

OFFICE OF THE INSPECTOR GENERAL

STEVE WHITE, INSPECTOR GENERAL

REVIEW OF THE INMATE APPEAL PROCESS

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON, CORCORAN

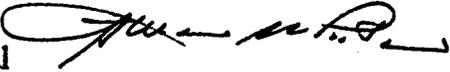


FEBRUARY 2001

Memorandum

Date: February 22, 2001

To: STEVE CAMBRA, JR., Acting Director
California Department of Corrections

From: STEVE WHITE 
Inspector General

Subject: REVIEW OF THE INMATE APPEALS PROCESS AT THE CALIFORNIA SUBSTANCE
ABUSE TREATMENT FACILITY AND STATE PRISON, CORCORAN

Enclosed is a review by the Office of the Inspector General of the inmate appeal process at the California Substance Abuse Treatment Facility and State Prison, Corcoran. In general, we found that the inmate appeals process at the facility is well managed and that appeals related to non-medical issues are processed in a timely manner. The review also revealed, however, that the facility has a considerable backlog of overdue appeals related to medical issues. These medical appeals, some of which involve apparent immediate need, have not been addressed in a timely fashion. Our office also found that the medical department at the Substance Abuse Treatment Facility is not complying with California Code of Regulations provisions requiring that inmates be notified in writing of the reason for delays and the estimated completion date of appeals.

If you have questions concerning this matter, please contact my Chief Deputy, John Chen, at (916) 928-5990.

cc: Robert Presley, Secretary,
Youth and Adult Correctional Agency

Derral G. Adams, Warden,
Substance Abuse Treatment Facility and State Prison, Corcoran

Dr. Edward Castillo, Chief Medical Officer,
Substance Abuse Treatment Facility and State Prison, Corcoran

John Chen, Chief Deputy Inspector General,
Office of the Inspector General

OFFICE OF THE INSPECTOR GENERAL



REVIEW OF THE INMATE APPEALS PROCESS CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON, CORCORAN

REPORT
FEBRUARY 2001

This report presents the results of a review conducted by the Office of the Inspector General of the inmate appeals process at the California Substance Abuse Treatment Facility and State Prison, Corcoran.

On March 17, 2000, Inspector General Steve White advised former California Department of Corrections Director Cal Terhune by memorandum that the Office of the Inspector General would review the inmate appeals process at various institutions. The Office of the Inspector General selected the California Substance Abuse Treatment Facility as one of the institutions to undergo such a review, in part because of complaints from inmates to the Office of the Inspector General about the institution's appeal process. The review was conducted on November 7-9, 2000 and December 4-6, 2000.

The Office of the Inspector General found that the inmate appeals process at the Substance Abuse Treatment Facility is generally well managed and that appeals related to non-medical issues are generally processed in a timely manner. The review further revealed, however, that the facility has a considerable backlog of overdue medically related appeals from inmates, some of which appear to call for immediate response. The Office of the Inspector General also found that the medical department at the Substance Abuse Treatment Facility is not complying with *California Code of Regulations* provisions requiring that inmates be notified in writing of the reason for delays and the estimated completion date of appeals.

BACKGROUND

Opened in August 1997, California Substance Abuse Treatment Facility and State Prison, Corcoran houses about 6,300 male level II, III and IV general population inmates. The primary mission of California Substance Abuse Treatment Facility and State Prison, Corcoran is to provide for the control, care, and treatment of inmates committed to the California Department of Corrections by the courts. The prison provides work and training programs for the general population inmates and operates a substance abuse treatment program for level II inmates.

- *Inmate Appeals Process.* The inmate appeals process is prescribed under Title 15 of the *California Code of Regulations* as a system to enable inmates to file grievances and complaints. Inmates may appeal any departmental decision, action, condition, or policy that they can demonstrate has an adverse effect upon their welfare. The objective of the inmate appeals process is to resolve the inmate grievance at the lowest possible administrative level. The inmate appeals process is documented by the inmate's submission of an inmate/parolee appeal form, CDC Form 602.

The inmate appeals process begins with an attempt to resolve the appeal at the informal level. At this level, grievances are handled directly between the inmate and the staff person involved in the action or decision. Staff members interview the inmate, review all pertinent documentation and information, and if practical, resolve the issue. In most cases, appeals resolved at the informal level are not logged or tracked.

Most appeals are initially filed and screened at the first formal level. The first formal level requires the inmate appeals coordinator to log the appeal into the automated inmate appeals tracking system, which automatically assigns a log number to each appeal and calculates a due date for a response. The inmate appeals coordinator assigns the appeal to the appropriate staff person for a response.

If the inmate is not satisfied with the response at the first formal level, the appeal goes to the second formal level (unless the first level of review is waived under *California Code of Regulations* Title 15). This level of appeal is also logged into and tracked by the inmate appeals tracking system.

If not satisfied with the second formal level response, the inmate may appeal to the director of the California Department of Corrections by forwarding the appeal directly to the Inmate Appeals Branch in Sacramento. This review, the third and final level of appeal, constitutes the director's decision on the appeal and is conducted by a designated representative of the director under the supervision of the chief of the Inmate Appeals Branch.

OBJECTIVES, SCOPE, AND METHODOLOGY

The review of the inmate appeals process by the Office of the Inspector General was conducted to determine whether the Substance Abuse Treatment Facility and State Prison is addressing inmate complaints in a proper and timely manner and to identify areas for possible improvement in the process.

To accomplish these objectives, the Office of the Inspector General:

- Reviewed and evaluated the policies and procedures used by the institution's two inmate appeals coordinators to process and complete inmate appeals;
- Reviewed quarterly appeal reports generated by the inmate appeals tracking system;

- Performed analytical review procedures of the trends and fluctuations in the number and categories of inmate appeals for the calendar years 1998 and 1999 and for the period January 1, 2000 through September 30, 2000; and
- Reviewed the timeliness and completeness of the appeal responses.

To perform the review, the Office of the Inspector General non-statistically selected a sample of 226 inmate appeals completed during the calendar year 2000 to verify that the appeals were completed in a timely manner and that decisions, actions, or resolutions were properly supported. Appeals from the following categories were reviewed: medical, Americans with Disabilities Act, property, living conditions, and disciplinary. The review did not include an audit of the institution's computer hardware or of the inmate appeals tracking system software used to monitor and track inmate appeal activity, and did not verify the accuracy of data entered into the inmate appeal tracking system.

FINDING 1

The Office of the Inspector General found that the institution's inmate appeals office is generally well managed.

The review revealed that in general, appeal responses were well researched and were provided in a timely manner. The staff in the appeals office demonstrated an extensive knowledge of the inmate appeals process and exhibited pride in their work. Of the more than 3,500 non-medical appeals processed by the office through the first nine months of the 2000 calendar year, only 20 were overdue as of December 1, 2000, with many of them overdue by several days. In other instances, the reasons the cases were overdue apparently were beyond the control of the inmate appeals office.

FINDING 2

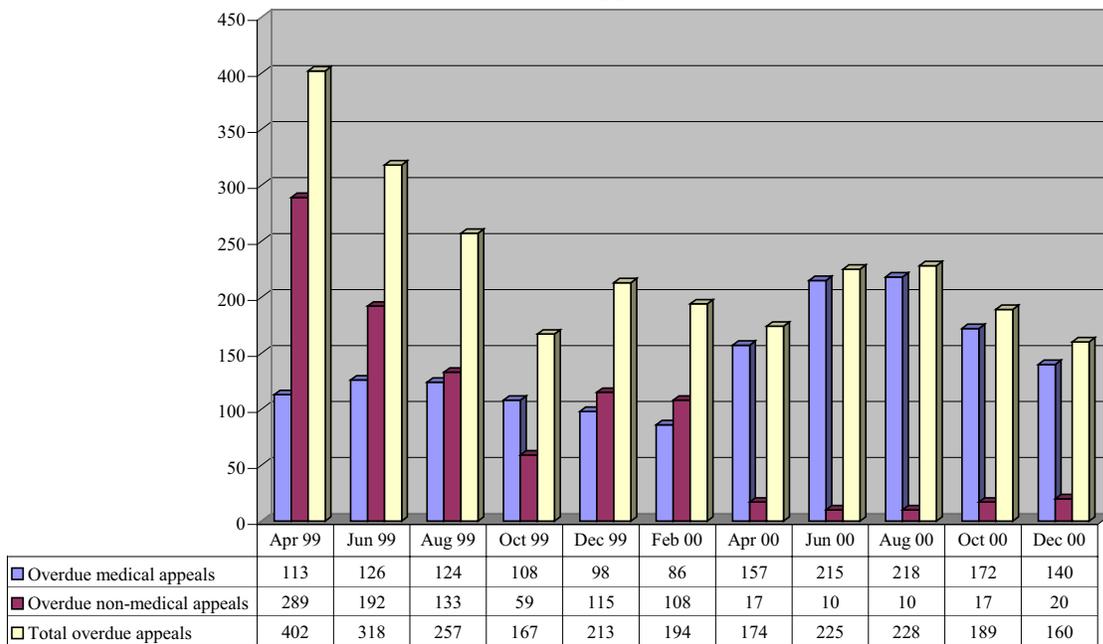
The Office of the Inspector General found that the California Substance Abuse Treatment Facility and State Prison has a considerable backlog of overdue medical appeals. The medical appeals, some of which involve apparent immediate need, have not been addressed in a timely fashion.

In reviewing inmate appeals relating to medical and Americans with Disabilities Act issues, both of which are the responsibility of the medical office, the Office of the Inspector General identified a number of areas in which improvements are needed. These areas are described below.

California Code of Regulations Title 15, Sections 3084.6 (b) (2 and 3) prescribe time limits within which the institution must respond to inmate appeals. The regulations specifically require that first-level appeals be completed within 30 working days of receipt and that second-level appeals be completed within 20 working days of receipt (or 30 working days if the first level is waived).

As of December 1, 2000, the California Substance Abuse Treatment Facility and State Prison had 160 overdue inmate appeals, and the facility was awaiting a response on an additional 16 overdue appeals from outside the institution. Of the 160 overdue appeals, 140 (88 percent) were medically related. The following chart provides the status of overdue appeals from April 1999 to December 2000:

**Substance Abuse Treatment Facility and State Prison
Overdue Appeals**



Of the 140 overdue medical appeals, 57 (41 percent) were delinquent by more than 90 days. The oldest case involving an appeal was delinquent by 634 days. In that case, the inmate had filed a first-level appeal on January 21, 1999 alleging inadequate medical treatment and that the staff had changed his medication without proper testing. No attempt to address the appeal was made until September 2000 — after the inmate had paroled. The medical staff then left four voice-mail messages with the inmate’s parole agent between September and November 2000. Finally, on November 30, 2000, the inmate’s appeal was denied on the basis that no contact had been established with the inmate.

The second oldest case was delinquent by 407 days. In that case, the inmate had filed an emergency appeal stating that he had been diagnosed four months earlier with a hernia that required surgery. The institution responded on September 9, 1999 that the appeal did not meet the criteria of an emergency appeal and would be considered under the normal process. According to the institution’s records, the appeal is still outstanding as of December 1, 2000.

The following is a schedule of the age status of the 140 overdue medical appeals:

**Substance Abuse Treatment Facility and State Prison
Age of Overdue Medical Appeals**

1-30 Days	31-90 Days	91-180 Days	181-365 Days	Over 1 Year	Total Overdue
44	39	36	17	4	140

The Office of the Inspector General reviewed all medical appeals that were more than 120 days late as of November 22, 2000 and found that many of the unanswered appeals were of an apparently serious medical nature and that some appeals were so overdue that the responses were no longer meaningful or relevant. In several instances noted, the inmate had been paroled before the medical department responded to the appeal. In addition to the two oldest cases described above, examples include the following:

- An appeal received on March 24, 2000 requesting an HIV test remained unanswered as of December 6, 2000.
- An inmate submitted an appeal on June 7, 2000 complaining that he did not receive a blood test after another inmate assaulted him with a razor. There was no response from the medical department in the appeal file.
- An inmate submitted an appeal on February 17, 2000 complaining that he did not receive his evening medication. No attempt was made to contact the inmate until August of 2000 — more than five months after he had been paroled. The appeal was denied because the inmate “failed to provide evidence” in support of his appeal.
- An inmate submitted an Americans with Disabilities Act appeal on June 14, 2000, claiming a disability that necessitated a lower bunk assignment. The appeal response was due on July 6, 2000. The inmate was transferred from the institution on August 3, 2000 and was not contacted until August 31, 2000, at which time he “withdrew” the appeal over the telephone, as the bunk assignment issue was no longer relevant.

These examples illustrate that the institution is not prioritizing overdue medical appeals to effectively address those that have potentially serious health consequences for inmates and should receive immediate attention. The examples also include appeals that are relatively minor and could be quickly resolved and removed from overdue status with a minimal amount of time and effort.

FINDING 3

The Office of the Inspector General found that the medical department at the Substance Abuse Treatment Facility is not adhering to inmate notification requirements of *California Code of Regulations* Title 15, Section 3084.6 (b) (6).

California Code of Regulations Title 15, Section 3084.6 (b) (6) provides that if an exceptional delay prevents completion of a review within specified time limits, the appellant must be informed in writing of the reasons for the delay and given an estimated completion date. The Office of the Inspector General staff found that the medical department is not properly notifying inmates about the overdue inmate appeals.

The inmate appeals office does send a weekly “notice of overdue inmate appeal” to inmates, but these notices are not designed to satisfy the inmate notification requirements of Title 15. The notices are generated by the inmate appeals tracking system and are sent to the inmates to inform them that an appeal has been received and assigned to a department for a response. The notice also tells the inmate what department to contact if he has any questions. It does not provide the reasons for the delay or the estimated completion date.

The inmate appeals tracking software is designed to generate two notices for each appeal: one notice for the inmate and one for the reviewer assigned to the appeal response. In the case of medical appeals, therefore, one notice goes to the inmate and the other to the medical department. As a result, the medical department is presently receiving about 140 notices a week, but the notices merely duplicate the information the medical department already receives in the weekly overdue appeals report sent by the inmate appeals office.

CONSEQUENCES OF THE DEFICIENCIES

When inmates repeatedly receive weekly overdue notices and when no action is taken on their appeals, the notices themselves can become a source of friction. Two inmates complained to the Office of the Inspector General about receiving numerous weekly notices with no noticeable progress in their appeals. One inmate had collected 13 notices and another 16 notices. Because their appeals were significantly overdue, the inmates complained that the notices are an unwritten or illegal policy adopted by the institution to bypass the Title 15 appeal response time limits.

The overall backlog of inmate complaints also can contribute to increased tension between staff and inmates, thus compromising the safety of the institution. In addition, the backlog can lead to inmates filing repeated appeals over the same unresolved issue. The failure of the institution to adhere to regulatory appeal timeframes and to address inmate complaints in a timely manner also increases the risk of litigation.

PROBABLE REASONS FOR THE BACKLOG

The institution processes a large volume of appeals each year. During the first three quarters of 2000, the facility completed approximately 4,750 appeals. Americans with Disability Act

and medical appeals represented approximately 25 percent of that total. While the number of overdue appeals has declined at the institution during the past 18 months, the number of overdue medical appeals has remained relatively constant.

The Office of the Inspector General found a number of reasons for the backlog of medical and American with Disabilities Act appeals.

- ***Inmates unable to obtain routine medical services by using the medical appointment request forms have defaulted to using the inmate appeals process to acquire medical care, thereby unnecessarily increasing the appeal workload.***

In reviewing the inmate medical appeals, the Office of the Inspector General found many instances in which the inmate had complained that numerous medical request forms had been submitted with no response from the medical department. The failure of the institution to respond caused inmates to resort to using the inmate appeal process to request medical care, thus increasing the appeal volume. For example, the Office of the Inspector General found the following comments on overdue appeals:

- “I have submitted five (5) requests to see the Facility “B” Doctor. As of this date, I have yet to be seen. I have ongoing medical problems which are getting worse.” (This inmate submitted a form 602 that was received on February 22, 2000. A response to the inmate was due on April 4, 2000 but had not been answered as of December 6, 2000.)
 - “My repeated request and 602’s to medical go unanswered and ignored. I’ve had a “stye” or growth on my lower left eyelid for 10 months.” (A response to this appeal was due on September 18, 2000 but was still unanswered as of December 6, 2000.)
 - “I have made repeated requests to be seen by the CTC optometrist. All these requests have been ignored. The lack of attention concerning the MTA’s on “G” yard and no response to the letter (of referral) from the Education Department has led me to this appeal of action.”
 - “The problem is every time I need to see the Doctor I have to appeal it.”
- ***High vacancies in the medical department have adversely affected the department’s ability to respond to appeals and to provide timely medical care.***

The California Substance Abuse Treatment Facility and State Prison has had ongoing difficulty filling vacant positions in its medical department, which has affected its ability to deliver quality and timely health care to inmates. Of particular concern is that all four of the institution’s pharmacist positions have been vacant for an entire year, with the result that the institution has to contract with a pharmacist to acquire needed services. On December 4, 2000, two of eight physician and surgeon positions (25 percent); 16 of 45 registered nurse positions (36 percent); and three of seven staff psychiatrist positions (43 percent) were vacant. The chart below shows little improvement in the vacancy problem over the past year. Although the vacancies in doctor and dentist positions are

comparable to statewide averages, the vacancies in the pharmacist positions are significant given the mission of the substance abuse treatment facility.

Substance Abuse Treatment Facility and State Prison

Medical Vacancy Positions by Period

	December 4, 2000			December 31, 1999		
	Budgeted	Filled	Vacant	Budgeted	Filled	Vacant
Physician and Surgeon	8.0	6.0	2.0	8.0	5.0	3.0
Dentist	5.0	4.5	0.5	5.0	5.0	0.0
Staff Psychiatrist	7.0	4.0	3.0	3.5	2.5	1.0
Pharmacist I & II	4.0	0.0	4.0	4.0	0.0	4.0
Supervising Registered Nurses	4.0	4.0	0.0	4.0	2.0	2.0
Registered Nurse	45.0	29.0	16.0	41.5	24.0	17.5
Senior Medical Technical Assistant	2.0	2.0	0.0	2.0	2.0	0.0
Medical Technical Assistant	27.0	25.0	2.0	27.4	21.0	6.4

Sources: Substance Abuse Treatment Facility
and State Prison personnel office

State Controller's Office

- ***The medical department has not devoted adequate attention to inmate appeals.***

In August 2000, the institution hired a staff services analyst to act as the medical appeals coordinator and to help reduce the appeals backlog in the medical department. The backlog immediately declined from 218 in August 2000 to 172 in October 2000 and to 140 in December 2000. This reduction demonstrates that the appeals backlog is manageable with the proper amount of attention.

RECOMMENDATIONS

The Office of the Inspector General recommends that the California Substance Abuse Treatment Facility and State Prison inmate appeals office and health care manager take the following actions to correct the deficiencies described in this report:

- The health care manager should institute weekly inmate appeals risk assessment meetings to be coordinated by the medical appeals coordinator and attended by the health care manager and managers from the affected health care offices. The meetings should include a risk assessment and prioritization of every appeal received that week and should identify medical appeals that do not require a doctor's input. These appeals should be cleared by the coordinator, thereby freeing the medical staff to concentrate on appeals requiring their expertise.
- The health care manager should dedicate the resources necessary to eliminate the backlog of medical appeals. In addition, the health care manager should make an

ongoing commitment to staff the appeal process at a level necessary to enable staff to respond in a timely and effective manner to all medical appeals.

- California Department of Corrections headquarters should assist the California Substance Abuse Treatment Facility and State Prison health care manager in filling medical department vacancies at the facility, with the emphasis on filling the vacant pharmacist positions.
- The warden and the health care manager should review the institution's processes and procedures for handling inmate requests for medical appointments to ensure that the inmates' medical needs are addressed in a timely and proper manner. Inmates should not have to rely on filing CDC-602 appeals to obtain medical attention.
- The inmate appeals office should end the process of producing and sending late notices to inmates and to the department responsible for preparing the response. The notices produced by the inmate appeals tracking software do not fulfill Title 15 inmate notification requirements and are redundant when sent to the responsible departments, which are already notified by the weekly overdue appeals report from the inmate appeals office.
- The inmate appeals office should develop an operating procedure to provide departments with a means of notifying inmates of delinquent appeals in a manner that fulfills Title 15 notification requirements. Upon the completion of this procedure departments should be required to comply with the required Title 15 late appeals notification procedures.