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OIG | OFFICE *of the* INSPECTOR GENERAL

Independent Prison Oversight

May 2019

2018 Annual Report

*Summary of Reports and
Status of Recommendations*

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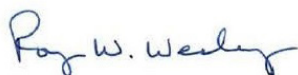
May 14, 2019

Dear Governor and Legislative Leaders:

This annual report summarizes the work the Office of the Inspector General completed during 2018, including our complaint intake function. In 2018, we issued 22 public reports that detailed our oversight of the California Department of Corrections and Rehabilitation, which comprised the following: 16 reports on medical inspection results; two reports concerning monitoring the department's internal investigations and its employee disciplinary process; one report on monitoring the department's use of force; one report concerning the status of the *Blueprint*; one report on the California Rehabilitation Oversight Board; and the OIG's annual report for 2017.

This report also enumerates the recommendations we made to the California Department of Corrections and Rehabilitation in 2018, as well as, when required, the department's responses and its action plans to address our recommendations.

Respectfully submitted,



Roy W. Wesley
Inspector General



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Foreword

Vision

The California prison system, by its very nature, operates almost entirely behind walls, both literal and figurative. The Office of the Inspector General (the OIG) exists to provide a window through which the citizens of the state can witness that system and be assured of its soundness. By statutory as well as judicial mandate, our agency oversees and reports on several operations of the California Department of Corrections and Rehabilitation (the department). We act as the eyes and ears of the public, measuring the department's adherence to its own policies and, when appropriate, recommending changes to improve its operations.

Our objective is to create an oversight agency that provides outstanding service to our stakeholders, our government, and the people of the State of California. We do this through diligent monitoring, honest assessment, and dedication to improving the correctional system of our state. Our overriding concern is providing transparency to the correctional system so that lessons learned may be adopted as best practices.

Mission

Although the OIG's singular vision is to provide transparency, our mission encompasses multiple areas, and our staff serve in numerous roles overseeing distinct aspects of the department's operations, which include discipline monitoring, complaint intake, warden vetting, medical inspections, the California Rehabilitation Oversight Board (C-ROB), and a variety of special assignments.

Therefore, to safeguard the integrity of the state's correctional system, we work to provide oversight and transparency through monitoring, reporting, and recommending improvements on the policies and practices of the department.

— Roy W. Wesley
Inspector General

There is hereby
created
the independent
**Office of the
Inspector General**
which shall not be
a subdivision of
any other
governmental
entity.

— *State of California*
Penal Code section 6125

Organizational Overview and Functions

The Office of the Inspector General (OIG) is an independent agency of the State of California. First established by state statute in 1994 to conduct investigations, review policy, and conduct management review audits within California's correctional system, California Penal Code sections 2641 and 6125–6141 provide our agency's statutory authority in detail, outlining our establishment and operations.

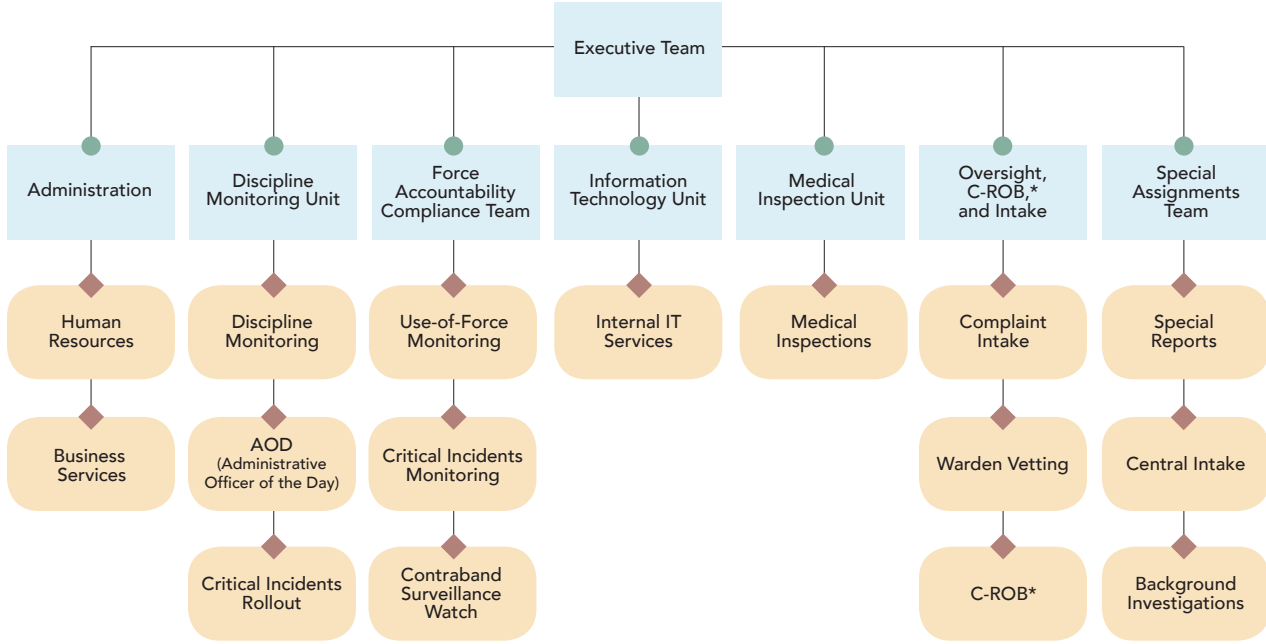
The Governor appoints the Inspector General to a six-year term, subject to California State Senate confirmation. The Governor appointed our current Inspector General, Roy W. Wesley, on September 13, 2017; his term will expire in 2023.

The OIG is organized into a headquarters operation, which encompasses executive and administrative functions and is located in Sacramento, and three regional offices: north, central, and south. The northern regional office is located in Sacramento, the central regional office is in Bakersfield, and the southern regional office is in Rancho Cucamonga.

Our staff consist of a skilled team of professionals, including attorneys with expertise in internal investigations, criminal law, and employment law, as well as inspectors knowledgeable in correctional policy, operations, and investigations.

The OIG also employs a cadre of medical professionals, including doctors and nurses, in the Medical Inspection Unit. These practitioners evaluate policy adherence and quality of care within the prison system. Analysts, editors, and administrative staff within the OIG contribute in various capacities, all of which are integral in achieving our mission.

Figure 1. Office of the Inspector General Organizational Chart, 2019



* C-ROB is the abbreviation for the California Rehabilitation Oversight Board.

The OIG performs a variety of oversight functions relative to the department, including the areas listed below:

- Medical inspections
- Warden/superintendent vetting
- Serving as the ombudsperson for, and monitor of, Sexual Abuse in Detention Elimination Act (SADEA)/Prison Rape Elimination Act (PREA) cases
- Reviewing and investigating retaliation complaints
- Coordinating and chairing the California Rehabilitation Oversight Board (C-ROB)
- Handling complaints filed directly with the OIG by inmates, employees, and other stakeholders regarding the department
- Special reviews authorized by the Legislature or the Governor's Office
- Monitoring of:
 - » Internal investigations and litigation of employee disciplinary actions
 - » Critical incidents, including inmate deaths, large-scale riots, hunger strikes, and so forth
 - » Use of force
 - » Contraband surveillance watch
 - » Adherence to the *Blueprint* plan for the future of the department

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Reports Published in 2018

In 2018, we issued 22 public reports detailing our oversight of the California Department of Corrections and Rehabilitation: 16 reports on medical inspection results; two reports on monitoring the department's internal investigations and employee disciplinary process; one report on monitoring the department's use of force; one report on the status of the *Blueprint*; one report on the California Rehabilitation Oversight Board; and our 2017 annual report. Visit our website, www.oig.ca.gov, to view our public reports.

Internal Investigations and Employee Discipline Monitoring

Attorneys in the OIG's Discipline Monitoring Unit are responsible for the contemporaneous oversight of the department's internal investigations and employee discipline processes. Our Discipline Monitoring Unit also oversees the department's response to critical incidents within institutions.

We provide an accounting of our activities in monitoring internal investigations and the litigation of disciplinary actions on a regular basis when we publish our semiannual reports. These reports document the department's adherence to its operating rules and procedures, as well as provide a record attesting to the quality of the investigation and legal representation regarding employee discipline. Our attorneys monitor and assess the department's internal investigations that Office of Internal Affairs' special agents conduct. In addition, we monitor and assess the performance of departmental attorneys throughout the disciplinary process, including any appeals.

As part of our monitoring process, we participate weekly in the Office of Internal Affairs central intake panel meetings for cases the department receives from hiring authorities. In 2018, hiring authorities referred 1,917 cases for investigation or approval for authorization to take direct disciplinary action, of which the Office of Internal Affairs (OIA) opened 1,804 cases. Of the cases the OIA opened, the OIG opened 491 for monitoring purposes. We monitor the most sensitive internal investigations against staff members, including those involving allegations of dishonesty, sexual misconduct, unreasonable use of force, deadly force, code of silence, abuse of authority, and criminal conduct.

Furthermore, we monitored and closed 496 cases during our reporting period. Of this group, 430 alleged administrative misconduct, and 66 alleged criminal misconduct. In addition to the 496 administrative

and criminal cases we reviewed, we also reviewed 22 use-of-deadly-force incidents.

We found that, from January through December 2018, the department generally performed well in the investigative and disciplinary phases. However, based on concerns we identified and our assessments, the OIG made recommendations for some changes. For example, in 2018, we recommended the department eliminate the current practice of special agents identifying allegations at the beginning and during investigations, and instead allow the hiring authority to determine the appropriate allegations upon the conclusion of the Office of the Internal Affairs' investigation and after the hiring authority had reviewed and considered the evidence. We also recommended the department approve and conduct interviews of employees suspected of misconduct in all cases, even in cases in which a full investigation was not warranted, including those the Office of Internal Affairs approved for "direct action" by a hiring authority (see Exhibit 1, pages 30–32).

Use-of-Force Monitoring

Another means by which we fulfill our oversight mandate is by monitoring the department's review process for use-of-force incidents at institutional executive review committee meetings, departmental executive review committee meetings, and division force review committee meetings. We utilize a comprehensive database designed to allow our staff to effectively examine the various circumstances surrounding occurrences of the department's use of force. This tool aggregates information concerning these types of incidents, allowing for an in-depth analysis of each use of force. We share some of the collected data with the department each month and continue to explore how we can improve in sharing data on any trends we observe. The OIG also participates as a nonvoting member of the department's Deadly Force Review Board.

In July 2018, we published *Monitoring the Use of Force: The California Department of Corrections and Rehabilitation's Process for Reviewing Staff Use of Force Is Thorough, but It Must Address Low Compliance Rates With Its Policies and Procedures*. This report covered use-of-force incidents we monitored for which the department completed a review between July 1, 2017, and December 31, 2017.

Our process included having inspectors visit every adult and juvenile institution, headquarters, and the northern and southern parole regions to attend 778 of the 825 executive review committee meetings (a 94 percent attendance record). During this six-month period, our inspectors reviewed and analyzed 4,001 instances, including

3,709 use-of-force incidents and 292 allegations of excessive or unnecessary uses of force.

Statistics Regarding the Use of Force from July 1, 2017, Through December 31, 2017

- Approximately 92 percent of the use-of-force incidents (3,405 of 3,709) occurred at the state prisons and contract facilities housing adult inmates, with the remainder involving the juvenile facilities (269), parole regions (29), and the Office of Correctional Safety (6).
- Approximately one-third of the incidents occurred at five state prisons: California State Prison, Corcoran; California State Prison, Sacramento; Kern Valley State Prison; California Correctional Institution; and Salinas Valley State Prison.
- Of the 3,709 incidents we monitored, 11,046 involved “applications” of force; for example, two baton strikes count as two applications during a single incident. The use of chemical agents accounted for 5,121 (46 percent) of the total applications, while physical strength and holds accounted for 3,662 (33 percent). The remaining 21 percent of applications comprised force options such as less-lethal projectiles, baton strikes, tasers, and firearms.

Highlights of Our Monitoring

The department has a sound process in place for evaluating use-of-force incidents, and it works well to identify instances in which its staff members’ actions varied from departmental policy and training. However, the department found that only 52 percent of the incidents during this period fully met policy standards. The OIG concurred with the department’s in-policy decisions in all but 46 incidents. Overwhelmingly, the department remedied the deficiencies it identified by providing training to staff (95 percent of the out-of-policy incidents). The department took other corrective action by counseling staff in 6 percent of the out-of-policy incidents. The department took disciplinary action for staff misconduct in 16 incidents and referred another 18 incidents to the Office of Internal Affairs for consideration of further investigation.

Officers did not always articulate their need to use force, and in some instances, their own actions may have contributed to the need to use force. The department’s policy for the use of immediate force requires that its officers’ reports articulate their reasoning for using force. Despite this requirement, officers did not adequately articulate an

imminent threat in 68 of the incidents we monitored, leading us to question whether the force was necessary. Moreover, the actions of officers in 47 of the 3,709 incidents unnecessarily contributed to the need to use force, such as opening the incorrect cell door, failing to properly secure an inmate prior to escort, or not using the proper de-escalation techniques to avoid the need to use force.

The department continues to have low compliance with its procedures for video-recording interviews with inmates. Departmental policy requires video-recording interviews with inmates who allege unnecessary or excessive force, or who sustain serious or great bodily injury possibly from the use of force. Policy further requires staff to record these interviews within 48 hours of the discovery of the injury or allegation, and that a supervisor who neither used nor observed force conduct the interview. We noted the department's compliance rate with its standards was only 57 percent during this six-month period.

The department experienced a high rate of noncompliance with its policies during controlled use-of-force incidents. The department deployed "controlled force" when an inmate's presence or conduct posed a threat, and the inmate is located in an area that can be controlled or isolated. Of these 61 controlled use-of-force incidents we monitored during our six-month review period, the department found that staff violated one or more policies in 46 incidents (75 percent) (see Exhibit 2, pages 34–42).

Summary of Recommendations

In our report, we recommended, among other things, the department consider the following actions:

- Reevaluate its training curriculum and provide additional training to staff to address its relatively low compliance rate in conducting video-recorded interviews and utilizing controlled use of force.
- Optimize the use of its recently implemented use-of-force tracking system to analyze the following: trends related to policy deviations; staff who frequently violate use-of-force policies; and actions hiring authorities impose to address violations. This would enable the department to focus its training on the most common types of violations.

See Exhibit 2, pages 34–42, for the status of all the recommendations we made in our report.

Cycle 5 Medical Inspection Reports

One of the critical responsibilities of the OIG is to conduct an objective, clinically appropriate, and metric-oriented medical inspection program. This program is directed toward reviewing the health care provided to patients housed at each of California's adult prisons.

During 2018, our staff continued working on our fifth cycle of correctional institution medical inspections. In 2018, we published 16 public reports for Cycle 5; we rated 2 institutions *proficient*, 10 institutions *adequate*, and 4 institutions *inadequate*. We also issued two additional draft reports to external stakeholders.

In 2018, the federal receiver delegated the following prisons back to the department:

- California Correctional Center (March)
- California Men's Colony (May)
- Valley State Prison (July)
- California State Prison, Corcoran (October)

The Cycle 5 medical inspection process includes qualitative case review testing as well as quantitative compliance testing. Our inspection teams are staffed with expert physicians and nurses. We use up to 15 health care quality indicators to assess the medical care at each institution. We started our sixth cycle of medical inspections in 2019.

The following table lists the month of publication and the overall rating for each institution that we inspected and for which we issued a final report in 2018:

Table 1. OIG Cycle 5 Medical Inspections: Final Reports Published in 2018

Institution Inspected	Publication Month	Overall Rating
Kern Valley State Prison	January	<i>Adequate</i>
Folsom State Prison	January	<i>Adequate</i>
Pelican Bay State Prison	January	<i>Proficient</i>
California State Prison, Centinela	January	<i>Adequate</i>
Chuckawalla Valley State Prison	March	<i>Adequate</i>
High Desert State Prison	April	<i>Adequate</i>
Central California Women's Facility	May	<i>Inadequate</i>
Correctional Training Facility	June	<i>Inadequate</i>
California City Correctional Facility	June	<i>Proficient</i>
Mule Creek State Prison	August	<i>Inadequate</i>
California Men's Colony	August	<i>Adequate</i>
Avenal State Prison	August	<i>Adequate</i>
California Institution for Women	August	<i>Adequate</i>
Sierra Conservation Center	August	<i>Adequate</i>
Calipatria State Prison	October	<i>Adequate</i>
California State Prison, Sacramento	November	<i>Inadequate</i>

Source: Office of the Inspector General, Medical Inspection Unit.

Table 2 below shows the distribution of the 2018 health care indicator results.

Table 2. OIG Cycle 5 Medical Inspections, 2018: Health Care Indicator Results

Health Care Indicator	Number of Institutions			
	Not Applicable	Proficient	Adequate	Inadequate
Access to Care	0	5	7	4
Diagnostic Services	0	2	13	1
Emergency Services	0	1	10	5
Health Information Management	0	9	5	2
Health Care Environment	0	1	3	12
Inter- and Intra-System Transfers	0	1	8	7
Pharmacy and Medication Management	0	1	4	11
Prenatal and Post-Delivery Services	14	1	1	0
Preventative Services	0	9	6	1
Quality of Nursing Performance	0	2	11	3
Quality of Provider Performance	0	2	10	4
Reception Center Arrivals	15	0	0	1
Specialized Medical Housing	3	2	8	3
Specialty Services	0	4	8	4
Administrative Operations (secondary)	0	4	8	4

Source: Office of the Inspector General, Medical Inspection Unit.

We found that many institutions performed at an acceptable level in several areas of health care delivery; most institutions passed the indicators *Diagnostic Services*, *Health Information Management*, *Preventative Services*, *Quality of Nursing Performance*, and *Specialized Medical Housing*. On the other hand, most institutions did not pass the *Health Care Environment* and *Pharmacy and Medication Management* indicators.

OIG Cycle 5 Medical Inspections, 2018: Recommendations

In 2018, we offered 54 recommendations to improve health care delivery within the institutions (see Exhibit 3, pages 44–46). The reader should not interpret the presence of recommendations as evidence of poor performance. We offer recommendations regardless of an institution's rating in that area. The following types of recommendations were our most frequent in 2018:

Table 3. OIG Cycle 5 Medical Inspections, 2018: Frequency of Recommendations by Indicator

Health Care Indicator	Recommendations	Institutions
<i>Emergency Services</i>	9	7
<i>Inter- and Intra-System Transfers</i>	3	3
<i>Pharmacy and Medication Management</i>	8	7
<i>Quality of Nursing Performance</i>	11	7
<i>Quality of Provider Performance</i>	9	6
<i>Specialty Services</i>	6	5

Source: Office of the Inspector General, Medical Inspection Unit.

In addition, we highlighted four best practices in three institutions and recommended that California Correctional Health Care Services (CCHCS) explore the feasibility of implementing those practices statewide:

- Centinela State Prison (CEN) nurses included important information not usually seen on transfer records, such as phone numbers and addresses for pending specialists' appointments. The OIG recommends that CCHCS adopt this process statewide.
- In the correctional treatment center, CEN nurses developed a useful report sheet that contained information relevant to all team members including nursing assistants. The information on the report sheet included the patient's name, diagnoses, care plan information, diet, and TABE (Test of Adult Basic Education) score. The OIG recommends that CCHCS adopt this process statewide.
- CCHCS should examine California City Correctional Facility's (CAC) excellent medication processes and consider replicating those processes statewide.
- CCHCS should examine Calipatria State Prison's (CAL) well-run morning huddle process and consider the feasibility of replicating it statewide.

Furthermore, we had one recommendation specifically for CCHCS, based on our experience inspecting all medical programs at departmental institutions:

- CCHCS should eliminate time frames for both routine and urgent priority requests from its specialty access policies. Instead, CCHCS should monitor specialty access by measuring the ability of each institution to provide specialty

services within the time frames specified in each order in the electronic health records system (EHRS).

Cycle 5 Medical Inspection Summary

Our OIG medical inspection staff completed a summary report for Cycle 5, with publication anticipated for summer 2019. The summary report will further analyze and compare results from Cycle 5 with those from Cycle 4.

Complaint Intake

The OIG maintains a statewide complaint intake process that provides anyone a point of contact regarding allegations of improper activity within the department. We receive complaints submitted by inmates, parolees, families, departmental employees, and advocacy groups. People submit complaints by sending us letters, calling our toll-free public phone line, calling our main telephone number, and emailing us through our website. We screen all complaints within 24 hours of receipt to identify potential safety concerns involving departmental employees or inmates.

In 2018, the OIG received 3,270 allegations of improper governmental activities, shown as Figure 2 on the next page. Based on these allegations, we opened 2,405 cases. After we reviewed each complaint, we provided a written response to the complainant. Our office does not have the authority to conduct investigations;¹ however, our staff conducted an inquiry by reviewing policies and procedures, by requesting relevant documentation from the institution, or by visiting the institution to observe and make recommendations to department administrators.

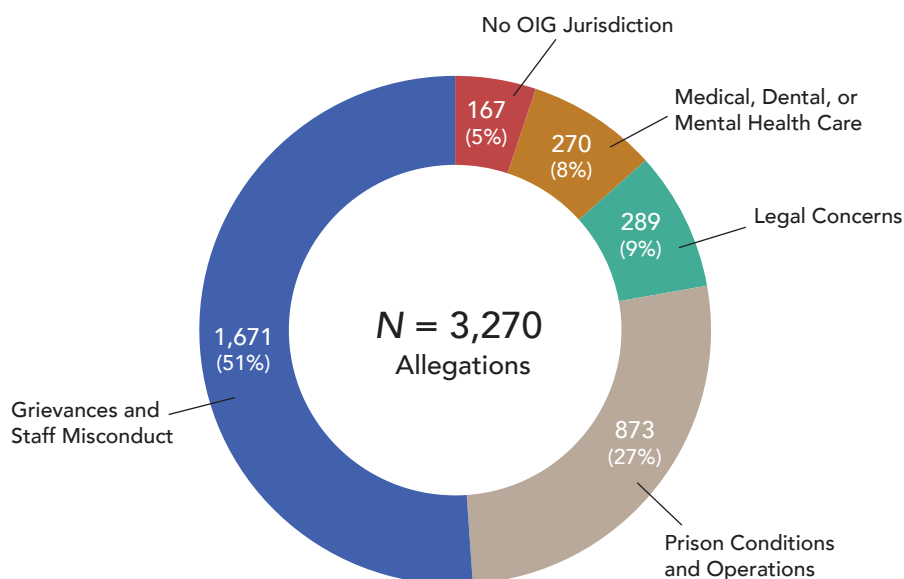
In 167 cases, we determined that we did not have jurisdiction because the allegations involved county jails, federal prisons, or local law enforcement. In these cases, we referred the complainant to the most appropriate entity. Our office conducted either a preliminary or field inquiry into the remaining 2,238 cases to assist the complainant or to look into the alleged improper activity.

We performed a preliminary inquiry for 2,209 cases wherein our staff researched the alleged activity, reviewed policies and procedures,

¹ In July 2011, the OIG's mission was restructured and removed our authority to conduct discretionary audits and investigations, and required that special reviews be authorized only by the Governor, the Senate Committee on Rules, or the Speaker of the Assembly.

reviewed the inmate's case file, and requested additional documentation from the department, as needed. In the vast majority of the cases, our inquiry work resulted in our office providing the complainants with advice on how to address their concerns with the department. Common examples of such advice involved how to request services or navigate through the department's appeal process, sentence calculation process, disciplinary process, and visiting process. On occasion, our advice included instructions for how to contact specific departmental divisions and offices for services or additional help.

Figure 2. Types of Allegations Received in 2018



Source: Office of the Inspector General.

Below, we discuss a sampling of the preliminary inquiries that we completed in 2018. These inquiry summaries provide examples of our assistance provided to complainants regarding the department's appeals process and to an inmate who had not received adequate dental treatment. Each of these complainants had been unsuccessful in their initial attempts to remedy these situations with various departmental staff.

In one complaint, an inmate's mother alleged that her son's sentence calculation following Proposition 57 was incorrect because her son had not received credits from college coursework he completed. She claimed his scheduled release date in July 2018 was in error. During our review, we found the inmate had not utilized his administrative remedies with the department regarding this complaint. Our office found that the inmate's records were, in fact, in error because they contained an incorrect course code and illegible college transcripts.

We determined that her son, by completing a college course, was eligible for milestone completion credits. We contacted departmental staff regarding these errors, who received clarification from a principal and corrected the errors. Ultimately, the inmate received two weeks of milestone completion credits, which advanced his release date to June 2018.

In another complaint, a third party alleged on behalf of an inmate that an appeal was submitted timely to the third level of review, but was incorrectly denied by the Office of Appeals. The inmate included supporting documents that he had attempted to submit his appeal timely. We reviewed the inmate's legal and confidential mail log and found the primary reason for the delay was mail processing, which took six days to reach the Office of Appeals from the institution. Consequently, the OIG requested the Office of Appeals reconsider the circumstances involving the delay; the Office of Appeals accepted our request and processed the appeal.

In another complaint, a third party alleged that an inmate did not receive adequate dental treatment. The third party alleged that he and the inmate had previously attempted to remedy the situation for more than one year by contacting two institutions and the California Correctional Health Care Services. The third party claimed the inmate suffered substantial tooth loss and bone deterioration due to the delay in receiving these services. Our staff reviewed the inmate's extensive dental history during 2017 through 2018, including dental progress notes and health care requests the inmate had submitted. In June 2018, a partial denture agreement and dental services were requested by the California Correctional Health Care Services, on behalf of the inmate, from the Prison Industries Authority Dental Laboratory. We found the inmate transferred to another prison in October 2018 without having received his needed dental services. Our staff contacted the institution in October 2018 to ensure continuity of dental care and to obtain a status report concerning the inmate's denture. The institution notified us one week later that the inmate received his denture, just over four months after the inmate completed his agreement for dental services.

Some preliminary inquiries involved more serious matters, such as safety and security threats or mental health conditions, and resulted in our referral to the department. Our staff contacted institutions on 25 occasions to recommend department staff conduct checks on an inmate's safety or mental health condition.



Photograph courtesy of the California Department of Corrections and Rehabilitation.

In one complaint, an inmate alleged that he was in fear for his life from other inmates and staff, and that he was in possession of an inmate-manufactured weapon to protect himself (*photo, left*). Our office requested that departmental staff conduct a threat assessment for possible safety and security concerns. When interviewed by a lieutenant, the inmate confirmed that he possessed a weapon. An unclothed body search revealed an inmate-manufactured weapon hidden within the inmate's boxer shorts. As pictured, the weapon measured 7 inches long by 3/8 of an inch wide, and was made from metal stock sharpened to a point at one end. The inmate received a mental health consultation, and received ongoing treatment and evaluation within the correctional clinical case management system level of care.²

In another complaint, an inmate claimed that departmental staff were ignoring his concerns for a pending transfer. The inmate further stated that he was a gang dropout and had a pending criminal case and would be providing testimony. We located documents of a recent committee meeting that recommended the inmate transfer to a nondesignated programming facility.³ The committee notified the inmate that all enhanced outpatient facilities were nondesignated programming facilities and noted the inmate's objection to transfer due to enemy concerns. Our office notified departmental staff of the inmate's alleged safety concerns, and the department conducted a mental health risk assessment and screened the inmate. Due to a change in the inmate's circumstances (medical risk factors and mental health level of care), the inmate subsequently transferred to a sensitive needs yard instead of a nondesignated programming facility.

In another complaint, an inmate housed in a reception center during her first week of incarceration had not yet been assessed for the department's mental health services delivery system, but she was exhibiting signs of mental health concerns. We expedited our review

² The department's program guide for its mental health services delivery system states that inmates who require a correctional clinical case management system (CCCMS) level of care shall be seen by a primary clinician within 30 days of placement in CCCMS and at least every 90 days thereafter while at a reception center, or more often if clinically indicated. Inmates at the CCCMS level of care shall be evaluated by a psychiatrist a minimum of every 90 days regarding psychiatric medication issues.

³ The department developed new criteria in which it combined inmates designated as general population and sensitive needs yard within the same facility, thus creating a nondesignated programming facility. All enhanced outpatient program housing units were converted to nondesignated programming facilities in January 2018.

because her account was supported by her complaint that concerned her husband's financial struggles and her daughters' alleged exposures to nerve gas. The inmate requested an investigation and protective custody for her daughters. During our review, we found the inmate had not utilized her administrative remedies with the department regarding these concerns. Our office submitted a mental health referral on behalf of the inmate. The inmate received a mental health consultation and ongoing treatment and evaluation within the correctional clinical case management system level of care.

Moreover, some inquiries required site visits to the institution: we call these field inquiries. During 2018, we completed 29 field inquiries. For example, in one of the field inquiries, a third party and an inmate submitted separate complaints alleging the department was not properly applying sex offender registration requirements to the inmate, causing an erroneous release date. The institution's staff had previously determined the inmate must register as a sex offender under California Penal Code section 290. However, OIG staff reviewed the applicable sex offender registration requirements and found the institution had misapplied a mandatory registration requirement. The department agreed and corrected his release date.

In another complaint, an inmate's grandfather alleged departmental staff falsified the inmate's commitment offense documents and were going to transfer the inmate to another institution where the inmate feared for his safety. Our staff reviewed the inmate's past disciplinary reports and notified departmental staff of errors in the inmate's criminal history. Departmental staff made corrections to the inmate's criminal history, updated the inmate's confidential enemy list, and did not transfer the inmate to the institution where he feared for his safety.

In another complaint, an inmate alleged that the department had refused to place him in administrative segregation upon arrival to a new institution. The inmate claimed he was instead placed in general population housing and, three days later, was attacked by three other inmates, causing him to lose an eye. We reviewed the department's appeal response to the inmate, which acknowledged that departmental staff did not follow policy by allowing the maximum-custody inmate to be released to general population housing prior to a committee action. Our office found that the hiring authority issued letters of instruction and provided training to the responsible departmental staff as corrective action. The OIG recommended the hiring authority consider referral for adverse action against departmental staff members. The hiring authority disagreed, stating the inmate did not have a documented enemy at the facility to which he was released and did not express any safety concerns to departmental staff. In addition, the hiring authority cited that departmental staff did not purposely endanger the inmate, but

had inaccurately assessed the inmate's custody designation. The hiring authority affirmed that the instructional letters and training were the appropriate resolution. Our staff concurred with the hiring authority's decision.

In another complaint, an inmate's attorney alleged that officers were present, but failed to intervene when other officers used unreasonable force on three inmates. According to the attorney, this alleged inaction resulted in injuries to these inmates. Our staff reviewed the use-of-force incident package and noted discrepancies among departmental staff reports. We also found the hiring authority identified inmate injuries not consistent with the use of force reported, and the hiring authority requested an investigation by the Office of Internal Affairs. The Office of Internal Affairs conducted an inquiry, which involved review of incident reports, interviews of inmates, and a review of a mobile phone video. However, the Office of Internal Affairs determined that there was insufficient evidence of staff misconduct to support an investigation and rejected the hiring authority's request. In addition, the institution's executive review committee determined that the force used was in compliance with departmental policy. Our staff concurred with the Office of Internal Affairs Central Intake Panel's rejection of the case and the department's determination that the force used was within policy.

Sexual Abuse in Detention Elimination Act Ombudsperson Claims

According to California Penal Code section 2641, the OIG is authorized to serve as the ombudsperson (a designated, impartial advocate) for complaints related to the Sexual Abuse in Detention Elimination Act (SADEA).⁴ Acting in this capacity, we reviewed allegations of mishandled sexual abuse investigations within correctional institutions, maintained the confidentiality of sexual abuse victims, and ensured an impartial resolution of inmate and ward sexual abuse complaints. Our staff supplied informational posters to all adult institutions, Division of Juvenile Justice facilities, and parole offices that explain how to report these allegations through our toll-free phone line or by mail. By acting as an external reporting mechanism, we increase transparency and provide another option to inmates who are concerned with reporting the alleged abuse or harassment directly to departmental staff.

During 2018, the department notified the OIG of sexual harassment or sexual misconduct allegations, commonly referred to as Prison Rape

⁴ The federal Prison Rape Elimination Act (PREA) of 2003 provided national standards to eliminate sexual abuse in detention facilities. In 2005, California enacted Assembly Bill 550, the Sexual Abuse in Detention Elimination Act (SADEA), which provides the Office of the Inspector General with the authority to investigate reports of the mishandling of sexual abuse incidents.

Elimination Act or “PREA” allegations, from sexual incident reports or critical incident notifications. As seen in Table 4 below, we received 943 sexual incident reports. The department also notified us regarding 658 critical incidents relating to sexual misconduct or sexual harassment allegations made against a departmental staff member.

According to departmental policy, an inmate may report an allegation of sexual violence, staff sexual misconduct, or sexual harassment to any staff member verbally or in writing, through the inmate appeals process, through the sexual assault hotline, or through a third party. In addition, an inmate may report these allegations directly to the OIG’s ombudsman for sexual abuse in detention elimination. Any departmental employee who observes the incident or is provided a report by the victim must complete the required reports, including a sexual incident report.⁵ These allegations must be investigated by a trained departmental investigator and reviewed by the institution’s hiring authority.

Table 4. Sexual Misconduct Allegations

		Sexual Incident Report	Critical Incident Notification
Inmate-on-Inmate	Non-Consensual Sexual Acts	230	127
	Abusive Sexual Acts	146	93
	Sexual Harassment	101	27
	Subtotal	477	247
Staff-on-Inmate	Sexual Misconduct	298	287
	Sexual Harassment	168	124
	Subtotal	466	411
Total Sexual Misconduct Allegations		943	658

Source: Office of the Inspector General Tracking and Reporting System.

One allegation we received from the department through a critical incident notification alleged that an officer engaged in sexual misconduct with two inmates and provided one with a mobile phone, methamphetamine, and food in exchange for sexual favors. The Office of Internal Affairs conducted an investigation, and our office monitored the case. The Office of Internal Affairs determined there was insufficient evidence for a probable cause referral to the district attorney. The OIG

⁵ The Survey of Sexual Violence (SSV) form is part of the U.S. Department of Justice, Bureau of Justice Statistics National Prison Rape Statistics Program, which gathers mandated data of sexual assault in correctional facilities, under the Prison Rape Elimination Act (PREA) of 2003.

concluded with the probable cause determination. The Office of Internal Affairs did not open an administrative investigation due to lack of evidence.

In addition, during 2018, our staff reviewed 153 complaints directly from inmates, family members, and third parties alleging sexual misconduct or sexual harassment policy violations. In 31 instances, our office referred these allegations as notifications to the department for its staff to conduct an initial investigation or inquiry.

One allegation involved an inmate who reported being a victim of an inmate-on-inmate nonconsensual sexual act, stating, "I am being forced to perform oral [sex] on another man.... He will not stop this rape." Our review of institutional records showed the alleged victim and aggressor were housed in the same facility, but in different buildings. We reported the allegation to the institution's PREA Compliance Manager, who confirmed this allegation had not been reported to departmental staff. Our staff reviewed the inquiry conducted by a locally designated investigator and found that the alleged victim was interviewed on the same day our office made the report. During the interview, the inmate denied making any PREA allegation and denied being the victim of any physical or sexual assault. The inmate stated he did not know who would have filed a false report that he was sexually assaulted. As a result, departmental staff concluded the allegation was unfounded.

Another allegation involved an inmate's mother, who contacted our toll-free public line in Spanish alleging her son was a victim of an inmate-on-inmate nonconsensual sexual act, stating that her son was being raped. OIG staff were not able to get additional details, such as the date of the act or the name of the alleged aggressor. Our review of institutional records found that her son had reported to institutional staff he had been the victim of unwanted sexual contact by his cellmate. Departmental staff initiated a PREA inquiry for this allegation. Each inmate received sexual assault examinations. Departmental staff performed a cell search to collect possible evidence and conducted interviews of possible witnesses. The inmates were no longer being housed together as of the reported incident date, since the alleged victim considered the alleged aggressor his enemy. Ultimately, departmental staff concluded this allegation was unsubstantiated.

Retaliation Claims

In addition to receiving complaints as described in the preceding paragraphs, our statutory authority directs us to receive and review complaints of retaliation that departmental employees levy against members of their management. Our Legal Services Unit analyzes each complainant's allegations to determine whether the complaint

presents the legally required elements of a claim of retaliation. If the complaint meets this initial legal threshold, our staff investigate the allegations to determine whether retaliation did occur. If we determine the department's management subjected a departmental employee to unlawful retaliation, our office reports its findings to the department along with a recommendation for appropriate corrective action.

Due to public misperception regarding what constitutes whistleblower retaliation, few complaints present the legally required elements to state an actionable claim of retaliation. To counteract this misunderstanding, we engage with complainants to educate them regarding the elements of a retaliation claim, invite complainants to supplement their complaints with the necessary information, and correspond with complainants to clarify any questions we have regarding the information they submitted.

In 2018, we received nine retaliation complaints. The Legal Services Unit completed analysis of five complaints received in 2018 and the only two complaints that remained pending from 2017, determining that none of them met the legal threshold for retaliation. Four of the nine complaints received in 2018 remain pending.

Warden/Superintendent Vetting

We are also responsible for evaluating the qualifications of each candidate whom the Governor nominates for appointment as a warden at an adult institution or a superintendent at a juvenile facility, reporting the recommendation in confidence to the Governor within 90 days of the request. Typically, candidates have been serving as acting wardens or superintendents for at least three months before our evaluation begins.

In 2018, we completed seven warden vettings, as depicted in the following list:

Warden

- Central California Women's Facility
- Sierra Conservation Center
- California State Prison, Solano
- Pelican Bay State Prison
- Folsom State Prison/ Folsom Women's Facility
- California City Correctional Facility
- California State Prison, Corcoran

In addition to conducting a background investigation of the candidate and surveying designated stakeholders, our staff use a three-phase vetting model. In the first phase, an OIG team of inspectors visit the institutional site and provide the Inspector General with an overview of the institution's operations. During the second phase, the Inspector General interviews members from the institution's management team and tours the institution with the candidate. In the final phase, the Inspector General conducts a one-on-one interview with the candidate. The Inspector General next reviews all the information gathered during the vetting process and evaluates the candidate's suitability for the position of warden or superintendent. The Inspector General then submits a confidential recommendation to the Governor.

Demand has continued for warden and superintendent vetting in 2019 due to departmental management retirements resulting in a high turnover rate. On many occasions, experienced wardens and superintendents serve as mentors to newer, less experienced administrators.

As of December 31, 2018, the following seven adult institutions and one juvenile facility did not have permanent wardens or superintendents assigned to them:

- California Correctional Institution
- California Medical Facility
- California State Prison, Los Angeles County
- Correctional Training Facility
- Deuel Vocational Institution
- Richard J. Donovan Correctional Facility
- Salinas Valley State Prison
- Ventura Youth Correctional Facility

The *Blueprint* Report

As part of our legislative mandate, we periodically review the reforms identified in *The Future of California Corrections: A Blueprint to Save Billions of Dollars, End Federal Court Oversight, and Improve the Prison System* (the *Blueprint*), published by the department in April 2012.

The OIG monitors the department's progress in implementing five of its key goals:

- Establish and adhere to the standardized staffing model at each institution;
- Establish and adhere to the new inmate classification scoring system;
- Implement and adhere to the comprehensive housing plan;
- Establish and adhere to the new prison gang management system; and
- Increase the percentage of inmates served in rehabilitative programs to 70 percent of the target population prior to the inmate's release.

In January 2016, the department issued *An Update to the Future of California Corrections*, which provided a summary of the goals identified and progress achieved since the initial *Blueprint* was published four years earlier. It also laid out the department's future vision for rehabilitative programming, along with safety and security concerns.

In July 2018, we issued our *Blueprint Monitoring: Ninth Report on the California Department of Corrections and Rehabilitation's Progress Implementing Its Future of California Corrections Blueprint and Update to the Blueprint*. Our report covered data we collected at all 35 adult institutions from December 2017 through February 2018, and was organized into two sections, representing key areas OIG staff monitored: rehabilitative programs, and population and housing. Our staff analyzed data and performed fieldwork to determine the operational status of various programs at each institution during the 2017–18 fiscal year.

Rehabilitative Program Review

Although the department implemented rehabilitation programs at all institutions, it has been unsuccessful in providing rehabilitative programs to 70 percent of its target population. To address counting methodology concerns we raised in our previous *Blueprint* reports, on

July 1, 2017, the department developed a new method for counting that it believed will better track program information for all offenders. The department is now focused on “minimal participation,” which it defines as enrollment in a program for a minimum of 30 calendar days. This change may make it more difficult for the department to achieve its past target rate of 70 percent; however, the department expects that this change will allow its staff to more accurately evaluate its ability to address offenders’ needs. The department anticipates analyzing and redefining any prior goals related to offender participation or target populations.

We also determined that 90 percent of academic programs and 82 percent of career technical education programs were operational. In addition, 91 percent of the substance use disorder treatment slots were filled, 95 percent of the cognitive behavioral therapy slots were filled, and 91 percent of the preemployment transitions’ classes were operational. Although the overall compliance rate increased, our review identified ongoing recruitment concerns for career technical education positions at Salinas Valley State Prison and Richard J. Donovan Correctional Facility. These two prisons were operating only 20 and 45 percent of their available career technical education courses, respectively.⁶

Housing and Population Review

During the reporting period, the department continued its efforts to address housing and population challenges, including making changes to the sensitive needs yard population by creating two separate housing options: programming and nonprogramming. The department has also continued expanding its nondesignated programming facilities at seven institutions, which are designated to provide rehabilitative environments for offenders who have demonstrated positive programming efforts and a desire to refrain from violent behaviors. Additionally, all enhanced outpatient program and inpatient mental health beds were converted to nondesignated housing in January 2018.

The department continued to slowly transition lower-level and other traditional programming institutions to nondesignated programming facilities during 2018.

In the *Blueprint* report, we included two new recommendations to the department for 2018 (see Exhibit 4, pages 48–49):

⁶ According to the department, in 2019, Richard J. Donovan Correctional Facility had filled seven of its nine (78 percent) career technical education positions, while Salinas Valley State Prison had filled five of its six (83 percent) career technical education positions.

- The Office of the Inspector General recommends that the department clarify how it is meeting an inmate's rehabilitative needs and improve upon its existing performance measures. The department should utilize existing Strategic Offender Management System data, if deemed reliable, to identify individual offender progress in rehabilitation programming.
- The Office of the Inspector General recommends that the department increase the percentage of operational courses by requiring each supervisor of Correctional Education Programs to provide regular updates to the director of the Division of Rehabilitation Programs regarding recruiting and retaining sufficient teachers.

California Rehabilitation Oversight Board

In 2007, the California Legislature established the 11-member California Rehabilitation Oversight Board (C-ROB) chaired by the Inspector General. Our agency convenes C-ROB meetings up to three times per year to examine the department's various mental health, substance abuse, educational, and employment programs for inmates and parolees. The C-ROB report is published annually, on September 15.

In 2018, OIG staff visited all 35 adult institutions from January through February and again from June through August. During these visits, we met with both departmental staff (including academic and vocational instructors, community resource managers, and correctional counselors) and inmates to identify successes and challenges in rehabilitative programming. OIG staff also obtained data from the department concerning its rehabilitative programs, including academic education, career technical education, and substance use disorder treatment.

Rehabilitative programs continue to expand as a result of both Proposition 57 and innovative programming grants. Hundreds of inmate activity groups are now eligible for rehabilitative achievement credits, a process that has incentivized programming statewide. Reentry programming at each institution combined with the rehabilitative case plan provided to both parole or postrelease community supervision furthers transition efforts and is a noted progress point for successful reentry. The following table offers additional details on rehabilitative program capacity from 2016 to 2018:

Table 5. Adult Rehabilitative Program Capacity, 2017–2018

Location of Program Delivery	Rehabilitative Program	Seats available in June	
		2017	2018
In-Prison	Academic Education*	44,365	45,030
	Career Technical Education	9,045	9,052
	Transitions Program	21,405	20,734
	Cognitive Behavioral Treatment:		
	Substance Use Disorder Treatment	11,645	13,603
	Anger Management	8,208	9,840
	Criminal Thinking	8,160	9,840
	Family Relationships	4,072	4,936
	Victim Impact	696	1,488
Post-Release	Education Programs	6,999	7,841
	Substance Use Disorder Treatment	8,926	9,975
	Employment Programs	5,940	6,162
Total Capacity for All Programs		129,465	138,501

* Academic and career technical education report as a daily budgeted capacity. All other programs report the average number of times a program can be completed in one fiscal year (annualized).

Source: California Department of Corrections and Rehabilitation, Division of Rehabilitative Programs, as of June 2017 through June 2018; data are not validated by the OIG.

The board commends the department for increasing its rehabilitative program capacity, as noted in Table 5 above. We found institutional site visit successes during this reporting period, including increases in volunteer programs, credit-earning opportunities, and the expansion of face-to-face college programs in all 35 institutions. The board recognizes the department's efforts at collaborating with community colleges to expand access to both correspondence courses and face-to-face instruction at all institutions.

Innovative grant funding for three-year support has expanded volunteer-led rehabilitative programming, and the department has provided additional support staff to assist with programming coordination. The department extended its datasharing agreement with the California Department of Health Care Services through June 20, 2019, allowing both departments to continue exchanging Medi-Cal applications to improve benefit outcomes for the inmates served through the transitional case management program. In 2018, the department successfully screened nearly 100 percent of inmates for health benefit eligibility and also improved the health benefit approval process for prerelease benefits, resulting in a higher rate of authorization.

Program expansion has also posed some challenges, including a less-than-50-percent completion rate for in-prison substance use disorder treatment programs, and the aftercare completion rate was also extremely low, averaging 29 percent for the fiscal year. The board underscored the importance of an effective substance use disorder treatment program, in both prison and community aftercare, and is hopeful the department will take measures to increase the completion rate in both areas.

The department continues to ensure offenders and parolees receive risk and needs assessments, with 98 percent of the offender population and 98 percent of the parole population receiving a California Static Risk Assessment. Currently, 95 percent of the total parole population received a reentry Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment, which is an increase of 25 percent over the previous fiscal year. There were three categories of reentry COMPAS assessments still reporting a moderate-to-high need for just over 50 percent of the parole population. The board recommends that the department address this high percentage of parolees who were released having a moderate-to-high need in three key areas: substance use disorder treatment, reentry financial, and reentry employment expectations.

As a result of site visits and the work of the board, the C-ROB report included two new recommendations offered to the department for 2018 (see Exhibit 5, page 51):

- The board recommends the department's Division of Rehabilitative Programs continue to work with the Division of Adult Institutions to strengthen and maximize inmate rehabilitative programming and credit earning potential. The department should determine if its Strategic Offender Management System requires process improvements to improve tracking in key areas, such as assigning inmates to available milestone and rehabilitative achievement credit programs and tracking of inmate program waitlists that are currently prepared at the local institutional level.
- The board recommends the department, with the assistance of C-ROB members, determine ways to allow for an exchange of information among federal, state, and county programs to ensure released offenders have access to (and may be approved for) available benefits. The goal is to identify strategies to better link those formerly incarcerated to the various services available to help them become stable and self-sufficient as they reintegrate into the community.

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Corrective Action Plan Updates for the Department

The OIG published 22 formal reports containing recommendations in 2018. The recommendations in these reports promote greater transparency, process improvements, increased accountability, and higher adherence to policies and constitutional standards.

Status of Recommendations Made to the Department in 2018

The following exhibit outlines the 11 recommendations we made in March and November 2018 as published in our two monitoring reports relating to investigation and disciplinary processes. The department has fully implemented two recommendations, has not implemented eight recommendations, and one recommendation remains pending.

Exhibit 1. Status of Internal Investigations and Employee Disciplinary Process Recommendations, 2018

<p>IG Investigation and Disciplinary Process Reports</p>	<p>Description of Recommendation</p>	<p>The Department's Proposed Action Plan</p>	<p>Implementation Status as Determined by the OIG</p>
<p>Jan.-June 2018 (Issued Nov. 2018)</p>	<p>The OIG recommended that the Office of Internal Affairs eliminate the current practice of special agents identifying allegations at the beginning of and during investigations and instead allow the hiring authority to determine the appropriate allegations upon the conclusion of the Office of the Internal Affairs' investigation and after the hiring authority has reviewed and considered the evidence.</p>	<p>The department is in the process of identifying an independent expert to review the <i>Madrid</i> reforms and make a recommendation regarding the stakeholders' roles and processes.</p>	<p>Not implemented</p>
	<p>The OIG recommended the Office of Internal Affairs approve and conduct interviews of employees suspected of misconduct in all cases, even in cases in which a full investigation is not warranted, including those the Office of Internal Affairs approves for "direct action" by a hiring authority.</p>	<p>This recommendation will not be implemented at this time.</p>	<p>Not implemented</p>
	<p>The OIG recommended the Office of Internal Affairs provide the OIG notice whenever it adds allegations or subjects to investigations after the central intake process or during the course of investigations.</p>	<p>The department incorporated a "trigger" in the current Case Management System to notify the OIG when the Office of Internal Affairs adds subjects to investigations.</p>	<p>Implemented</p>
	<p>The OIG recommended the department amend internal procedures to require that department attorneys include language in all disciplinary actions advising employees of their right to respond to a manager who was not involved in the investigation.</p>	<p>EAPT met with the OIG and agreed to amend the language in disciplinary actions to advise employees of their right to respond pursuant to State Personnel Board (SPB) Regulation 52.6 (<i>Skelly</i> rule). The OIG concurred with the amended language.</p>	<p>Implemented</p>

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Exhibit 1. (continued)

OIG Investigation and Disciplinary Process Reports	Description of Recommendation	The Department's Proposed Action Plan	Implementation Status as Determined by the OIG
<p>Jan.–June 2018 (Issued Nov. 2018)</p>	<p>The OIG recommended the department expedite developing its new case management system and provide training for employees who enter information in the new system on how to use the new system to ensure they consistently enter information regarding the final specific penalty.</p>	<p>An updated CMS system is currently under development.</p>	<p>Pending</p>
	<p>The OIG recommended the department correct inaccurate and incomplete information in the case management system, including the final specific penalty in each case, even for those cases that have been closed.</p>	<p>OIA proposed consultation with the OIG and EAPT to review the recommendation.</p>	<p>Not implemented</p>
	<p>The OIG recommended that the department develop a policy for a deadline by which it should complete internal investigations. We also recommended—in deference to the department's concern that there will be some cases in which a determined deadline cannot be met, particularly in more complex investigations—that the department develop criteria for exceptions to the deadline. Therefore, the OIG recommended that the department develop a policy for a deadline for the completion of internal investigations with a provision for those cases which require an exception to the deadline.</p>	<p>This recommendation will not be implemented at this time.</p>	<p>Not implemented</p>

Continued on next page.

Exhibit 1. (continued)

<p>IG Investigation and Disciplinary Process Reports</p>	<p>Description of Recommendation</p>	<p>The Department's Proposed Action Plan</p>	<p>Implementation Status as Determined by the OIG</p>
<p>July-Dec. 2017 (Issued Mar. 2018)</p>	<p>The OIG recommended the Office of Internal Affairs assign Office of Internal Affairs Central Intake Unit special agents to conduct employee interviews in cases in which only an employee interview is approved.</p>	<p>As part of the Madrid court-ordered process described in Article 14, DOM 31140 et seq., the Central Intake Unit (CIU) Agents serve as the conduit to ensure all investigative requests are assessed in a fair and consistent manner. OIAs Regional Agents conduct the subject-only interviews that pertain to their respective region. Article 14 requires that all CIU case reviews be completed within 30 days of receipt. In a recent Semi-Annual Report (SAR), the OIG indicated CIU improved its compliance with this 30-day requirement from 82 to 98 percent.</p>	<p>Not implemented</p>
	<p>The OIG recommended case allegations be drafted by the Office of Internal Affairs special agent assigned to conduct the investigation or employee interview. The allegations should be drafted in consultation with the department attorney in designated cases and with the OIG attorney in monitored cases.</p>	<p>The current process for adding and scoping of allegations during the Central Intake process was an original Madrid reform, reviewed, and approved by the Madrid court. The central intake unit ensures consistent evaluation of requests for investigation throughout the state. The uniform evaluation process ensures allegations are evaluated and scoped consistently throughout the state, and ensures a fair and impartial process for all employees. The process includes consultation with the OIG, the Employee Advocacy and Prosecution Team (EAPT), and the Hiring Authority (HA) during the central intake process. Current practice also allows for significant disagreements during the central intake meeting to be evaluated within the OIA chain of command to the Chief Headquarters Operations and if necessary the Deputy Director.</p>	<p>Not implemented</p>
	<p>The OIG recommended the Office of Internal Affairs open an investigation or conduct an employee interview when that is the recommendation of the Employment Advocacy and Prosecution Team department attorney or of the OIG attorney at the Office of Internal Affairs Central Intake Panel meeting.</p>	<p>It is OIA's goal to review, evaluate, and consider stakeholder concerns or recommendations and attempt to resolve any disagreements whenever possible. The OIG and EAPT attorneys are an important and integral part of the Central Intake Process, and OIA encourages debate and discussion. OIA values the positions of all stakeholders and endeavors to reach a fair and just decision based on a reasonable belief standard. When serious disagreements occur, the OIG or EAPT panel member can document their disagreement and elevate the Central Intake decision to the Chief of OIA Headquarters Operation. If necessary, the Chief's decision can be elevated to the OIA Deputy Director. The department is currently engaged in hiring consultants to review the Madrid reforms including the central intake process, disciplinary process, and the OIG's oversight role.</p>	<p>Not implemented</p>
	<p>The OIG recommended the department implement a policy of conducting an independent investigation, to include at a minimum an interview of the affected employee, in cases based on reports by outside law enforcement. The OIG opinion is this policy is required to comply with the Labor Code Section 432.7.</p>	<p>The Department's interpretation of Labor Code (LC) section 432.7 differs from the OIG's interpretation.</p>	<p>Not implemented</p>

The following exhibit outlines the nine recommendations we made in July 2018 as published in the report on monitoring the use of force. The department has fully implemented two recommendations, and the status of the remaining seven reflects various stages of implementation.

Exhibit 2. Status of Recommendations on Monitoring the Use of Force, 2018

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
<p>1. To optimize the use of the department's recently implemented use-of-force tracking system, the department should:</p> <p>1.1 Determine which types of use-of-force management reports best suit its executive staff and local hiring authorities' needs.</p> <p>1.2 Routinely analyze the use-of-force data at the headquarters' level for trends.</p>	<p>Division of Juvenile Justice (DJJ) Facilities and Headquarters</p> <p>Division of Adult Institutions (DAI)</p> <p>Institutions</p> <p>Division of Adult Parole Operations (DAPO)</p> <p>DJJ Headquarters</p>	<p>Monthly Institution Force Review Committee (IFRC) Report. Quarterly IFRC Report. COMPSTAT data. Analyze report. Headquarters use-of-force (UOF) tracking Excel spreadsheet.</p> <p>Various data reports will be generated along with input from the field and a recommendation will be presented to the director on which reports will be required and distributed to the executive staff.</p> <p>UOF coordinators generate reports for their respective warden.</p> <p>Reinforce the requirements of DAPO Directive No. 12-02, <i>Use-of-Force Field Executive Review Committee (FERC) Meeting</i>, which reiterates CCR Title 15, Division 3, Section 3268, et seq., <i>Reporting and Review Requirements</i>. The FERC is tasked with reviewing all UOF including every allegation of excessive or unnecessary force within their respective region or area and tracking. DAPO Headquarters Quality Control Program, now known as Fidelity Assurance and Outcomes Unit (FAOU) receives all UOF incidents for final review by the director or designee.</p> <p>UOF Excel spreadsheet. Data upload and analysis will be conducted on a monthly basis. A copy will be sent to the director, deputy director, associate directors, superintendents, asst. superintendents, headquarters captain.</p>	<p>Copies of the facility monthly IFRC and facility quarterly reports.</p> <p>Copies of the headquarters monthly COMPSTAT data report.</p> <p>Approved by directorate, and first reports will be presented to wardens at the next wardens' quarterly meeting, January 29–31, 2019.</p>	<p>Implemented</p> <p>Implemented</p> <p>Implemented</p> <p>Implemented</p> <p>Implemented</p> <p>Partially implemented – The department stated that it is currently using COMPSTAT for analysis of UOF trends at the headquarters level. It also stated that it continues to develop and refine additional tools to analyze trends.</p>

Continued on next page.

Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
<p>1.2 Routinely analyze the use-of-force data at the headquarters' level for trends. (cont.)</p>	<p>DAPO</p>	<p>Reinforce the requirements of DAPO Directive No. 12-02, UOF FERC Meeting that requires Regional Use-of-Force Committee (RUOFC) to conduct in-depth review of incident packages to include the Executive Review Committee Critique and Qualitative. Evaluation/Analysis, for each FERC member.</p> <p>Upon approval from the Regulations and Policy Management Branch (RPMB) of the revised UOF regulations, FAOU to be responsible for maintaining all DAPO UOF data and statistical reports related to UOF incidents for the purposes of monitoring trends, detecting patterns of force, and reporting data to the DAPO executive staff.</p>	<p>Currently with RPMB for stakeholders' review and approval. On track for implementation after RPMB approval.</p>	<p>Pending implementation – The department's plan to maintain use-of-force data for evaluation and analysis of use-of-force incidents is pending approval by the department's Regulation and Policy Management Branch. We will continue to monitor the department's implementation progress for this recommendation.</p>
<p>DAI</p>	<p>Each associate director (AD) will review the data for their respective mission and work with their respective hiring authority on any issues they might see.</p>	<p>The RC Mission will present each associate director [high security, female offenders, general population, and RC mission] with Incident Reporting Tracking System (IRTS) data reports that were approved by the director, on a quarterly basis for review.</p> <p><i>Note: IRTS will be replaced by a component of the Strategic Offender Management System (SOMS) called Incident Report Tracking (IRT). Implementation is expected around August 2019. The current IRTS does not meet the reliability for data that IRT will possess in SOMS.</i></p>	<p>Pending implementation – The department stated that its current data collection system is not reliable. The department is currently working on a replacement tracking system, scheduled to be implemented in August 2019; the department expects the new tracking system to improve the department's ability to analyze UOF trends.</p>	

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
<p>1.3 Monitor staff who frequently use force or were found to have frequently violated use-of-force policies.</p>	<p>DJJ</p>	<p>UOF coordinator will document the staff that frequently are found to violate UOF policies on the UOF Excel tracking spreadsheet and provide a weekly update to the superintendent, assistant superintendent/captain.</p> <p>The superintendent, assistant superintendent/captain will review the UOF Excel tracking spreadsheet on a weekly basis of those staff that were identified.</p> <p>After reviewing the UOF Excel tracking spreadsheet and approving it, the assistant superintendent/captain will provide a copy to their supervisor(s)/manager(s).</p> <p>The supervisor/manager will provide a copy of the policy and procedure to the staff that is identified to read and sign. Once signed, the supervisor(s)/manager(s) will provide the action that was taken and date to the UOF coordinator to document on the UOF tracking Excel spreadsheet.</p>	<p>DJJ is currently working with the department's Office of Labor Relations; the labor negotiation tool was submitted, pending table negotiations.</p>	<p>Pending implementation</p>
	<p>DAPO</p>	<p>The hiring authority (HA) determines the disciplinary penalty level based on mitigating and aggravating factors of the offense, and subject to DOM §3030.19 (J), Employee Disciplinary Matrix, Use of Force.</p> <p>Upon RPMB approval, the revised UOF regulation will require the FAOU to forward data and statistical reports related to UOF incidents to the regional HA for the purposes of monitoring trends, detecting patterns of force. The HA shall determine if monitoring or disciplinary action is appropriate for staff who frequently use or violate the UOF policies.</p>	<p>Currently with RPMB for stakeholders' review and approval. On track for implementation after RPMB approval.</p>	<p>Pending implementation</p>
	<p>DAI</p>	<p>IRTS has the capability to track staff who use force. Hiring authorities have the ability to generate spreadsheets of staff that use force at their level.</p> <p>A memorandum will be generated to wardens reiterating established methods of monitoring staff that have violated the UOF policy.</p> <p>During the developmental and initial phase of IRTS, it was determined that the collection and storage of staffs' training or disciplinary information will not be maintained in the IRTS.</p>	<p>Hiring authorities can utilize current methods for tracking training, and corrective or adverse action by checking training records via the in-service training department, and official personnel or supervisory files to ascertain if there have been any previous disciplinary issues for similar infractions. A memorandum will be provided to hiring authorities reiterating the use of current established methods of tracking employee training, and corrective and adverse actions. Note: IRTS does not meet the reliability for data that IRT will possess in SOMS.</p>	<p>Pending implementation</p>

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
1.4 Track the corrective or adverse actions hiring authorities impose on their staff.	DJJ Facilities and Headquarters	<p>The adverse action analyst will document and track the corrective or adverse actions on a tracking spreadsheet.</p> <p>The superintendents and assistant superintendents will receive a monthly report from the adverse action coordinator identifying staff that have corrective or adverse actions. Staff that have corrective or adverse actions.</p> <p>The superintendent and assistant superintendent will forward a copy of their findings to the deputy director in the superintendent's monthly report.</p>	<p>Due to confidentiality, the monthly report is only distributed to the deputy director, superintendent, and the asst. superintendent; therefore, copies cannot be produced as proof of practice.</p> <p>Copies of the corrective or adverse action tracking spreadsheet.</p>	Implemented
	DAPO	<p>Reinforce DAPO Directive No. 12-02, and Policy 09-06, Incident Reporting Process, to document incidents relating to UOF. The regional employee relations officer tracks and logs into a database, the corrective or adverse actions imposed on staff.</p>		Partially implemented – The division provided us with copies of its tracking spreadsheet. Although the spreadsheet included a list of investigations, the spreadsheet did not include any staff names, which limits its usefulness for the purpose of our recommendation.
	DAI	<p>During the developmental and initial phase of IRTS, it was determined that the collection and storage of staffs' training, and corrective or disciplinary information will not be maintained in the IRTS.</p> <p>Hiring authorities currently have a mechanism in place to track corrective or adverse action – DOM, Chapter 3, Article 22, Section 33030, entitled Employee Discipline.</p> <p>Hiring authorities are expected to utilize current methods for tracking training, and corrective or adverse action by checking training records via the IST department, and official personnel or supervisory files to ascertain if there have been any previous disciplinary issues for same or similar infractions.</p>		Partially implemented – The department issued a memorandum on January 11, 2019, instructing supervisors and managers to review training records and supervisory files regarding employee corrective action and discipline.

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
2. To increase the overall rate of compliance with the use-of force policies and procedures, the department should:				
2.1 Focus its training curriculum on the most common and serious types of violations identified from the new tracking system.	DJJ Stockton Training Center	Review current curriculum and revise if applicable. Develop a training schedule. Implement divisionwide training. Develop handouts which identify the most common and serious types of violations from the new tracking system and have the instructor focus on the handout.	Currently utilizing COMPSTAT analysis for UOF trends. Developing and refining an additional tool to analyze data and trends. Once the tool (tracking system) is refined, the most common and serious types of violation will be identified, and DJJ will train staff and create handouts to address the issue.	Pending implementation – The department has implemented training on the current tracking system (COMPSTAT), and block training is in progress. The department provided training agendas for upcoming training. A new tracking system for DJJ is still in progress, and we will continue to monitor the department's implementation progress.
	DAI	IRTS does not track "serious" violations of the UOF policy. IRTS tracks whether an incident is in compliance with UOF prior to, during, or following the UOF. In addition, IRTS does not track serious bodily injury.		Not implemented
2.2 Consider stronger progressive discipline for staff who repeatedly violate use-of-force policies.	DJJ Facilities and Headquarters	The adverse action analyst will document when repeat violations have occurred and provide a copy to the superintendent, assistant superintendent(s)/captain. The superintendent, assistant superintendent(s) and captain will review the spreadsheet, and a decision to implement progressive discipline and/or adverse actions when applicable for those staff that violate use-of-force policies will be determined. The deputy director will receive a monthly update.	Due to confidentiality, the monthly report is only distributed to the deputy director, superintendent, and the asst. superintendent; therefore, copies cannot be produced as proof of practice. Copies of the corrective or adverse action tracking spreadsheet.	Implemented

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
2.2 Consider stronger progressive discipline for staff who repeatedly violate use-of-force policies. (cont.)	DAPO	The HA determines the disciplinary penalty level based on mitigating and aggravating factors of the offense, and subject to DOM §33030.19 (J), Employee Disciplinary Matrix, Use of Force.		Not implemented – The division provided us with copies of its tracking spreadsheet. Although the spreadsheet included a list of investigations, the spreadsheet did not include any staff names. Therefore, the division is unable to identify repeat violations without knowing the identify of the staff included on the spreadsheets.
	DAI	During Institution Executive Review Committee, wardens continue to identify and monitor staff who violate the UOF policy for same or similar infractions. Wardens are expected to follow existing policy as outlined in DOM, Chapter 3, Article 22, Section 33030, entitled Employee Discipline. A memorandum will be provided to hiring authorities reiterating the use of current established methods of tracking employee training, and corrective and adverse actions.		Partially implemented – The department stated that it will continue to follow current policy regarding employee discipline. In addition, the department issued a memorandum on January 11, 2019, to reinforce current policy, which instructs supervisors and managers to review training records and supervisory files regarding employee corrective action and discipline.
2.3 Hold supervisors and managers accountable when their staff repeatedly violate use-of-force policies.	DJJ Headquarters	Follow-up with supervisor(s)/manager(s) to ensure corrective actions taken against those staff are being carried out and documented in employees' files. If the supervisor(s)/manager(s) are not doing the above, the following actions will take place: A copy of the policy will be provided for review; training; work improvement discussion; adverse action. The superintendent and assistant superintendent will forward a copy of their findings to the deputy director in the superintendent's monthly report.	Due to confidentiality, the monthly report is only distributed to the deputy director, superintendent, and the asst. superintendent; therefore, copies cannot be produced as proof of practice. Copies of the corrective or adverse action tracking spreadsheet.	Implemented

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
2.3 Hold supervisors and managers accountable when their staff repeatedly violate use-of-force policies. (cont.)	DAPO	The HA determines the disciplinary penalty level based on mitigating and aggravating factors of the offense, and subject to Department Operations Manual (DOM) §33030.19 (J), Employee Disciplinary Matrix, Use of Force.		Not implemented – The division did not address our recommendation in its response. Our recommendation contemplated that the department hold supervisors and managers accountable when their staff repeatedly violate use-of-force policies.
	DAI	Staff will continue to be held accountable for repeated similar/same infractions, keeping in line with DOM, Chapter 3, Article 22, Section 33030, entitled Employee Discipline.		Not implemented – The division did not address our recommendation in its response. Our recommendation contemplated that the department hold supervisors and managers accountable when their staff repeatedly violate use-of-force policies.

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
<p>3. To ensure staff understand how to properly carry out video-recorded interviews during the course of their job duties, the department should reevaluate the training it offers to them on the correct procedure to follow when conducting these interviews.</p>	<p>DJJ Stockton Training Center and DJJ Facilities</p> <p>DAI</p>	<p>Review and revise current policy and procedure and curriculum (if applicable). Establish who can conduct and participate in video-recorded interviews and focus on correct process and procedures/compliance for youth video-recorded interviews. Develop a training schedule. Implement departmentwide training or by policy memos. Evaluate the content of the lesson plan and revise if not deemed adequate. Evaluate the training delivery method and revise mode of delivery (training method) if not deemed adequate.</p>	<p>Copies of the revised current policy and procedure and curriculum (if applicable). Copy of the training schedule. Copies of custody staff training records.</p> <p>A memo was issued on 1/11/19 reiterating the responsibilities of managers regarding video-recorded interviews as it relates to allegations of excessive or unnecessary use of force.</p>	<p>Implemented</p> <p>Implemented</p>

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Exhibit 2. (continued)

Description of Recommendation	Departmental Unit	The Department's Proposed Action Plan	The Department's Comments and Proof of Practice	Implementation Status as Determined by the OIG
<p>4. To ensure that staff adhere to policies that pertain to the controlled use of force, the department should reevaluate its training curriculum, provide additional training to staff, and select for participation in controlled use-of-force incidents only those who have completed additional training.</p>	<p>DJJ Stockton Training Center</p>	<p>Review and revise current policy and procedure and curriculum (if applicable). Focus on correct procedures/compliance for controlled UOF incidents. Develop training schedule. Implement divisionwide training or issue policy memos and ensure refresher training is conducted annually for all custody staff.</p>	<p>Policy and procedures were reviewed at the headquarters level. As new issues arise, DJJ will revise the curriculum. All peace officers will continue to receive annual controlled use-of-force training, which will include updates on policy and procedures.</p>	<p>Implemented</p>
	<p>DAI</p>	<p>Reevaluate the training curriculum. Reevaluate the need for additional training to staff. Evaluate the need for a select group of staff to participate in controlled uses of forces after they have been selected and receive additional training.</p>	<p>The current lesson plan was reviewed and deemed adequate. The infrequent amount of controlled UOF incidents can be attributed to the outstanding job staff are doing using communication and de-escalation techniques. Select group training will not be implemented. All peace officers will continue to receive annual controlled use-of-force training. <i>Note: As challenges with staff understanding of the UOF policy are identified, the RC Mission staff will work with the department's Curriculum Design Unit (CDU), to update the lesson plans to ensure they are current and effective training tools.</i></p>	<p>Not implemented</p>

We offered 54 recommendations in our medical inspection reports to both California Correctional Health Care Services and the department. Currently, while we do not formally follow up on responses or actions to these recommendations from either California Correctional Health Care Services or the department, we continue to observe and address the concerns expressed in prior recommendations from previous cycles.

Exhibit 3. Medical Inspection Recommendations, 2018

Institution	Description of Recommendations
Kern Valley State Prison	Provide cross-training to staff members across several responsibility areas and have periodic cross-training updates. Access to specialty services was problematic when the regular nurse was on medical leave. Periodic cross-training may have helped the covering staff to perform the work properly.
Folsom State Prison	FSP should develop monitoring strategies to ensure first medical responders check and document patients' vital signs when responding to medical emergencies.
California State Prison, Centinela	CEN nurses included important information not usually seen on transfer records, such as phone numbers and addresses for pending specialists' appointments. The OIG recommends that CCHCS adopt this process statewide. In the CTC, CEN nurses developed a useful report sheet that contained information relevant to all team members including nursing assistants. The information on the report sheet included the patient's name, diagnoses, care plan information, diet, and TABE (Test of Adult Basic Education) score. The OIG recommends that CCHCS adopt this process statewide.
Chuckawalla Valley State Prison	CVSP nursing managers should develop guidelines, implement training, and establish job performance monitoring strategies for licensed vocational nurse (LVN) care coordinators.
High Desert State Prison	The HDSP chief physician and surgeon (CP&S) or chief medical executive (CME) should periodically check the electronic health record system (EHR) message center to ensure providers promptly review all pertinent results and reports. HDSP should designate an on-site physician supervisor who can support mid-level providers, review their work, and provide appropriate supervision. At the time of the OIG's on-site inspection, HDSP unnecessarily delayed transmitting telemedicine specialty recommendations. The institution should send telemedicine specialty recommendations to the provider immediately, as it already does for off-site specialty recommendations. By using similar rapid processes for transmitting both types of specialty recommendations, HDSP can reduce the risk of lapses in care.
Central California Women's Facility	CCWF should implement strategies to evaluate, improve, and monitor the TTA nurses' clinical performance during urgent/emergent encounters to ensure that they make appropriate and timely nursing assessments and interventions. CCWF medical leadership, including the pharmacist in charge and staff, should implement a quality improvement process to ensure that staff properly closes encounters within the EHR when patients transfer between CCWF units, and that staff administers medications ordered in the skilled nursing facility (SNF) timely. CCWF medical leadership should arrange additional EHR training for providers and nurses. The training should explain barriers and challenges to the medication management process and should demonstrate the correct procedures to overcome those barriers with the EHR. Nursing and physician managers need to improve the consultation process between clinic nurses and providers; CCWF managers must ensure timely notification and communication processes are in place to handle patient situations requiring urgent medical consultation. CCWF should provide certain specialty services, such as physical therapy. California regulations require skilled nursing facilities, including CCWF, to provide these services; if the service cannot be provided at the facility, then CCWF should arrange for transportation to and from the physical therapy service location.
Correctional Training Facility	Based on the results of the Cycle 5 medical inspection at CTF, the OIG recommends CTF provide additional EHR training so that staff gain proficiency in using the built-in EHR functions and can easily identify all orders that were active before a patient's hospitalization. Additional training should help with some of the hospital return medication errors that CTF staff explained were due to their inability to identify previously active medication orders before a patient's hospitalization.
California City Correctional Facility	CCHCS should examine CAC's excellent medication processes and consider replicating those processes statewide.
Mule Creek State Prison	The CEO should rectify the emergency medical response review committee (EMRRC) review process because the committee failed to identify problems with MCSP's emergency response as well as with the care provided by the TTA providers and nurses. The institution needs a properly functioning EMRRC to identify and correct its various lapses in emergency care. The CEO should develop effective methods for evaluating the quality of its providers and nurses because of the poor performance of the medical staff in our review. MCSP's development of reliable and accurate methods to assess provider and nurse performance should form the basis for subsequent quality improvement in these areas. The CEO should identify and correct several of its specialty services processes because of the institution's problems with providing specialty appointments for patients with urgent referrals, for newly arrived patients with pending referrals, or for patients who need specialty follow-up appointments. The CEO should isolate and fix those laboratory processes that resulted in the high, recurring rate of noncompletion of laboratory tests we identified in this cycle. The CEO should analyze and adjust many of its pharmacy and nursing processes to correct the problems we found with medication administration and medication continuity. The CEO should create an institution-wide anticoagulation management system to help track, monitor, and intervene for patients taking anticoagulation medication because the individual providers were unable to do so independently.

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Exhibit 3. (continued)

Institution	Description of Recommendations
California Men's Colony	<p>The CEO should rectify the EMRRC review process because the committee failed to identify problems with the care provided by the TTA providers and nurses. The institution needs a properly functioning EMRRC to identify and correct its various lapses in emergency care.</p> <p>The CEO should analyze and adjust many of the pharmacy and nursing processes because the institution demonstrated poor compliance with most measures of medication administration, observed medication practices, and storage controls.</p> <p>The CEO should identify and correct several specialty services processes because of the institution's problems with scheduling urgent specialty referrals and providing follow-up specialty appointments.</p> <p>The CNE should analyze and correct the sick call processes because the CMC nurses did not see patients promptly as medically necessary. Furthermore, when the nurses referred patients with sick calls to providers, the provider appointments sometimes occurred late or not at all.</p>
Avenal State Prison	<p>ASP's pharmacist in charge (PIC) and chief nurse executive (CNE) should implement quality improvement measures to adjust their pharmacy and nursing administration processes and ensure medications are available when patients need them. In this inspection, the institution did not reliably give needed medications to patients who transferred from other institutions, returned from the hospital, or needed intravenous antibiotics.</p>
California Institution for Women	<p>The pharmacist in charge (PIC) and the chief nurse executive (CNE) should implement quality improvement processes to improve the medication administration of newly prescribed medications and to improve the medication continuity for chronic care patients and patients returning from an outside hospital or emergency department. We found significant problems in these medication delivery areas during this inspection.</p> <p>The CEO should expand the institution's quality improvement efforts to include both nursing and medical provider care in the psychiatric inpatient program (PIP) and the outpatient housing unit (OHU). Because of the problems we found in these areas, CIW should target clinical care assessments, transitions of care during patient hand-offs among staff, and communication between providers and nurses as areas for improvement in these locations.</p> <p>The CEO should have the EMRRC conduct clinical reviews of all nonscheduled emergency transports, including those that involved a patient's departure from mental health areas, including the PIP and the mental health CTC. We found substandard medical care in those areas, resulting in patients needing emergency transfers to higher levels of care.</p> <p>The CNE should reevaluate and improve the institution's current process of evaluating nurses' knowledge and skills competency because we found problems with nursing assessment and intervention, and the lack of provider notification in the inpatient (CTC) and outpatient sick-call areas.</p> <p>The CNE should monitor and train the providers to be more thorough when making assessments and reviewing patient records, particularly in the specialized medical housing units. Furthermore, the CME should also arrange diabetes and opioid management training due to these problems we found.</p> <p>The CEO should install bedside or mobile computers in the TTA to enable CIW staff to record their care documentation into the electronic health record system (EHR) because we found that the TTA staff did not have sufficient computer access during our clinician on-site inspection.</p>
Sierra Conservation Center	<p>The CEO and chief medical executive (CME) should improve provider staffing and decrease the institution's reliance on a "rover" provider because the use of the rover provider resulted in poor provider continuity in all areas of the institution.</p> <p>The CEO should apply quality improvement methods to develop the institution's ability to properly care for patients transferring into SCC. In this inspection, we found numerous problems with the transfer-in process, including nurses failing to ensure that their transfer patients received provider and nurse follow-ups, the inability to maintain medication continuity, and the inability to provide specialty appointments for those patients who had pending specialty referrals.</p> <p>The chief nurse executive and the pharmacist in charge should improve the institution's ability to administer medications promptly for patients returning from an outside hospital and for those patients with prescriptions for new medications.</p> <p>The CEO should expand the institution's diagnostic report tracking system to improve its ability to retrieve, review, and communicate pathology reports because we found the institution had difficulty properly processing these important reports.</p> <p>The CEO should ensure that the institution's information technology department installs and verifies that all providers in all areas, including Yard C, are able to view images in the radiology system.</p>

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Exhibit 3. (continued)

Institution	Description of Recommendations
Calipatria State Prison	<p>The chief nurse executive (CNE) should implement training for the triage and treatment area (TTA) and first medical responder nurses regarding documentation, time line accuracy, and proper nursing assessment due to problems the institution's nurses demonstrated in the emergency services case reviews. Specifically, the CNE should choose the nursing assessments of patients' gastrointestinal conditions as a target for improved care.</p> <p>The CNE should implement a quality improvement program to evaluate and monitor the various transfer-in processes due to errors identified during our case reviews. The CNE should focus on improving the receiving nurses' performance and ensuring prompt provider appointments. The CNE should audit and track newly arrived patients' pending diagnostic tests and specialty referrals to ensure that CAL provides those needed services without incurring lapses in care.</p> <p>The CNE should improve its methods for evaluating the quality of care provided by nurses who assess sick call patients and those who assess new patients transferring in from other facilities due to the various concerns we identified in these areas during our inspection.</p> <p>The CNE should revamp the way the institution appraises the performance of the OHU nurses. Nursing care was substandard in the majority of OHU cases we reviewed.</p> <p>CCHCS should examine CAL's well-run morning huddle process and consider the feasibility of replicating it statewide.</p>
California State Prison, Sacramento	<p>The institution's chief executive officer (CEO) and CNE should coordinate with both custody staff and emergency response medical staff to provide education and training to ensure that first medical responders respond to patients with emergent symptoms, assess them, and transport them appropriately to receive medical care. We found multiple cases in which first medical responders failed to respond to emergencies and did not assess patients with life-threatening symptoms. In these cases, custody staff required patients to walk, unaccompanied and unmonitored by medical staff, to the clinic or TTA for further care.</p> <p>The CEO should rectify the review process of the Emergency Medical Response Review Committee (EMRRC) because the committee failed to identify problems with SAC's emergency response as well as with the care provided by the TTA providers and nurses. The institution needs a properly functioning EMRRC to identify and correct its various lapses in emergency care.</p> <p>The CEO, CNE, and pharmacist in charge (PIC) should remedy the problems we identified with medication continuity, inconsistent medication administration, delays with dispensing medications, and failures to properly identify duplicate orders across most of the institution's health care areas. These poorly functioning processes were especially worrisome for patients returning from a community hospital and for patients transferring to other departmental institutions.</p> <p>The CNE should audit the hospital return process because of the nurses' inability to properly review hospital discharge instructions and ensure medication continuity for these patients.</p> <p>The chief medical executive (CME) should assign a provider to the TTA to handle emergent and urgent situations. With a dedicated TTA provider, clinic providers would have fewer conflicting responsibilities. Clinic providers could focus on their regularly scheduled clinic patients and would not have to reschedule appointments whenever there was a medical emergency.</p> <p>The CEO should improve the scheduling process for newly arrived patients and monitor these appointments to ensure patients receive their required appointments timely.</p> <p>The CME should instruct the providers to specify the appropriate clinical time frame for the ordered specialty service within the electronic health record system (EHRS) and eliminate their use of handwritten requests to expedite specialty services. The CNE should also direct the specialty department to follow the time frame specified in the EHRS order when scheduling services.</p> <p>CCHCS should eliminate time frames for both routine and urgent priority requests from its specialty access policies. Instead, CCHCS should monitor specialty access by measuring the ability of each institution to provide specialty services within the time frames specified in each order in the EHRS.</p> <p>The CME should identify providers who are not carefully reviewing their patients' specialty consultations, progress notes, medications, and appointments. The CME should provide additional EHRS training for those providers who claimed their errors were because of their inability to locate this information in the EHRS.</p> <p>The CME should ensure providers in the correctional treatment center (CTC) and outpatient housing unit (OHU) perform a thorough chart review before each patient encounter. Providers should also discuss the status of each of the patient's current conditions in their progress notes whenever they pass the care of the patient to another provider. The CME should monitor provider performance in the CTC and OHU regularly by reviewing the care of these patients.</p> <p>The CNE should develop and implement new strategies to appraise and improve nursing competency and quality across all areas of nursing care because of the poor overall nursing performance we identified during this inspection.</p> <p>The CNE should clarify and communicate specific duties and expectations to the nurse care managers. The CNE should then provide training and monitor the care managers to ensure they perform appropriate chronic care management for their patients.</p>

The following exhibit outlines the two recommendations we made in July 2018 as published in our ninth report on *The California Department of Corrections and Rehabilitation's Progress Implementing Its Future of California Corrections Blueprint*. The department has fully implemented one recommendation and is in the process of implementing the other.

Exhibit 4. Status of *Blueprint* Recommendations, 2018

Description of Recommendation	The Department’s Proposed Action Plan	Implementation Status as Determined by the OIG
<p>The Office of the Inspector General recommended that the department clarify how it is meeting an inmate’s rehabilitative needs and improve upon its existing performance measures.</p> <p>The department should take steps to implement a data collection plan that documents current and future in-prison programming. The department should utilize existing Strategic Offender Management System (SOMS) data, if deemed reliable, to identify individual offender progress in rehabilitation programming. Existing SOMS data includes, in part: a California Static Risk Assessment (CSRA) score; a Core Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) score; times and hours an inmate attended programming; program start and graduation dates; and program completion or reason for dropout.</p> <p>The department’s new metric for assessing program participation defines “minimal participation” as the number of offenders who have been enrolled in a program for a minimum of 30 calendar days. However, this metric does not identify if an inmate attended and participated during this 30-day period nor does it measure if the inmate actually completed the program or if it met the inmate’s needs. Thus, an attendance participation rate should be added as a metric to account for a minimum attendance benchmark during this period, such as 70 percent. Alternatively, the department can identify the number and percentage of inmates who actually complete a program after they have met the 30-day enrollment benchmark.</p>	<p>The Division of Rehabilitative Programs (DRP), in collaboration with the Division of Adult Institutions (DAI) and Enterprise Information Systems (EIS) utilizing the Strategic Offender Management System (SOMS) has finalized counting rules and reporting for all rehabilitative SOMS items, not limited to, but including the items listed below, which are tied to offender level detail:</p> <ul style="list-style-type: none"> • CSRA scores, • COMPAS scores, • Scheduling for assignments, • Attendance (x-time) hours in assignments, • Program start and end dates, and • Assignment status to include completions and unassignment reasons. <p>* Completion status and attendance for programs is limited to calendar year 2015–forward with SOMS implementation.</p> <p>The DRP currently utilizes minimal participation as an operational measure to indicate whether there is significant turnover in the programs that may need further review. Similar to the latter portion of the recommendation, the DRP assesses completion as the measure of appropriate success. Similarly, during year-end cohort reviews for participants, three measures are proposed to indicate the full scope of programming:</p> <ul style="list-style-type: none"> • Those unique offenders assigned at any point to a particular program, • Of those unique offenders, those who were enrolled for a 30-day period (minimal participation), and • Of those unique offenders, those who completed the identified program (those who have been unassigned with a status of completed). <p>In all, these measures provide a multilevel review of those inmates participating in academic and treatment programming. Any percentage measure assigned to programming (e.g., 50 percent – 70 percent) completed may give the impression that 50 percent of a targeted benchmark will show appropriate outcomes, which DRP believes should not be recognized without definitive outcome-based research on partial programming impacts.</p>	<p>Implemented</p>

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Exhibit 4. (continued)

Description of Recommendation	The Department's Proposed Action Plan	Implementation Status as Determined by the OIG
<p>The Office of the Inspector General recommended that the department take the following actions to increase the percentage of operational courses:</p> <p>Require each supervisor of Correctional Education Programs to provide regular updates to the director of the Division of Rehabilitation Programs regarding the difficulties programs face in recruiting and retaining sufficient teachers, especially for positions remaining vacant for more than 90 days.</p> <p>For teacher positions considered "hard to fill" or those the department has actively "attempted to fill," develop a plan to assess and prioritize the impact a teacher could make for the inmates in providing rehabilitative services to them.</p>	<p>The DRP's Office of Correctional Education submits monthly reports from submissions within the field that identify those positions which have been vacant for a number of months noting the following categories, by specific position: vacant for less than 30 days; vacant one to six months; and vacant six months or longer.</p> <p>Beginning in January 2019, DRP has taken a multifaceted approach to identifying and planning/prioritizing filling of those identified vacancies:</p> <ul style="list-style-type: none"> • Monthly vacancy information is being collected and analyzed. • Bimonthly, the DRP headquarters personnel staff are included on a statewide principal call to discuss difficulties in hiring and notate those hires that appear to be stagnating or where they could have the largest impact in targeted assistance (i.e., those institutions with the highest number of and/or longest-running vacancies). • Coordinating with the local institutions and human resource recruitment to assist the local institution if necessary, including assisting with job advertisements, local interviewing/scheduling, or potentially participating in local employment forums. 	<p>Implemented / ongoing</p>

We made two additional recommendations in the September 2018 C-ROB report, as seen in the following exhibit. C-ROB is an independent board and, unlike the OIG, does not have the authority to request specific responses to recommendations; nonetheless, the department is reviewing both recommendations.

Exhibit 5. Status of C-ROB Recommendations, 2018

Description of Recommendation	The Department's Proposed Action Plan	Implementation Status as Determined by the OIG
<p>The Board recommends the department's Division of Rehabilitative Programs continue to work with the Division of Adult Institutions to strengthen and maximize inmate rehabilitative programming and credit-earning potential. This would involve prioritizing enrollment of its highest-risk and highest-need inmates in evidence-based rehabilitation programs. Secondly, it would ensure that an inmate is able to take full advantage of available credits for rehabilitative and educational achievements to advance his or her release date or initial parole hearing date. The department should determine if its Strategic Offender Management System (SOMS) needs process improvements to improve tracking in key areas, such as assigning inmates to available milestone and rehabilitative achievement credit programs (check for inmate scheduling conflicts) and tracking of inmate program waitlists that are currently prepared at the local institutional level.</p>	<p>The department has completed a number of initiatives aimed at:</p> <ul style="list-style-type: none"> • Ensuring the highest-risk and highest-need offenders are appropriately placed into programs (prioritizing placement), • Offenders are assigned to one or more waitlists tracked through SOMS, and • That offenders, once assigned, are monitored to ensure attendance issues are being mitigated, and offenders are given the highest likelihood of completing assigned programming. <p><i>Prioritizing Highest Risk/Need:</i> The department is accomplishing prioritization and placement through a change request that has been developed over the prior 12+ months in SOMS that will automatically sort waitlist in SOMS, based upon policy prioritization (e.g., risk, need, and time left to serve), and has created two web-based data analytics tools to assist both treatment and education in identifying eligible offenders at the local details that should be placed onto waitlists and that should be prioritized for programming immediately.</p> <p><i>Offender Waitlists:</i> Although waitlists have existed for treatment and education, there are also waitlists now included and built into SOMS for inmate activity groups. These lists display category, by institution and facility, group name, and available filled/available capacity.</p> <p><i>Ongoing Monitoring:</i> The Department of Rehabilitative Programs has created detailed monthly operational dashboards that now extract and display attendance breakdowns in both hours and overall percentages of time in class and has created detailed monthly dashboards related to completions and unassignment reasons to assist local institutions in reviewing monthly information and creating solutions to mitigate issues that are impacting both participation or completion rates.</p>	<p>Not implemented</p>
<p>The Board recommends the department, with the assistance of C-ROB members, determine ways to allow for an exchange of information between federal, state, and county programs to ensure released offenders have access to (and may be approved for) available benefits. This exchange may include a pilot or memorandum of understanding involving partnerships between the Social Security Administration (SSA)/Supplemental Security Income (SSI), the U.S. Department of Veterans Affairs (VA), county social services offices, county probation departments, and the Division of Adult Parole Operations. The goal is to identify strategies to better link those formerly incarcerated to the various services available to help them become stable and self-sufficient as they reintegrate into the community.</p>	<p>Although there has not been involvement from C-ROB members to date, the department has committed to the U.S. Department of Labor and California Workforce Investment Board to a data sharing and research opportunity (CAAL-Skills), pending a statutory change to the sharing of social security numbers provided by U.S. Department of Justice data.</p> <p>This exchange may include data-sharing opportunities from the following agencies and associations:</p> <ul style="list-style-type: none"> • California Workforce Investment Board • California State Board of Education • California Community College Chancellor's Office • California State Department of Education • California Department of Industrial Relations • California Department of Rehabilitation • California Department of Social Services • California Employment Development Department • California Employment Training Panel • California Welfare Directors Association 	<p>Not implemented</p>

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Appendix: Reports Released in 2018

Annual and Semiannual Reports

- Monitoring Internal Investigations and the Employee Disciplinary Process of the California Department of Corrections and Rehabilitation, July–December 2017 (March 29, 2018)
- 2017 Annual Report (May 8, 2018)
- Monitoring the Use of Force: The California Department of Corrections and Rehabilitation’s Process for Reviewing Staff Use of Force Is Thorough, but It Must Address Low Compliance Rates With Its Policies and Procedures, July–December 2017 (July 16, 2018)
- Monitoring Internal Investigations and the Employee Disciplinary Process of the California Department of Corrections and Rehabilitation, January–June 2018 (November 8, 2018)

Medical Inspection Reports: Cycle 5 Results

- Kern Valley State Prison (January 3, 2018)
- Folsom State Prison (January 11, 2018)
- Pelican Bay State Prison (January 16, 2018)
- California State Prison, Centinela (January 31, 2018)
- Chuckawalla Valley State Prison (March 1, 2018)
- High Desert State Prison (April 25, 2018)
- Central California Women’s Facility (May 2, 2018)
- Correctional Training Facility (June 13, 2018)
- California City Correctional Facility (June 18, 2018)
- Mule Creek State Prison (August 2, 2018)
- California Men’s Colony (August 8, 2018)
- Avenal State Prison (August 8, 2018)

- California Institution for Women (August 28, 2018)
- Sierra Conservation Center (August 31, 2018)
- Calipatria State Prison (October 12, 2018)
- California State Prison, Sacramento (November 14, 2018)

Blueprint Monitoring Report

- Ninth Report on *The California Department of Corrections and Rehabilitation's Progress Implementing Its Future of California Corrections Blueprint* and *Update to the Blueprint* (July 23, 2018)

California Rehabilitation Oversight Board (C-ROB) Report

- C-ROB September 15, 2018, Annual Report (September 14, 2018)

All reports are available on our website:
www.oig.ca.gov/pages/reports.php.

2018 Annual Report

Summary of Reports and Status of Recommendations

OFFICE *of the* INSPECTOR GENERAL

Roy W. Wesley
Inspector General

Bryan B. Beyer
Chief Deputy Inspector General

STATE *of* CALIFORNIA
May 2019

OIG