



2007 ANNUAL REPORT

OFFICE OF THE INSPECTOR GENERAL

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INSPECTOR GENERAL

STATE OF CALIFORNIA

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2007 Annual Report

EXCELLENCE IN CORRECTIONS THROUGH MODEL OVERSIGHT

A MESSAGE FROM THE INSPECTOR GENERAL

I was first appointed Inspector General in March 2004, just a few weeks after the Office of the Inspector General was removed from the budget chopping block. Now, as I look back over the past several years, I am impressed by how much we have accomplished in such a brief time.

Since 2004, we have grown in size from 23 employees to 108 positions today. We have also grown in status, as demonstrated by the increase in confidence expressed by the state's legislative, executive, and judicial branches. Moreover, we have grown in public transparency and accountability—most of the statutes have been changed to make almost all our reports available to the public.

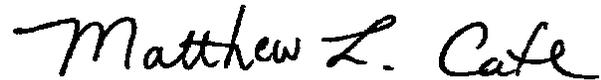
Not surprisingly, when my Chief Deputy Brett Morgan and I came to the OIG, we walked into a small office that was rather shell-shocked by the near loss of the organization. But the staff was committed to doing whatever was necessary to keep the OIG's audits and investigations on track. However, no one could have expected that in just a few years the OIG's credibility would be so improved that both the Legislature and the courts would ask us to help the state end some of its most pressing correctional lawsuits.

The best example of this renewed public trust came with the creation of the OIG's Bureau of Independent Review (BIR) in 2004. The BIR is responsible for real-time oversight of the CDCR's entire employee discipline process. Because of the success of the BIR's new model and the hard work of OIG and CDCR staff members, the state appears close to ending the *Madrid* lawsuit—a seemingly impossible goal when we first accepted this challenge a few years ago.

The BIR is just one example of how the OIG has become part of the solution to what are often seen as California's "unsolvable" correctional problems. Other examples, highlighted in this report, include an expanded role for the OIG in overseeing recent prison reform legislation, as well as the OIG taking on the role of objective monitor of the receiver's efforts to improve correctional health care services.

The challenges before us are vast, and we at the OIG have given considerable thought to how we can best meet these challenges while cultivating a safe and just correctional system. The public can be assured that the time spent over the past several years to strengthen our oversight model has begun to show real and positive results in California's prisons.

As you read this Annual Report, I invite you to think about the transformative role that the OIG has already played and will continue to play in addressing some of our state's most challenging correctional problems.

A handwritten signature in black ink that reads "Matthew L. Cate". The signature is written in a cursive style with a large, sweeping initial 'M'.

Matthew L. Cate
Inspector General

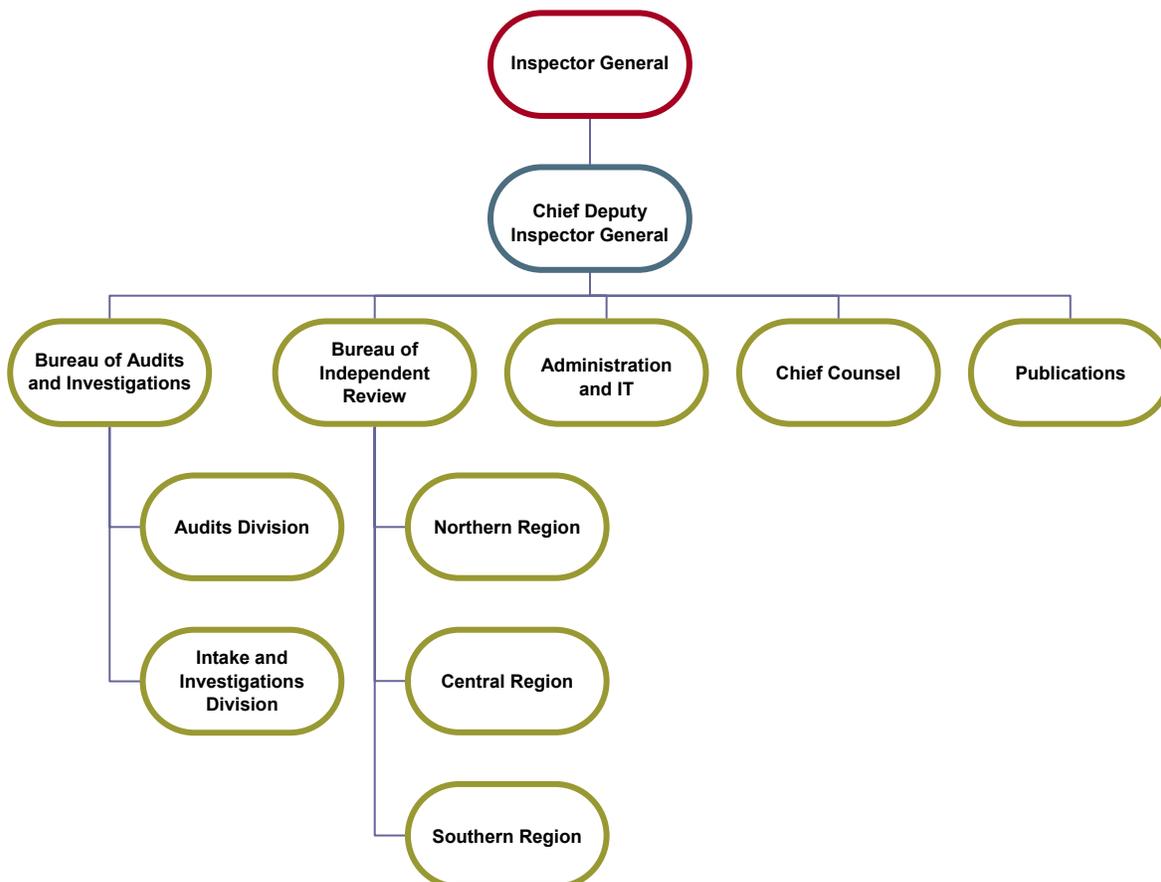
DUTIES OF THE OFFICE OF THE INSPECTOR GENERAL

- Conduct investigations, audits, and special reviews of the state correctional system upon the initiative of the Inspector General and at the request of the Governor, members of the Legislature, or the Secretary of the California Department of Corrections and Rehabilitation (CDCR).
- Perform real-time oversight of internal affairs investigations into alleged misconduct by CDCR employees.
- Conduct audits of each correctional institution at least once every four years and a baseline audit of each warden or superintendent one year after appointment.
- Review CDCR policies and procedures for conducting internal investigations and audits.
- Maintain a toll-free public telephone number to allow reporting of administrative wrongdoing, poor management practices, criminal conduct, fraud, or other abuses in the CDCR.
- Investigate complaints of retaliation against those who report misconduct by the CDCR and its employees.
- Evaluate and report to the Governor the qualifications of the Governor's candidates for warden and superintendent positions for the state's adult and juvenile correctional institutions.
- Refer matters involving criminal conduct to law enforcement authorities in the appropriate jurisdiction or to the California Attorney General.
- Investigate the mishandling of sexual abuse incidents within correctional institutions, maintain the confidentiality of sexual abuse victims, and ensure impartial resolution of inmate and ward sexual abuse complaints through the Office of the Sexual Abuse in Detention Elimination Ombudsperson.
- Examine the CDCR's various mental health, substance abuse, educational, and employment programs for inmates and parolees through the California Rehabilitation Oversight Board (C-ROB).
- Conduct semiannual inspections of adult and juvenile correctional institutions to examine systemic issues, identify problem areas that may lead to investigations or audits, and follow up on prior complaints.
- Audit the California Prison Health Care Receivership Corporation's budget to ensure transparency and accountability.

- Respond to critical incidents at adult and juvenile correctional institutions, including officer-involved shootings, riots, escapes, and correctional staff member deaths caused by inmates.
- Inspect medical care operations at adult correctional institutions.
- Audit the CDCR's compliance with the federal court's injunction and remedial plan in *Armstrong v. Schwarzenegger*.
- Monitor use-of-force committee meetings conducted monthly at each adult and juvenile correctional institution.

ORGANIZATIONAL OVERVIEW

- The Office of the Inspector General (OIG) comprises a skilled team of professionals that includes attorneys with expertise in internal affairs investigations and criminal law, auditors experienced in correctional policy and operations, and investigators drawn from correctional and law enforcement agencies.
- At the end of 2007, the OIG maintained 108 employee positions, including a staff of attorneys classified as special assistant inspectors general and a team of deputy inspectors general cross-trained in audits and investigations.
- In addition to legal, administrative, and publications staff members, the OIG is organized into two principal bureaus: the Bureau of Audits and Investigations (BAI) and the Bureau of Independent Review (BIR).
- California Penal Code sections 6125 through 6133 provide the statutory authority for the OIG's establishment and operation.



STRATEGIC PLANNING

One of the OIG's most important priorities for 2007 was to develop and implement a strategic plan. We identified the need for a strategic plan while conducting internal and external surveys in late 2006. At that time, both internal staff members and external stakeholders expressed concern that the OIG's rapid growth as it took on new mandates and responsibilities highlighted the need for a long-term plan.

Understanding that the strategic plan should be a living document to which all staff members are committed, the OIG engaged in a uniquely inclusive strategic planning effort. Further, every OIG staff member has been and continues to be a part of this effort.

The Office of the Inspector General's mission is to promote excellence in corrections through model oversight.

The OIG's mission, values, and goals best summarize the key elements of our strategic plan, which focuses on our efforts to help improve the state's correctional system.

Initially, some staff members were reluctant to tie our success to the success of the CDCR. They argued that the department may never solve its problems and that the OIG should not be judged based on the CDCR's inability to fix itself. Nevertheless, we agreed that simply reporting on the CDCR's problems is not what the OIG is about—our purpose is truly to make a difference in California's correctional system. Therefore, that is how we plan to judge ourselves and how we expect others to judge us.

Our values motivate us. Through every challenge and decision, we turn to these values FIRST:

- Fairness
- Integrity
- Respect
- Service
- Transparency

And we turn to our four basic goals:

1. Assist the CDCR in becoming a model correctional agency.
2. Achieve excellence in communications.
3. Implement effective and efficient work processes.
4. Maximize use of the OIG's resources to meet organizational goals.

We realize that developing the strategic plan was the easy part. Many departments have successfully accomplished similar efforts. The OIG's challenge will be to uphold our commitment to implement this plan. Thus, every member of the OIG staff is involved in this effort and bears responsibility for keeping us on track. We encourage our stakeholders and the public to do the same.

Our strategic plan—including goals and objectives and a detailed description of our strategic planning effort—is available on our Web site: http://www.oig.ca.gov/about/pdf/Strategic_Plan.pdf

KEY ISSUES

REHABILITATION

The California Rehabilitation Oversight Board

Last year's Annual Report highlighted three key issues: safety and security; waste, fraud, and abuse; and accountability. This year we have decided to add a fourth key issue: rehabilitation.

The OIG's mission was broadened in May 2007 with the signing of Assembly Bill 900 (AB 900), the Public Safety and Offender Rehabilitation Services Act of 2007.

AB 900 was designed to address prison overcrowding and improve rehabilitative programming in California's prisons. In addition, the legislation established the California Rehabilitation Oversight Board (C-ROB) within the OIG. C-ROB, chaired by the Inspector General, is a statewide board of 11 members who represent state and local law enforcement, education, treatment, and offender rehabilitation.



The legislation mandates C-ROB to regularly examine and report biannually to the Governor and the Legislature on rehabilitative programming that the CDCR provides to the adult inmates and parolees under its supervision. By statute, these reports must include findings on

- Effectiveness of treatment efforts for offenders;
- Rehabilitation needs of offenders;
- Gaps in rehabilitation services;
- Levels of offender participation and success.

C-ROB held its first meeting on June 19, 2007, shortly after the legislation was enacted. In total, C-ROB conducted four public hearings in 2007. At these hearings, board members heard testimony from CDCR representatives and other interested parties about the department's progress in setting up a rehabilitative treatment model.

C-ROB submitted its first report to the Governor and Legislature on July 15, 2007, as required by statute. The rest of 2007 was spent gathering information for C-ROB's first substantive report, due on January 15, 2008.

The statute requires C-ROB to use the recommendations of an expert panel, which the department created as a result of the Budget Act of 2006–07, to

assess California's adult prison and parole programs. This panel, formally named the Expert Panel on Adult Offender and Recidivism Reduction Programming, submitted a report to the Legislature in June 2007 that included 11 main recommendations and 35 subrecommendations. C-ROB reviewed that report and agreed with the panel's recommendations.

As C-ROB examines the CDCR's progress in ongoing biannual reports, C-ROB will use the eight basic components outlined by the expert panel:

- **Assess high risk.** Target offenders who pose the highest risk for reoffending.
- **Assess needs.** Identify offenders' criminogenic needs and dynamic risk factors.
- **Develop behavior management plans.** Use assessment results to develop an individualized case plan.
- **Deliver programs.** Deliver cognitive behavioral programs that offer varying levels of duration and intensity.
- **Measure progress.** Periodically evaluate progress, update treatment plans, measure treatment gains, and determine appropriateness for program completion.
- **Prepare for reentry.** Develop a formal reentry plan before program completion to ensure a continuum of care.
- **Reintegrate.** Provide aftercare through collaboration with community providers.
- **Follow up.** Track offenders and collect outcome data.

C-ROB's reports are available on the OIG's Web site, under the C-ROB link: <http://www.oig.ca.gov/crob/>

Besides chairing C-ROB, AB 900 created another role for the Inspector General as one of three individuals responsible for deciding whether all the AB 900 conditions have been met. Specifically, the legislation requires that the second phase of AB 900 funding cannot be released until a three-member panel, composed of the Inspector General, the State Auditor, and a Judicial Council appointee, has certified that 13 benchmarks have been met. The CDCR has yet to request a hearing from this group.

KEY ISSUES

SAFETY AND SECURITY

Safety and security have always been the top operational priorities for correctional administrators, government policymakers, and the public. Since its inception, the OIG has identified various safety and security deficiencies in California's correctional system. In 2007, we continued to identify opportunities for the CDCR to address weaknesses in safety and security.

Review of Release of a Dangerous Inmate

In the October 2007 special review of the department's release of inmate Scott Thomas, we reviewed the circumstances surrounding San Quentin State Prison's treatment and release of an inmate who, the day after his



release, allegedly stabbed a teenage girl and a man who came to her aid. Our inspectors found that a series of mistakes, oversights, and failures to follow policy resulted in the prison staff's failing to identify and treat Thomas's needs while incarcerated, as well as improperly paroling Thomas on May 18, 2007.

Thomas, a parole violator, had a history of disruptive behavior in CDCR prisons. This behavior made him a danger to prison security and earned him terms in security housing units (SHUs) away from the general inmate population. Because his last SHU term had not expired before his parole date from San Quentin, Thomas should have been released directly to the custody of a parole agent. Further, he should not have been released on a Friday because the department had designated Thomas for "high control" parole supervision. Instead, prison staff released Thomas without such custody on a Friday. In a confidential version of the report, we reported additional findings to the CDCR that were prohibited from public disclosure by privacy statutes.

As a result of the two reports, we made 21 recommendations to the department to correct numerous deficiencies. Both reports noted, however, that there is no assurance that Thomas would not have ultimately committed a similar act on his release from prison if the institution had followed CDCR policy. Besides issuing the two special review reports, we conducted investigations of wrongdoing by prison staff and turned over the resulting two investigative reports to the department for action.

Review of High-Risk Issues at Heman G. Stark Youth Correctional Facility

In February 2007, we issued a special review of high-risk issues at the Heman G. Stark Youth Correctional Facility in Chino. The special review determined that the facility had not made substantive progress in improving unsafe or unsatisfactory living conditions for wards in its special management program despite being alerted to those conditions in previous OIG audits.

We found that:

- Management's failure to ensure staff members perform room inspections and adhere to existing policies allowed wards to maintain contraband in the restricted special management program in the form of window coverings, makeshift ropes, and other items. In addition, delivery of mandated services to wards on restricted programs was deficient. The presence of contraband, such as window coverings, combined with wards' isolation in their rooms and the facility's inadequate delivery of mandated services, including education and counseling, presented an environment conducive to suicide attempts and may have contributed to wards' propensity to assault staff members.
- The facility operated a program intended to help violence-prone wards transition from its special management program to less-restrictive programs. However, the facility did not provide to these wards the necessary protections designed to facilitate their rehabilitation. For example, while there is a 90-day limit on a ward's stay in the special management program, there was no such limit for wards in the transition program.
- The facility's ability to hold wards accountable for sexual misconduct was hampered by its use of ineffective or inadequate sanctions and by its failure to consistently submit for prosecution instances of ward sexual misconduct. Thus, wards had little concern about being held accountable and little incentive to curtail their negative behavior.
- A critical mental health screening process designed to flag certain indicators of potential mental health problems including thought disorder, suicide risk, depression, and anxiety was not consistently performed for wards coming into the facility's parole violator



program. As a result, wards in this program were potentially placed at risk for suicide while their assignments to specialized treatment programs or other mental health services were unnecessarily delayed.

We made 20 recommendations as a result of the special review.

Critical Incident Responses

The OIG's Bureau of Independent Review (BIR) monitors the department's handling of critical incidents at adult and juvenile correctional institutions. When a critical incident—usually involving excessive use of force—occurs at an institution, BIR attorneys and investigators roll out to the scene to ensure that the department's investigation is thorough and fair. This real-time oversight often identifies systemic issues that affect the safety and security of both staff members and inmates.

In 2007, the Bureau of Independent Review reported on 122 “critical incidents”—incidents at adult and juvenile correctional institutions often involving serious injury or death.

Investigations and Complaints

In 2007, the intake and investigations arm of the OIG's Bureau of Audits and Investigations (BAI) examined several safety and security concerns. These concerns included allegations of inadequate medical care, criminal conduct, excessive force on inmates, and improper release of inmates to parole.

As required by California Penal Code sections 6129(c)(2) and 6131(c), cases handled by the Bureau of Audits and Investigations are summarized in quarterly reports posted on the OIG's Web site: http://www.oig.ca.gov/reports/quarterly_rpt.asp

The OIG also receives about 350 complaints a month by mail and through the toll-free telephone line. Most complaints concern allegations of staff misconduct, the appeals and grievance process, and the quality of or lack of access to medical care. Complaints that involve urgent safety and security issues receive priority attention.

KEY ISSUES

WASTE, FRAUD, AND ABUSE

In a time of mounting prison costs and taxpayer scrutiny, promoting economy and efficiency within the state's correctional system is a crucial responsibility. Part of the OIG's mission is to thoroughly investigate allegations of financial waste, fraud, and abuse by CDCR staff members, supervisors, and management. In 2007, the OIG demonstrated its worth in providing independent oversight by holding the department publicly accountable for its financial mismanagement.

Review into In-Prison Substance Abuse Programs

In February 2007, we issued a special review of the CDCR's in-prison substance abuse programs, which were managed by the department's Office of Substance Abuse Programs (OSAP). The review determined that the department had spent more than \$1 billion since 1989 to provide substance abuse treatment to California inmates and parolees to reduce the state's high recidivism rate. However, the programs were ineffective at reducing recidivism and represented both a waste of money and a missed opportunity to change lives. OSAP budgeted about \$143 million a year for substance



abuse treatment services, including in-prison treatment for state prison inmates and community-based aftercare for inmates who have paroled.

We found that there were a multitude of reasons to explain the failure of the programs, nearly all of which began and ended with poor management by the CDCR and OSAP. One central finding was that even though the contracts between the state and its in-prison providers required contractors to use the "therapeutic community" treatment model, OSAP not only failed to hold providers accountable for fulfilling that requirement, but it also failed to create the conditions that would allow the therapeutic community model to operate. For example:

- Participants shared yards and other prison facilities even though separation of program participants from other inmates is an essential feature of the therapeutic community model.
- Programs had been placed in facilities subject to either frequent or long-term lockdowns of all or a large percentage of program participants.

- Contractors were not providing the required minimum of 20 hours a week of face-to-face group and individual activities and access to six additional hours a week of optional activities.

Beyond those deficiencies, the review also found that OSAP used a flawed process to select contractors, failed to adequately monitor contract compliance, and exercised poor fiscal controls. Lastly, OSAP repeatedly ignored similar findings and recommendations from more than 20 reports that dated back to 1999 for which it paid over \$8.2 million.

In response to our report and its 30 recommendations, the CDCR abolished OSAP, created a new Division of Addiction and Recovery Services, appointed a high-level executive qualified to oversee prison and community reentry services, and elevated the new division within the department's organizational structure.

New Psychological Evaluations for Inmates

In August 2007, we provided a letter to Senator Don Perata in response to his inquiry about the operations of the Board of Parole Hearings (BPH). We reported on the BPH's progress in conducting new psychological evaluations for inmates serving life terms with parole consideration hearings scheduled on or after May 1, 2007. These evaluations were to be completed and available 60 days before the prisoner's scheduled hearing date, thereby reducing the number of costly hearing postponements. Our review found that the new psychological evaluations were not always completed 60 days before the scheduled hearing. Moreover, even when the evaluations were completed before the 60-day requirement, ostensibly to provide enough time to identify any concerns with the psychological evaluations before the scheduled hearing, postponements still occurred on the day of the hearing. We concluded that the changes to the psychological evaluation process might not have addressed the issue of last-minute requests for hearing postponements.

Inappropriate Use of State Resources

We investigated and monitored several cases that involved inappropriate use of state resources within the department. As part of its work, the OIG's Bureau of Audits and Investigations (BAI) regularly examines alleged misconduct by correctional employees and contractors. These allegations usually stem from complaints or are uncovered during audits or other investigations. In 2007, these cases ranged from misuse of state property to billings for services not provided.

Monitoring of Administrative and Criminal Cases

In 2007, the OIG's Bureau of Independent Review (BIR) expanded its operations to include attending use-of-force committee meetings at prisons. At these meetings, prison administrators review incidents involving the use of force to determine whether an investigation should be requested. With the primary responsibility of ensuring the department's internal affairs investigations are fair and adequate, the BIR reported on 460 cases in 2007. Many of these cases involved dishonesty, sexual misconduct, improper use of force, or failure to report the improper use of force.

Detailed assessments of the Bureau of Independent Review's case monitoring activities are found in its semi-annual reports posted on the OIG's Web site:

http://www.oig.ca.gov/reports/review_rpts.asp

KEY ISSUES

ACCOUNTABILITY

Public accountability of the state’s correctional system is crucial to enacting reforms and bringing transparency to the CDCR’s operations. Therefore, the Legislature has mandated that the OIG publicly release its audit findings. We also investigate retaliation and favoritism complaints, evaluate the Governor’s warden candidates both before and after appointment, and assess the department’s progress in implementing recommendations. Our efforts ensure that legislators and the public can hold department institutions and employees accountable.

2007 Accountability Audit

In July 2007, we issued an audit of the CDCR’s progress in implementing past recommendations we made in 15 separate reports that affect the department’s Division of Juvenile Justice and its Board of Parole Hearings. This “accountability audit,” *Review of Audits of the California Department of Corrections and Rehabilitation, 2000–2005*, included 74 new recommendations and revealed the following:



- The Division of Juvenile Justice had made progress, with 67 percent of the past recommendations fully or substantially implemented. Progress was particularly noteworthy in the areas of counseling and mental health. However, the division still had not adequately addressed recommendations in several important functions, including restricted programs, facility security, education services, and medical care.
- The Board of Parole Hearings accomplished less. It failed to adequately respond to 93 percent of the recommendations remaining from five previous audit reports. As a result, the board continued to perform inefficiently and uneconomically in aspects of its operations, including conducting unnecessary placement hearings and failing to implement procedures to govern the services and billings of foreign language interpreters.

California Institution for Women Quadrennial and Warden Audit

In December 2007, we issued our first four-year (quadrennial) audit report required by Penal Code section 6126(a)(2). The audit, which reviewed the operations of the California Institution for Women (CIW), also focused on the post-appointment performance of the prison's warden.

The audit found that CIW has ongoing building maintenance problems that result from age, overcrowding, and limited funding for maintenance projects. In addition, the audit found that a lack of substitute teachers and inadequate air-conditioning in classrooms contributed to an attendance level of only 42 percent in the prison's education program. Other problems included delayed follow-up medical care, inadequate control over inmate visiting, failure to meet timelines for use-of-force incident documentation, and insufficient weapons training for some correctional officers. The report contains seven findings and 23 recommendations intended to improve the prison's operations.

Overall, we concluded that the warden is hard working, devoted to the institution's mission, and performs her duties well. However, she could improve by requiring a greater degree of compliance with department policy by her staff. Nonetheless, the warden is steadily improving the prison, and she should continue serving as warden at CIW.

Prison Industry Authority New Enterprise Letter

In September 2007, we issued a management letter to the secretary of the CDCR, who is also the chairman of the Prison Industry Board (PIB). In that letter, we addressed the following allegations of misconduct by the Prison Industry Authority (PIA) and the PIB during the course of their developing a proposal to start a peanut butter and jelly packaging enterprise:

- Misappropriation of funds;
- Failure to follow public hearing requirements pertaining to peanut butter and jelly packaging;
- Violation of sole source bid requirements;
- Claiming to manufacture products not produced by the PIA;
- Failure to consider the proposal's impact on California business.

We found no misconduct for the first four allegations. However, we did find that the PIB met its statutory public hearing requirements only after it purchased equipment to be used in the proposed enterprise. Further, we

found that the PIA and the PIB could provide no documentation that they had analyzed the impact of the proposed enterprise on California industry as required by Penal Code section 2808(i). Accordingly, we recommended that the PIB comply with the law, make the board's decision and reasoning part of the public record, and establish uniform policies and procedures for addressing these issues.

Review of the *Armstrong* Accountability Proposal

As part of the *Armstrong* class action lawsuit, which concerns the CDCR's noncompliance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act, the federal court ordered the CDCR to develop a system to track each prison's record in providing services to physically disabled inmates. The court also required that the system track the conduct of staff members who were not complying with the court order. The order calls for the



department to refer repeatedly noncompliant staff, including wardens and medical administrators, to the Office of Internal Affairs for investigation and discipline, if appropriate. The court required the department to develop its system in cooperation with the OIG. Therefore, the department provided its *Armstrong* Accountability Proposal to us for review and

comment. In a June 28, 2007, letter to the secretary of the CDCR, we pointed out many deficiencies with the department's proposal. The CDCR revised its *Armstrong* Accountability Proposal and again submitted the proposal to us. In an October 3, 2007, letter to the secretary, we stated that the revised proposal had adequately addressed all the deficiencies we had found in the original proposal.

Review of the Parole Board's Workload Study

In November 2007, we provided a letter to Senator Don Perata in response to his inquiry about a workload study conducted for the Board of Parole Hearings by CPS Human Resources Services. The purpose of the study was to "provide a comprehensive time and workload analysis of commissioner and deputy commissioner positions and to provide the basis of a resource allocation and time management system." The study was necessary largely because we had found in past audits that the board does not maintain its own time-management system for these employees. Our review of the study found that CPS used reasonable methods to perform the study and develop its conclusions. Nevertheless, we stated that we continue to believe the board should implement a contemporaneous time recording system.

While CPS's focus, as intended, was on board tasks as currently performed and not on identifying and analyzing inefficiencies in the staffs' work processes, it did comment on certain obvious inefficiencies. CPS identified an important limitation in the board's ability to accurately identify the future number of parole consideration hearings for inmates with indeterminate sentences. The board represented that this problem may be resolved with the November 2007 launching of the new Life Sentence Tracking System (LSTS). CPS also noted problems with the board's underutilization of its Revocation Scheduling and Tracking System (RSTS) and the scheduling of hearings that are subsequently postponed.

Assessment of *Madrid* Reforms

The Bureau of Independent Review measures the department's compliance with reforms set forth in the *Madrid* Remedial Plan. The *Madrid* Remedial Plan stemmed from a civil rights lawsuit filed by a group of Pelican Bay State Prison inmates. The federal court decision held that state officials had "permitted and condoned" the use of excessive force against inmates in violation of the Eighth Amendment and that internal affairs investigations into alleged misconduct "were pursued to avoid finding officer misconduct as often as possible."

In 2007, the *Madrid* reforms continued to have a positive impact. With the bureau's help, the department's internal affairs investigations were more timely and thorough, and disciplinary outcomes showed greater consistency and fairness as more department employees were held accountable.

Warden and Superintendent Evaluations

Consistent with the provisions of Penal Code section 6126.6, during 2007 we evaluated the qualifications of 14 candidates for prison warden positions and two candidates for youth correctional facility superintendent positions. We reported the results of our evaluations in confidence to the Governor.

Penal Code section 6126.6 assigns the Inspector General responsibility for evaluating the qualifications of every candidate the Governor nominates for appointment as a state prison warden or a youth correctional facility superintendent. The Inspector General advises the Governor within 90 days whether the candidate is "exceptionally well-qualified," "well-qualified," "qualified," or "not qualified" for the position. To make the evaluation, Penal Code section 6126.6 requires the Inspector General to consider the candidate's experience in effectively managing correctional facilities and inmate or ward populations; knowledge of correctional best practices; and ability to deal with employees, the public, inmates, and other interested parties in a fair, effective, and professional manner.

CONCLUSION

MOVING FORWARD IN 2007

In addition to completing the work described throughout this Annual Report, the OIG made a commitment at the end of 2007 to implement a strategic plan. We identified our values, redefined our mission, laid out our goals, and built specific action plans to set us in the right direction.

Perhaps what is most remarkable about our strategic planning effort is not that it was completed alongside the sizeable amount of regular work the OIG produces or that every staff member was actively engaged in the strategic planning process. What was most remarkable about this process was how it showed us that the OIG's success is intrinsically tied to the success of the CDCR.



Before this realization, we measured ourselves, for example, by the number of audit reports produced or investigations completed. Instead, our strategic plan—specifically our first goal, which is to assist the CDCR in becoming a model correctional agency—will measure the OIG's success as demonstrated by improvements at the department.

It is no longer enough for the OIG to identify problems at the CDCR. We will not consider our work successful (or complete) until the problems have been eliminated. We even go so far in our strategic plan as to measure ourselves against the CDCR's ability to reduce recidivism. We are sharing ownership of the department's problems and committing ourselves to helping the department find viable solutions through independent and transparent audits, investigations, and monitoring. Further, some of our successes discussed in this report illustrate how powerful the OIG model can be when implemented with this goal in mind: we are not successful until the CDCR is successful.

A LOOK AHEAD

OUR ROLE FOR THE FUTURE

In 2008, the OIG will continue to transform as an organization to better provide model oversight of California's evolving correctional system. Federal judicial and state legislative actions have changed the landscape of California's prisons, and we are poised to provide independent oversight of the CDCR—during this period of change and beyond.

Strategic Plan

Our main goal for 2008 will be to continue implementing our strategic plan. We believe that if we continue to make progress on our strategic plan, we can focus on improving the basic correctional practices at California's prisons. We will work hard to identify the department's greatest weaknesses, propose practical recommendations for improvement, and maintain constant and rigorous oversight to promote positive change.



Rehabilitative Progress

As mentioned earlier in this report, Assembly Bill 900, the Public Safety and Offender Rehabilitation Services Act of 2007, broadened the OIG's mission to give us a statewide leadership role in monitoring and supporting the CDCR's efforts to improve its rehabilitative

programming. Through the California Rehabilitation Oversight Board (C-ROB), we will continue to advise the Legislature and the Governor on the department's progress and make recommendations where necessary.

Medical Inspections

In an effort to evaluate and monitor the state's progress of delivering medical care to inmates, the federal receiver requested that the OIG establish an objective, clinically appropriate, and metric-oriented medical inspection program. We agreed to develop a comprehensive medical inspection program where we plan to inspect annually each of California's 33 institutions. We expect to begin statewide inspections in fall 2008.

Armstrong Compliance

In two separate class action lawsuits, the federal court assigned the OIG ongoing responsibilities as part of a state settlement agreement. In *Plata v. Schwarzenegger*, the federal court assigned a receiver to oversee the

development of a sustainable system that provides the minimum level of medical care to fulfill the department's obligation to inmates under the U.S. Constitution. The court required the OIG to review the receiver's operations to ensure transparency and accountability. In *Armstrong v. Schwarzenegger*, the court required the OIG to help the department develop an accountability system. This system will ensure wardens and prison medical administrators comply with the remedial plan that resulted from the court's findings.

Unannounced Inspections

Besides visits to correctional institutions during audits, investigations, and warden and superintendent evaluations, the OIG's deputy inspectors general plan to conduct unannounced inspections at every state correctional institution—including privately operated facilities—at least twice a year. The purpose of the inspections will be to assess the institutions' operations and to increase the OIG's presence.

Fraud Investigations

To uncover fraud in the correctional system, save taxpayer dollars, and hold wrongdoers accountable, we will continue to conduct complex, large-scale investigations of contracts and procurements, kickbacks, bribes, unjustified sole-source awards, and product diversion and substitutions. We will target investigations to areas with potentially significant systemic problems.

Audits of Adult and Juvenile Institutions

We will audit every warden or superintendent one year after his or her appointment, and we will complete a comprehensive audit at each correctional institution at least once every four years. To shine a light on areas where the department has not implemented our recommendations, we will continue to publish reports that identify problem areas and describe the potential impact of the department's unresponsiveness.

Critical Incident Roll-outs

When critical incidents occur at a prison, sworn staff from the Bureau of Independent Review (BIR) or both the BIR and the Bureau of Audits and Investigations (BAI) will respond immediately to the institution on a call-out basis. Under protocols approved by the federal court in 2005, the BIR's special assistant inspectors general have responded to critical incidents to assess the scene and monitor internal affairs investigations. Now the BAI will also roll out to incidents, such as escapes and large-scale riots, to assess whether systemic issues led to the incident and to determine whether the incident warrants an audit or investigation.

APPENDIX

2007 REPORTS

Bureau of Audits and Investigations

- Special Review of High-Risk Issues at the Heman G. Stark Youth Correctional Facility (February 2007)
<http://www.oig.ca.gov/reports/pdf/hstark022207.pdf>
- Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation (February 2007)
<http://www.oig.ca.gov/reports/pdf/substanceabuseprograms.pdf>
- Quarterly Report, January–March 2007
http://www.oig.ca.gov/reports/pdf/bai_qtr_jan_mar07.pdf
- Quarterly Report, April–June 2007
http://www.oig.ca.gov/reports/pdf/quarterly_report_april_june_2007.pdf
- Accountability Audit: Review of Audits of the California Department of Corrections and Rehabilitation, 2000–2005 (July 2007)
http://www.oig.ca.gov/reports/pdf/2007_accountability_audit.pdf
- New Psychological Evaluations for Inmates (letter to Sen. Perata, August 2007)
- Prison Industry Authority New Enterprise Letter (September 2007)
http://www.oig.ca.gov/reports/pdf/pialetter_re_newenterprise.pdf
- Quarterly Report, July–September 2007
http://www.oig.ca.gov/reports/pdf/quarterly_report_july_sept_2007.pdf
- Review of *Armstrong* Accountability Proposal (management review letter, October 2007)
- Special Review into the California Department of Corrections and Rehabilitation’s Release of Inmate Scott Thomas (October 2007)
http://www.oig.ca.gov/reports/pdf/thomas_special_review-redacted.pdf
- Review of the Parole Board’s Workload Study (letter to Sen. Perata, November 2007)

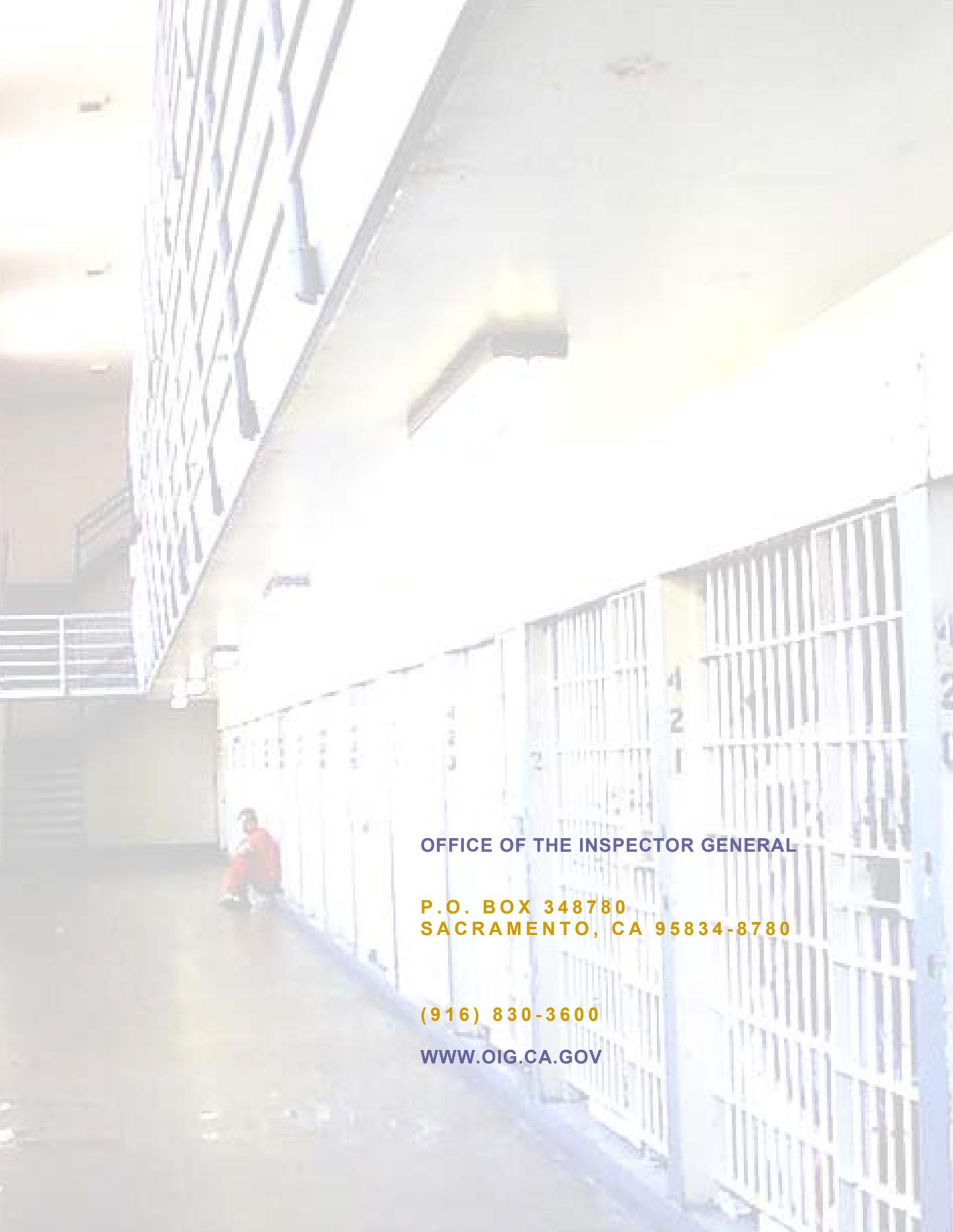
- The California Institution for Women Quadrennial and Warden Audit (December 2007)
http://www.oig.ca.gov/reports/pdf/ciw_combo_audit_final.pdf
- Quarterly Report, October–December 2007
http://www.oig.ca.gov/reports/pdf/2007_Q_Rpt_4.pdf

Bureau of Independent Review

- Semi-annual Report, January–June 2007
http://www.oig.ca.gov/reports/pdf/sar_jan-jun_2007.pdf
- Semi-annual Report, July–December 2007
http://www.oig.ca.gov/reports/pdf/sar_jul-dec_2007_final.pdf

California Rehabilitation Oversight Board

- C-ROB Biannual Report (July 2007)
http://www.oig.ca.gov/crob/pdf/2007/crob_biannualrpt_071507.pdf



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