

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 08/17)

Fiscal Year 2019-20	Business Unit 5225	Department California Department of Corrections and Rehabilitation	Priority No.
Budget Request Name 5225-417-BCP-2019-MR		Program 4530 – Adult Corrections and Rehabilitation Operation - General Security	Subprogram 4530010 – General Security

Budget Request Description
 Sign Language Interpreter Services

Budget Request Summary

The California Department of Corrections and Rehabilitation requests \$1.5 million General Fund and 12 positions beginning in 2019-20 and ongoing to ensure compliance with the federal mandate of providing equal access to programs for disabled inmates.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO Russell J. Nichols	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Project Approval Document: Approval Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Kelly Mitchell	Date	Reviewed By Eric Swanson	Date
Department Director Connie Gibson (A)	Date	Agency Secretary Ralph Diaz (A)	Date

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

PPBA Original Signed By: Madelynn McClain	Date submitted to the Legislature 5/9/19
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Department of Finance
2019-20
Finance Letter Worksheet

5225 001 0001 2019

DEPT: Department of Corrections and
Rehabilitation
STATE OPERATIONS

Prop 98: N

5225-417-BCP-2019-MR

Sign Language Interpreter Services

Proposal Summary

Ongoing augmentation for sign language interpreter services.

Category Changes	Positions	Whole Dollars
Salaries and Wages	12.0	948,000
Staff Benefits	0.0	468,000
Operating Expenses and Equipment	0.0	88,000
Total Category Changes	12.0	\$1,504,000
Program Changes		
4530 Adult Corrections and Rehabilitation Operations-General Security	12.0	1,504,000
Total Program Changes	12.0	\$1,504,000
Fund Changes		
Amount Funded by 5225 001 0001 2019	12.0	1,504,000
Net Impact to Item	12.0	\$1,504,000

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LAO CONTACT: AS/DS
VERSION: MR Working
RUN DATE: May 07, 2019 02:39 PM

A. Budget Request Summary

The California Department of Corrections and Rehabilitation requests \$1.5 million General Fund and 12 positions beginning in 2019-20 and ongoing to ensure compliance with the federal mandate of providing equal access to programs for disabled inmates.

B. Background/History

In 2012, CDCR published "The Future of California Corrections: A Blueprint to Save Billions of Dollars, End Federal Oversight, and Improve the Prison System," commonly referred to as the "Blueprint." The goal of this plan was to allow the Department the ability to satisfy the Supreme Court's order on prison overcrowding, end multiple class-action cases, maintain an effective prison system, and achieve significant savings. It required CDCR to provide rehabilitative programs to inmates in need, including academic, literacy, Career Technical Education (CTE), and college education opportunities.

In order to achieve the goals set forth in the Blueprint, CDCR continues to identify rehabilitation expansion opportunities for the inmate population, including a vast array of education, career skill, and vocational opportunities within Division of Rehabilitative Programs. DRP recently expanded services to all CDCR institutions providing Substance Use Disorder Treatment, Cognitive Behavioral Treatment, and Long Term Offender Programming to eligible inmates statewide.

The Americans with Disabilities Act (ADA) is a federal law that became effective July 26, 1992. There are provisions in the ADA that apply specifically to people with hearing, or speech disabilities (Attachment A). These provisions ensure protections for disabled inmates/parolees by guaranteeing nondiscriminatory practices. Effective January 3, 2001, due to litigation, the Armstrong Remedial Plan established a policy for CDCR to provide access to its programs and services to inmates and parolees with disabilities. In order to provide consistent rehabilitative programs and services to class members, including inmates and parolees with hearing, vision, mobility, learning disabilities and those undergoing kidney dialysis treatment, effective communication means must be established. For most hearing impaired inmates, sign language interpretation is their primary means of communication.

C. State Level Considerations

CDCR's mission states that "[CDCR] protect[s] the public by safely and securely supervising adult and juvenile inmates, providing effective rehabilitation and treatment, and reintegrating inmates successfully into the community."

The passage of Proposition 57 amended the Constitution of the State of California to authorize the "Department of Corrections and Rehabilitation to award sentence credits for rehabilitation, good behavior, or educational achievements" (Cal. Const., art. I, § 32). Expanding rehabilitative programs allows inmates greater access to credit earning opportunities. Credit earning mitigates overcrowding in state prisons and aids CDCR in maintaining an inmate population below 137.5 percent of design capacity, as ordered by the federal Three Judge Court.

Disability rights laws require effective communication for disabled inmates. The law mandates that governmental agencies provide auxiliary aids and services that allow disabled inmates to communicate with, receive information from, and convey information effectively. CDCR employs Support Service Assistants (Sign Language Interpreters or SLIs), utilizes contract services, and Video Remote Interpreting (VRI) to ensure effective communication as it relates to treatment and programming. Hearing impaired inmates requiring SLIs as their primary means of communication are housed at institutions that are able to provide access to rehabilitative programs for this population.

D. Justification

CDCR has encountered significant challenges in providing equal access to the hearing impaired inmate population given the continued expansion of inmate programs and services. The existing SLI employees and contractors are insufficient to allow hearing impaired inmates equitable participate in all programs. CDCR has increased deaf inmate participation in programs, services, and activities by 13,468 hours since last year alone (6,236 hours for 2017 versus 19,704 hours in 2018). This is over a 1,000 hour increase in programming per month, and does not include hours for SLI services required during Rules Violation Report hearings, interviews, medical appointments, inmate requests to attend religious services, monthly training for job assignments, etc.

Since CDCR SLI staffing has not increased, CDCR has increased the use of contracted providers. Utilization of contracted providers has proven problematic due to a nationwide shortage of certified SLI. It is often challenging for contracted vendors to provide in-person SLIs for CDCR programs, services, and activities in certain institutions. Additionally, CDCR has had challenges with securing contractors for activities that occur on the weekends. However, despite this national shortage, CDCR has no trouble filling SLIs positions due to competitive pay and retention pay. Vacancies rarely occur, and when they do, they are filled quickly.

There have been multiple deficiencies in providing equal access to expanded programs, and there is risk of additional litigation, should CDCR fail to provide equal access to rehabilitation programs and services. CDCR faces contempt of court under the Armstrong Class Action lawsuit, due to the lack of SLI resources to ensure equal access to rehabilitative programs and services. Specifically, the most recent Joint Case Status Statement issued by Plaintiff's attorneys presented the following:

"As documented previously, deaf people in California prisons have been and are being denied access too many programs, services, and activities because CDCR failed to make sign language interpreters ("SLIs") available for these programs and classes..."

"...if deaf class members continue to be denied sign language interpreters, and if Defendants do not timely implement a plausible plan to correct longstanding problems, Plaintiffs will have no choice but to seek Court intervention to address this longstanding deprivation of Plaintiffs' rights."

In order to provide disabled inmates inclusive access to all rehabilitation programs, the Department requests an additional 12.0 permanent full-time SSAIs. These positions will satisfy the current demand while providing stability and ensuring compliance with court orders.

According to the Strategic Offender Management System, there are currently 79 inmates who require SLI services, and 11.0 authorized SSAI positions. One SSAI is assigned to each institution where SLI inmates are housed, with two additional assigned to the Substance Abuse Treatment Facility (SATF) based on the inmate population need and agreements with plaintiffs. Positions at North Kern State Prison, Deuel Vocational Institution, and California Correctional Women's Facility are mandated due to their mission as Reception Centers, and California Health Care Facility and California Medical Facility additionally house SLI inmates due to their medical mission. SATF, California State Prison – Los Angeles County, California Institution for Men, and Richard J. Donovan Correctional Facility have additionally been designated, in agreement with plaintiffs, to house SLI inmates based on their missions.

Each position provides approximately six hours of sign language interpreter services per day. SSAIs are scheduled fewer than eight hours due to the intense nature of signing communication and must be allowed intermittent breaks (usually after 20 minutes of signing). The remaining time is used to travel to different facilities to conduct assignments, attend meetings and trainings, etc.

Programming at these institutions is 7 days per week, and begins at 7:00 am and goes until 6:00 pm. CDCR is requesting to establish posted positions to cover these programming hours by adding twelve (12.0) SSAIs to the nine institutions currently providing SLI services. Positions will be allocated based on mission as well as general numbers of SLI inmates that will require services (see Attachment B). This solution enables a more stable programming schedule for the disabled inmates for both second and third watch, and on weekends. Without these additional resources, hearing-impaired class members will continue to be excluded from programming that allows them to earn credits to reduce their sentences. Moreover, they run the risk of being denied parole compared to the rest of the population due to their limited access to Proposition 57 programs. Furthermore, exclusion from rehabilitative programs inhibits hearing-impaired inmates from the improved likelihood of successful community reintegration without recidivism. Furthermore, with the increased resources, CDCR will avoid additional litigation and avoid further contempt of court orders based on exclusion of hearing-impaired inmates.

E. Outcomes and Accountability

CDCR will meet Federal ADA laws specific to effective communication requirements and equal access for disabled inmates participating in rehabilitative programming, and reduce liability of additional litigation. To demonstrate equal access, CDCR collects and monitors statistics on participation in programming by deaf inmates. The Division of Adult Institutions has responsibility for providing equal access to programs, services, and activities for inmates requiring sign language interpretation. To address deficiencies, the Department submits a quarterly Joint Case Status Statement, in conjunction with plaintiffs, to the court.

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the request for \$1,504,000 General Fund for 12.0 Support Services Assistants (Interpreter) beginning fiscal year 2019-20 to ensure federally mandated equal access to programs for disabled inmates is provided.

Pros:

- Prevents additional litigation via the Armstrong Class Action lawsuit by increasing SLI to inmate ratios and ensuring hearing impaired inmates have the same access to programs, services and activities as other inmates.
- Provides long-term reduction of state resources due to earlier releases.
- Continued compliance with the Supreme Court's order to end overcrowding in prisons.

Cons:

- General Fund augmentation required.

Alternative 2: Approve an increase of \$1,629,000 in contract funding for SLI contract services.

Pros:

- Provides additional SLI services in accordance with the Armstrong court and federal law.
- Permanent position authority not required.

Cons:

- Additional overtime and contract dollars required to augment current funded third watch and weekend contract interpreter services.
- Precludes consistent staffing resources for known full-time needs.
- Continued inability to provide regular services due to the national shortage of SLI contractors.
- Continued litigation via the Armstrong Class Action lawsuit.
-

Alternative 3: Approve \$1,504,000 General Funding for 12.0 two-year limited-term SSAI PYs beginning in FY 2019-20.

Pros:

- Does not require all positions to be permanent, full-time.
- Allows institutions to offer equal access for hearing impaired inmates to programs services and activities.
- Potential long-term reduction of state resources due to potential earlier releases of inmates.

Cons:

- Resources do not meet the long-term needs of CDCR.
- Filling limited term positions may yield a reduced candidate pool.
- Requires additional general fund resources.

G. Implementation Plan

CDCR requests approval of General Fund resources in 2019-20 and ongoing. If approved, on July 1, 2019, CDCR will establish and fill 12.0 SSAI positions to facilitate services for SLI inmates in person and through VRI services locally and statewide.

H. Supplemental Information

Attachment A – Federal ADA Effective Communication Laws
Attachment B – SLI Current and Proposed Positions

I. Recommendation

Approve the request for \$1.5 million General Fund and 12 positions beginning in 2019-20 and ongoing to provide for equal access to rehabilitative programming for disabled inmates.



Effective Communication

Overview

The Department of Justice published revised final regulations implementing the Americans with Disabilities Act (ADA) for title II (State and local government services) and title III (public accommodations and commercial facilities) on September 15, 2010, in the Federal Register. These requirements, or rules, clarify and refine issues that have arisen over the past 20 years and contain new, and updated, requirements, including the 2010 Standards for Accessible Design (2010 Standards).

People who have vision, hearing, or speech disabilities (“communication disabilities”) use different ways to communicate. For example, people who are blind may give and receive information audibly rather than in writing and people who are deaf may give and receive information through writing or sign language rather than through speech.

The ADA requires that title II entities (State and local governments) and title III entities (businesses and nonprofit organizations that serve the public) communicate effectively with people who have communication disabilities. The goal is to ensure that communication with people with these disabilities is equally effective as communication with people without disabilities.

This publication is designed to help title II and title III entities (“covered entities”) understand how the rules for effective communication, including rules that went into effect on March 15, 2011, apply to them.

- The purpose of the effective communication rules is to ensure that the person with a vision, hearing, or speech disability can communicate with, receive information from, and convey information to, the covered entity.
- Covered entities must provide auxiliary aids and services when needed to communicate effectively with people who have communication disabilities.
- The key to communicating effectively is to consider the nature, length, complexity, and context of the communication and the person’s normal method(s) of communication.

Effective Communication

- The rules apply to communicating with the person who is receiving the covered entity's goods or services as well as with that person's parent, spouse, or companion in appropriate circumstances.

Auxiliary Aids and Services

The ADA uses the term "auxiliary aids and services" ("aids and services") to refer to the ways to communicate with people who have communication disabilities.

- For people who are blind, have vision loss, or are deaf-blind, this includes providing a qualified reader; information in large print, Braille, or electronically for use with a computer screen-reading program; or an audio recording of printed information. A "qualified" reader means someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary.
- For people who are deaf, have hearing loss, or are deaf-blind, this includes providing a qualified notetaker; a qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter; real-time captioning; written materials; or a printed script of a stock speech (such as given on a museum or historic house tour). A "qualified" interpreter means someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed

to convey information back to that person) using any necessary specialized vocabulary.

- For people who have speech disabilities, this may include providing a qualified speech-to-speech transliterator (a person trained to recognize unclear speech and repeat it clearly), especially if the person will be speaking at length, such as giving testimony in court, or just taking more time to communicate with someone who uses a communication board. In some situations, keeping paper and pencil on hand so the person can write out words that staff cannot understand or simply allowing more time to communicate with someone who uses a communication board or device may provide effective communication. Staff should always listen attentively and not be afraid or embarrassed to ask the person to repeat a word or phrase they do not understand.

In addition, aids and services include a wide variety of technologies including 1) assistive listening systems and devices; 2) open captioning, closed captioning, real-time captioning, and closed caption decoders and devices; 3) telephone handset amplifiers, hearing-aid compatible telephones, text telephones (TTYs), videophones, captioned telephones, and other voice, text, and video-based telecommunications products; 4) videotext displays; 5) screen reader software, magnification software, and optical readers; 6) video description and secondary auditory programming (SAP) devices that pick up video-described audio feeds for television programs; 7) accessibility features in electronic documents and other electronic

and information technology that is accessible (either independently or through assistive technology such as screen readers).

Real-time captioning (also known as computer-assisted real-time transcription, or CART) is a service similar to court reporting in which a transcriber types what is being said at a meeting or event into a computer that projects the words onto a screen. This service, which can be provided on-site or remotely, is particularly useful for people who are deaf or have hearing loss but do not use sign language.

The free nationwide **telecommunications relay service** (TRS), reached by calling 7-1-1, uses communications assistants (also called CAs or relay operators) who serve as intermediaries between people who have hearing or speech disabilities who use a text telephone (TTY) or text messaging and people who use standard voice telephones. The communications assistant tells the telephone user what the other party is typing and types to tell the other party what the telephone user is saying. TRS also provides speech-to-speech transliteration for callers who have speech disabilities.

Video relay service (VRS) is a free, subscriber-based service for people who use sign language and have videophones, smart phones, or computers with video communication capabilities. For outgoing calls, the subscriber contacts the VRS interpreter, who places the call and serves as an intermediary between the subscriber and a person who uses a standard voice telephone. The interpreter tells the telephone user what the subscriber is signing and signs to the subscriber what the telephone user is saying.

Video remote interpreting (VRI) is a fee-based service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss. The new regulations give covered entities the choice of using VRI or on-site interpreters in situations where either would be effective. VRI can be especially useful in rural areas where on-site interpreters may be difficult to obtain. Additionally, there may be some cost advantages in using VRI in certain circumstances. However, VRI will not be effective in all circumstances. For example, it will not be effective if the person who needs the interpreter has difficulty seeing the screen (either because of vision loss or because he or she cannot be properly positioned to see the screen, because of an injury or other condition). In these circumstances, an on-site interpreter may be required.

If VRI is chosen, **all** of the following specific performance standards must be met:

- real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
- a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;

Effective Communication

- a clear, audible transmission of voices; and
- adequate staff training to ensure quick set-up and proper operation.

Effective Communication Provisions

Covered entities must provide aids and services when needed to communicate effectively with people who have communication disabilities.

The key to deciding what aid or service is needed to communicate *effectively* is to consider the nature, length, complexity, and context of the communication as well as the person's normal method(s) of communication.

Some easy solutions work in relatively simple and straightforward situations. For example:

- In a lunchroom or restaurant, reading the menu to a person who is blind allows that person to decide what dish to order.
- In a retail setting, pointing to product information or writing notes back and forth to answer simple questions about a product may allow a person who is deaf to decide whether to purchase the product.

Many deaf-blind individuals use support service providers (SSPs) to assist them in accessing the world around them. SSPs are not "aids and services" under the ADA. However, they provide mobility, orientation, and informal communication services for deaf-blind individuals and are a critically important link enabling them to independently access the community at large.

Other solutions may be needed where the information being communicated is more extensive or complex. For example:

- In a law firm, providing an accessible electronic copy of a legal document that is being drafted for a client who is blind allows the client to read the draft at home using a computer screen-reading program.
- In a doctor's office, an interpreter generally will be needed for taking the medical history of a patient who uses sign language or for discussing a serious diagnosis and its treatment options.

A person's method(s) of communication are also key. For example, sign language interpreters are effective only for people who use sign language. Other methods of communication, such as those described above, are needed for people who may have lost their hearing later in life and do not use sign language. Similarly, Braille is effective only for people who read Braille. Other methods are needed for people with vision disabilities who do not read Braille, such as providing accessible electronic text documents, forms, etc., that can be accessed by the person's screen reader program.

Covered entities are also required to accept telephone calls placed through TRS and VRS, and staff who answer the telephone must treat relay calls just like other calls.

The communications assistant will explain how the system works if necessary.

Remember, the purpose of the effective communication rules is to ensure that the person with a communication disability can receive information from, and convey information to, the covered entity.

Companions

In many situations, covered entities communicate with someone other than the person who is receiving their goods or services. For example, school staff usually talk to a parent about a child's progress; hospital staff often talk to a patient's spouse, other relative, or friend about the patient's condition or prognosis. The rules refer to such people as "companions" and require covered entities to provide effective communication for companions who have communication disabilities.

The term "companion" includes any family member, friend, or associate of a person seeking or receiving an entity's goods or services who is an appropriate person with whom the entity should communicate.

Use of Accompanying Adults or Children as Interpreters

Historically, many covered entities have expected a person who uses sign language to bring a family member or friend to interpret for him or her. These people often lacked the impartiality and specialized vocabulary needed to interpret effectively and accurately. It was particularly problematic to use people's children as interpreters.

The ADA places responsibility for providing effective communication, including the use of interpreters, directly on covered entities. They cannot require a person to bring someone to interpret for him or her. A covered entity can rely on a companion to interpret in only two situations.

(1) In an emergency involving an imminent threat to the safety or welfare of an individual or the public, an adult or minor child accompanying a person who uses sign language may be relied upon to interpret or facilitate communication only when a qualified interpreter is not available.

(2) In situations *not* involving an imminent threat, an adult accompanying someone who uses sign language may be relied upon to interpret or facilitate communication when a) the individual requests this, b) the accompanying adult agrees, and c) reliance on the accompanying adult is appropriate under the circumstances. This exception does *not* apply to minor children.

Even under exception (2), covered entities may *not* rely on an accompanying adult to interpret when there is reason to doubt the person's impartiality or effectiveness. For example:

- It would be inappropriate to rely on a companion to interpret who feels conflicted about communicating bad news to the person or has a personal stake in the outcome of a situation.
- When responding to a call alleging spousal abuse, police should never rely on one spouse to interpret for the other spouse.

Who Decides Which Aid or Service Is Needed?

When choosing an aid or service, title II entities are **required** to give primary consideration to the choice of aid or service requested by the person who has a communication disability. The state or local government must honor the person's choice, unless it can demonstrate that another equally effective means of communication is available, or that the use of the means chosen would result in a fundamental alteration or in an undue burden (see limitations below). If the choice expressed by the person with a disability would result in an undue burden or a fundamental alteration, the public entity still has an obligation to provide an alternative aid or service that provides effective communication if one is available.

Title III entities are **encouraged** to consult with the person with a disability to discuss what aid or service is appropriate. The goal is to provide an aid or service that will be effective, given the nature of what is being communicated and the person's method of communicating.

Limitations

Covered entities are required to provide aids and services unless doing so would result in an "undue burden," which is defined as significant difficulty or expense. If a particu-

lar aid or service would result in an undue burden, the entity must provide another effective aid or service, if possible, that would not result in an undue burden. Determining what constitutes an undue burden will vary from entity to entity and sometimes from one year to the next. The impact of changing economic conditions on the resources available to an entity may also be taken into consideration in making this determination.

State and local governments: in determining whether a particular aid or service would result in undue financial and administrative burdens, a title II entity should take into consideration the cost of the particular aid or service in light of all resources available to fund the program, service, or activity and the effect on other expenses or operations. The decision that a particular aid or service would result in an undue burden must be

made by a high level official, no lower than a Department head, and must include a written statement of the reasons for reaching that conclusion.

Businesses and nonprofits: in determining whether a particular aid or service would result in an undue burden, a title III entity should take into consideration the nature and cost of the aid or service relative to their size, overall financial resources, and overall expenses. In general, a business or nonprofit with greater resources is expected to do more to ensure effective communication than one with fewer resources. If the

entity has a parent company, the administrative and financial relationship, as well as the size, resources, and expenses of the parent company, would also be considered.

In addition, covered entities are not required to provide any particular aid or service in those rare circumstances where it would fundamentally alter the nature of the goods or services they provide to the public. In the performing arts, for example, slowing down the action on stage in order to describe the action for patrons who are blind or have vision loss may fundamentally alter the nature of a play or dance performance.

Staff Training

A critical and often overlooked component of ensuring success is comprehensive and ongoing staff training. Covered entities may have established good policies, but if front line staff are not aware of them or do not know how to implement them, problems can arise. Covered entities should teach staff about the ADA's requirements for communicating effectively with people who have communication disabilities. Many local disability organizations, including Centers for Independent Living, conduct ADA trainings in their communities. The Department's ADA Information Line can provide local contact information for these organizations.

**For more information
about the ADA,
please visit our website
or call our toll-free number.**

ADA Website: www.ADA.gov

To receive e-mail notifications when new ADA information is available, visit the ADA Website and click on the link near the bottom of the right-hand column.

ADA Information Line

800-514-0301 (Voice) and
800-514-0383 (TTY)

Call M-W, F 9:30 a.m. – 5:30 p.m., Th 12:30 p.m. – 5:30 p.m., (Eastern Time) to speak with an ADA Specialist (calls are confidential) or call 24 hours a day to order publications by mail.

For people with disabilities,
this publication is available
in alternate formats.

Duplication of
this document is encouraged.

January 2014

Attachment B

Current # of SLI I/M	SLI positions	
		Total
CCWF	5	1.0
CHCF	2	1.0
CIM	11	1.0
CMF	3	1.0
DVI	2	1.0
LAC	2	1.0
NKSP	2	1.0
RJD	14	1.0
SATF	36	3.0
total	77	11.0

7 day per week coverage

Proposed I/M Pop	SLI positions				
	Post	Relief	Add'l	Total	
CCWF	5	1.0	0.4	0.6	2.0
CHCF	5	1.0	0.4	0.6	2.0
CIM	10	2.0	0.8	0.2	3.0
CMF	5	1.0	0.4	0.6	2.0
DVI	3	1.0			1.0
LAC	5	1.0	0.4	0.6	2.0
NKSP	3	1.0			1.0
RJD	15	3.0	1.0		4.0
SATF	16	3.0	1.0		4.0
SQ	10	2.0	0.8	0.2	3.0
total	77				24.0

For comparison: Plaintiff's suggest 2.0/inmate = 154

RC's	1.0	RC missions have limited programming. Most encounters are for medical, classification, and other due process events. Limited to no interaction for programs, services or activities is necessary on the weekend. Estimate that 1.0 position will be necessary to cover encounters that require SLI.
Medical Mission	2.0	These prisons have high numbers of encounters for health care encounters. They also have evening and weekend programs. Estimate that 2.0 positions (1.4 to provide 7 days/wk coverage and 0.6 to overlap for higher program times) will be necessary to cover encounters that require SLI.
<=7	2.0	These prisons are estimated to have 7 or less inmates who require SLI services. They are not high volume medical users like those at the medical mission, and will require access to program 7 days per week at varied hours between 0700 hours to 2100 hours. Estimate that 2.0 positions (1.4 to provide 7 days/wk coverage and 0.6 to overlap for higher program times) will be necessary to cover encounters for the 7 or less inmates that require SLI.
>=8-14	3.0	These prisons are estimated to have 8 to 14 inmates who require SLI services. They are not high volume medical users like those at the medical mission, and will require access to program 7 days per week at varied hours between 0700 hours to 2100 hours. Estimate that 3.0 positions (2.8 to provide 7 days/wk coverage and 0.2 to overlap for higher program times) will be necessary to cover encounters for the 8 – 14 inmates that require SLI.
15-20	4.0	These prisons are estimated to have greater than 15 inmates who require SLI services. They are not high volume medical users like those at the medical mission, and will require access to program 7 days per week at varied hours between 0700 hours to 2100 hours. Estimate that 4.0 positions (2.8 to provide 7 days/wk coverage and 1.2 to overlap for higher program times) will be necessary to cover encounters for the 15 or greater inmates that require SLI.