inmate's EPRD. This timeline is expanded to ten days if CDCR and DSH have a difference of opinion requiring an independent evaluation. Late referrals for MDO evaluations do not allow for the proper review process to take place, thus increasing the risk of an inmate not being certified as MDO and appropriately placed into treatment with DSH upon parole.

Upon completion of the clinician's evaluation and the Board of Parole Hearings' certification of the inmate as a MDO, the CCI is tasked with completing the necessary paperwork prior to parole to DSH. The CCI is required to review specific forms with the inmate certified as a MDO and document that specific information has been effectively communicated to the inmate. The CCI coordinates transportation of the inmate certified as MDO to DSH upon their release as a special condition of parole.

Several factors have resulted in the increased number of offenders being processed as potential MDOs in close proximity to their EPRDs: An increase in the number of inmates included in the Mental Health Services Delivery System results in additional pressure on CCI casework as well as requiring additional inmates to be screened as potential MDO. Moreover, a shortage of MDO evaluators for CDCR and DSH, constant recalculation of earning credits, and human error have all negatively impacted the MDO classification process. Because of these issues, there exists the significant potential for inmates to be released without having proper evaluations, thereby jeopardizing public safety.

Currently, the CCI classification is required to complete substantial duties beyond MDO duties which severely limits the ability of the CCIs to manage their daily caseloads. As a result of inmate lawsuits, inmate program changes, and a growing mental health inmate population, inmate classification casework has become significantly more complex, detailed, and time-consuming. Although CDCR has diligently attempted to work within the CCI authority, with the current workload associated with the counselor classification, this has become an operational impossibility.

Although CDCR's total population has decreased, the mental health population has increased over the last five years. Between 2011 and 2016, the total mental health population within CDCR has grown from approximately 25 percent to 29 percent of total population (see Attachment A). This increase in the mental health population drives CCI workload, limiting the resources available to complete CCI duties related to MDOs.

E. Outcomes and Accountability

The creation of specific MDO Coordinator positions at the institutions will enable CDCR to comply with time constraints for MDO processes and ensure that inmates receive appropriate treatment upon parole. CDCR proposes that eight CCI MDO Coordinators be placed at reception centers and the remaining eight at institutions with high mental health populations that have a need for a dedicated MDO Coordinator. This distribution of positions is supported by data indicating the number of referrals for clinical evaluations by institution. These designated counselors will ensure appropriate deadlines are met for this important population without further compromising the already impacted ratio-driven CCI workload.

Analysis of Problem

F. Analysis of All Feasible Alternatives

Alternative 1:

Provide the requested positions necessary to screen and track the MDO cases.

Pros:

- Will provide resources necessary to support the growing mental health population.
- Will allow for workload to be completed in a more efficient and timely manner.
- Will help alleviate the current Correctional Counselor I workload.
- Allows CDCR to comply with the current MDO time constraints.
- Enhances public safety.

Cons:

- Increase in staffing and costs associated with additional resources.
- Impact to General Fund.

Alternative 2:

Provide the resources at the Reception Center institutions only with three regional strike teams of four members each.

Pros:

- Will provide resources necessary to support the growing mental health population at the Reception Center Processing.
- Allows for flexibility in utilizing strike teams at institutions with highest number of MDO case evaluations.
- Allows CDCR to comply with the current MDO time constraints.
- Will help alleviate the current Correctional Counselor I workload.
- Enhances public safety.

Cons:

- Increase in staffing and costs associated with additional resources.
- Potential of allowing inmates located at other institutions that require an MDO screening to parole into the community rather than paroling to the Department of State Hospital as a condition of their parole.
- Possible future litigation costs.
- Impact to General Fund.

Alternative 3:

Provide each institution that meets the minimum of 50 MDO evaluations during 2014-15 a MDO CCI in order to screen and track MDO cases.

Pros:

- Will provide resources necessary to support the growing mental health population.
- Will allow for workload to be completed in a more efficient and timely manner.
- Allows CDCR to comply with the current MDO time constraints and Board of Parole policy changes.
- Will help alleviate the current Correctional Counselor I workload.
- Enhances public safety.

Cons:

- Increase in staffing and costs associated with additional resources.
- Impact to General Fund of \$4.7 million.

Analysis of Problem

Alternative 4:

Provide each institution an MDO CCI in order to screen and track MDO cases.

Pros:

- Will provide resources necessary to support the growing mental health population.
- Will allow for workload to be completed in a more efficient and timely manner.
- Allows CDCR to comply with the current MDO time constraints and Board of Parole policy changes.
- Will help alleviate the current Correctional Counselor I workload.
- Enhances public safety.

Cons:

- Increase in staffing and costs associated with additional resources.
- Impact to General Fund of \$5.7 million.

G. Implementation Plan

July 1, 2016

H. Supplemental Information

See Attachments

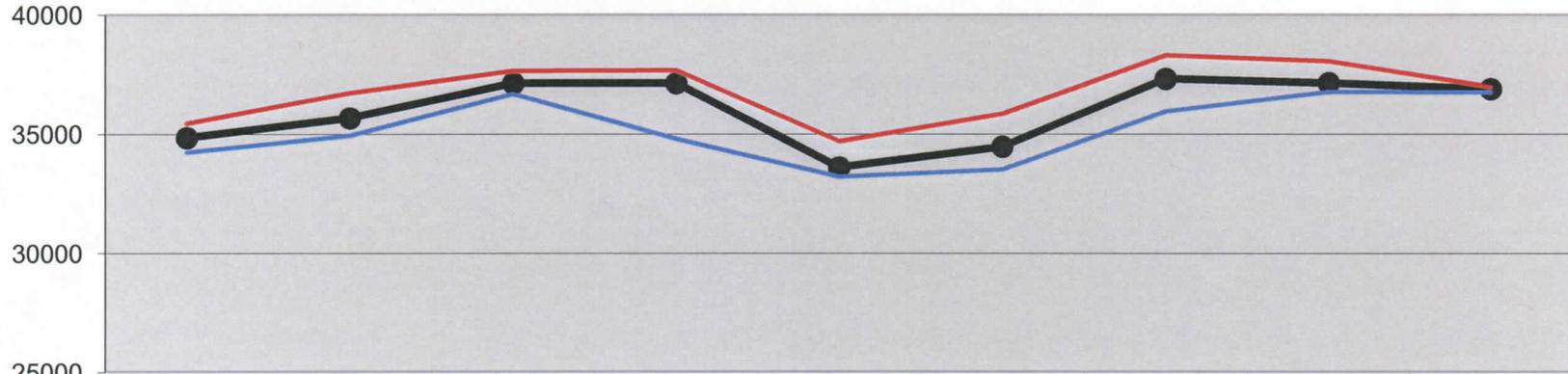
I. Recommendation

In order to comply with measures prescribed by the Mentally Disordered Offender Act, approval of Alternative 1 is recommended.

Alternative 1 will allow the Department to enhance and improve the classification process for the MDO inmate population, increasing public safety and potentially minimizing litigation and inmate appeals.

TOTAL MENTAL HEALTH POPULATION: 2008-2016

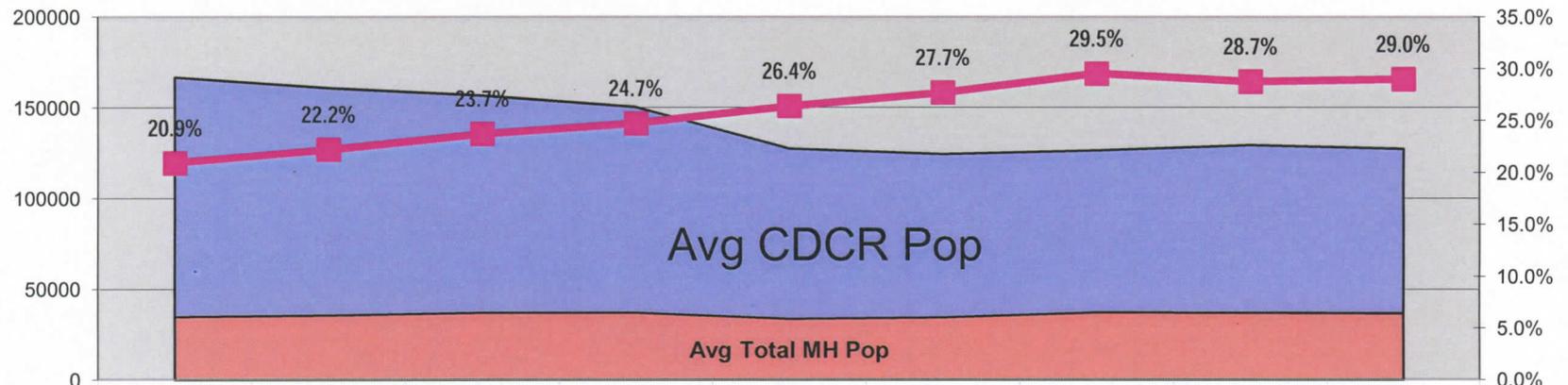
Attachment A



	2008	2009	2010	2011	2012	2013	2014	2015	2016
● Avg Total MH Pop	34854	35677	37140	37140	33613	34477	37322	37146	36891
— HIGH Total MH Pop	35420	36712	37637	37660	34687	35837	38293	38041	36962
— LOW Total MH Pop	34234	34933	36686	34798	33222	33522	35952	36777	36761

NOTES: As of 1/1/2016, the EOP-ASU census was separated from total EOP census. Separate census data was not available for 2006 - May 5, 2008. Therefore, 2006-2007 data was eliminated and the 2008 averages have changed slightly from prior reports.

MENTAL HEALTH POPULATION AS A PERCENTAGE OF CDCR (TOTAL IN-CUSTODY) POPULATION



	2008	2009	2010	2011	2012	2013	2014	2015	2016
■ Avg CDCR Pop	166741	160878	156695	150322	127505	124575	126514	129343	127389
■ Avg Total MH Pop	34854	35677	37140	37140	33613	34477	37322	37146	36891
■ % MH Caseload	20.9%	22.2%	23.7%	24.7%	26.4%	27.7%	29.5%	28.7%	29.0%

NOTES: As of 1/1/2015, the CDCR population data (source = SOMS-TPOP-1) utilized in this report has been changed from Total In-State Population to Total In-Custody Population. The Total In-Custody Population includes: In-State, Institutions/Camps, In-State Contract Beds, DSH State Hospitals, and Out of State (COCF).

Mentally Disordered Offender (MDO) Correctional Counselor I (CCI) - Workload Analysis

16 Institutions:

CCWF, CHCF, CIM, CMC, CMF, CRC, DVI, LAC, MCSP, NKSP, RJD, SAC, SATF, SQ, SVSP, WSP

Correctional Counselor I

ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF ¹ TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Coordinate institutional screening of all inmates with a qualifying offense for possible MDO referrals. Serve as liaison between mental health department, CSU, BPH and DSH.	1.00	5,347	5,347.00
Track all identified MDO Cases to ensure completion of MDO process and compliance with time frame.	0.50	5,347	2,673.50
Coordinate MDO Evaluations with clinicians at the institution (includes scheduling, accommodations, site preparation).	1.00	5,347	5,347.00
Coordinate issuance of MDO certification packages to inmates (includes special conditions of parole & Due Process notices).	1.00	5,347	5,347.00
Coordinate with the Transportation Unit and Department of State Hospitals the transport and delivery of MDO inmates to the State hospital for treatment.	0.50	5,347	2,673.50
Evaluate screening process, prepare summaries of activities and provide statistical information to headquarters and institutional administrators.	1.00	5,347	5,347.00
Act as coordinator for the Sexually Violent Predator (SVP) Program, performing similar duties as the MDO process.	0.30	5,347	1,604.10
TOTAL HOURS PROJECTED ANNUALLY¹			28,339.10
TOTAL POSITIONS PROJECTED			16.0

¹MDO evaluations conducted during 2014-15 at all institutions (see BCP workload history).