

# Overview of Inmate Mental Health Programs

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LEGISLATIVE ANALYST'S OFFICE

Presented to:  
Senate Budget Subcommittee No. 5 on Corrections, Public  
Safety, and the Judiciary  
Hon. Nancy Skinner, Chair



## Background

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- ☑ **Coleman v. Brown.** In 1995, a federal court ruled that the California Department of Corrections and Rehabilitation (CDCR) was not providing constitutionally adequate mental health care to its inmates. The court appointed a Special Master to monitor and report on CDCR's progress towards providing an adequate level of mental health care, including whether inmates have access to appropriate levels of mental health treatment, such as inpatient psychiatric care.
- ☑ ***Inmate Mental Health Population.*** Currently, about 38,000 inmates in state prison (about one-third of the total inmate population) participate in an in-prison mental health program.
- ☑ ***Outpatient Programs.*** Typically, these inmates can be treated in an outpatient setting, meaning they live in a prison housing unit and receive regular mental health treatment but do not require 24-hour care.
- ☑ ***Inpatient Programs.*** Under certain circumstances, some inmates may require more intensive treatment, which is provided in Mental Health Crisis Beds (MHCBs) and inpatient psychiatric programs.



## Mental Health Crisis Beds

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- Short-Term Housing and 24-Hour Care.** Inmates suffering from severe symptoms of a serious mental health disorder that cannot be managed by an outpatient program are generally sent to MHCBS, which provide short-term housing and 24-hour care for inmates. If the inmate's condition is stabilized in an MHCBS, the inmate is generally sent back to his or her prison housing unit. Inmates are not supposed to stay in MHCBS for more than ten days.
  
- Current Population.** Currently, there are 427 MHCBS in the state prison system. The annual cost of operating one of these beds is around \$345,000.
  
- Wait List for Admission.** Inmates identified as needing MHCBS are supposed to be transferred to these beds within 24 hours. If a bed is not available, alternative accommodations must be found, such as placing the inmate on suicide watch. As of January 2017, there were 70 inmates on a waiting list for admission to an MHCBS.



## Inpatient Psychiatric Programs

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- ☑ ***More Intensive Treatment.*** If an inmate's condition cannot be stabilized in a MHCB, the inmate may be admitted to an inpatient psychiatric program that is operated in a state prison or state hospital, depending on their needs. There are a total of 1,547 inpatient psychiatric beds.
- ☑ ***Intermediate Care Facilities (ICFs).*** ICFs provide longer-term treatment for inmates who require treatment beyond what is provided in CDCR outpatient programs. Inmates with lower security concerns are placed in low-custody ICFs, which are in dorms, while inmates with higher security concerns are placed in high-custody ICFs, which are in cells. There are 784 ICF beds in state prisons, 700 of which are high-custody ICF beds. In addition, there are 306 low-custody ICF beds in state hospitals.
- ☑ ***Acute Psychiatric Programs (APPs).*** APPs provide shorter-term, intensive treatment for inmates who show signs of a major mental illness or higher level symptoms of a chronic mental illness. Currently, there are 372 APP beds, all of which are in state prisons.
- ☑ ***Programs for Specific Inmate Groups.*** In addition to these beds, there are 85 beds for women and condemned inmates in state prisons that can be operated as either ICF or APP beds.



## DSH and CDCR Operate Inpatient Psychiatric Programs

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### **Department of State Hospitals (DSH) Operates Almost All Inpatient Psychiatric Programs**

- DSH operates a total of 1,462 beds in both state prisons and state hospitals.
- DSH currently operates inpatient psychiatric programs at three state prisons—California Medical Facility in Vacaville, California Health Care Facility in Stockton, and Salinas Valley State Prison in Soledad. In these prisons, DSH operates 1,156 ICF and APP beds at an annual cost of around \$216,000 per bed.
- In state hospitals, DSH operates 306 ICF beds for low-custody inmates (256 beds at DSH-Atascadero and 50 beds at DSH-Coalinga). We estimate that the annual cost to operate a low-custody ICF bed in a state hospital to be about \$218,000.



### **CDCR Operates Inpatient Psychiatric Programs for Specific Inmate Groups**

- CDCR provides inpatient psychiatric programs for certain inmates. This includes the operation of a (1) 45-bed facility for women at the California Institution for Women in Corona and (2) 40-bed inpatient program for condemned inmates at San Quentin State Prison in Marin County.
- These programs provide both ICF and APP treatment to inmates housed in cells. These programs serve specific inmate groups (women and condemned inmates), which could significantly affect program operations and costs. The annual cost for a bed in a CDCR-operated, inpatient psychiatric program is around \$301,000.



## Inpatient Psychiatric Program Referral Process

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- When CDCR seeks to place an inmate in a DSH inpatient psychiatric bed, DSH staff must agree with CDCR's assessment that the inmate needs inpatient care and the location the inmate should be served in.
- Under the current referral process, ICF referrals take 15 business days to complete while APP referrals take 6 business days to complete. However, if there are disagreements between the departments, the placement can take longer.
- Once both departments agree on the placement, the inmate is supposed to be transferred within 72 hours.