State of California
Office of Administrative Law

In re:
Department of Corrections and Rehabilitation

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections:
Amend sections: **3000, 3078.1, 3078.2, 3078.3, 3078.4**
Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY REGULATORY ACTION

Government Code Sections 11346.1 and 11349.6, and Penal Code Section 5058.3

OAL Matter Number: 2016-0317-03

OAL Matter Type: Emergency Operational Necessity (EON)

This action amends (1) eligibility requirements of the Alternative Custody Program to allow male offenders to participate in the program; and (2) ACP exclusionary criteria.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code, and section 5058.3 of the Penal Code.

This emergency regulatory action is effective on 3/29/2016 and will expire on 9/7/2016. The Certificate of Compliance for this action is due no later than 9/6/2016.

Date: March 29, 2016

Mark Storm
Senior Attorney

For: Debra M. Cornez
Director

Original: Scott Kernan
Copy: Josh Jugum

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

EMERGENCY

(See instructions on reverse)

STD. 400 (REV. 01-2013)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-		2016-0317-03EON

For use by Office of Administrative Law (OAL) only

2016 MAR 17 P 4:48

OFFICE OF ADMINISTRATIVE LAW

ENDORSED - FILED
in the office of the Secretary of State of the State of California

MAR 29 2016

2:23 pm

NOTICE | REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (If any)
16-0046

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE

3. NOTICE TYPE
☐ Notice re Proposed Regulatory Action ☐ Other

4. AGENCY CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional)

OAL USE ONLY
ACTION ON PROPOSED NOTICE
☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn

NOTICE REGISTER NUMBER | PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S)
Alternative Custody Program

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) **(Including title 26, if toxics related)**

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT

AMEND
3000, 3078.1, 3078.2, 3078.3, 3078.4

REPEAL

TITLE(S)
15

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
☐ Emergency (Gov. Code, §11346.1(b))
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
☐ Emergency Readopt (Gov. Code, §11346.1(h))
☐ File & Print
☒ Other (Specify) Emergency Necessity PC 5058.3
☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
☒ Effective on filing with Secretary of State
☐ §100 Changes Without Regulatory Effect
☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
☐ Department of Finance (Form STD. 399) (SAM §6660)
☐ Fair Political Practices Commission
☐ State Fire Marshal
☐ Other (Specify)

permanent requested

7. CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional)
Joshua Jugum | 916 445-2228 | 916 324-6075 | joshua.jugum@cdcr.ca.gov

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE | DATE
3/17/16

TYPED NAME AND TITLE OF SIGNATORY
Kenneth J. Pogue, Undersecretary, Administration and Offender Services

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 29 2016

Office of Administrative Law

TEXT OF PROPOSED REGULATIONS

In the following, underline indicates added text, and ~~strikethrough~~ indicates deleted text.

Title 15. Crime Prevention and Corrections, Division 3. Adult Institutions, Programs and Parole, Chapter 1. Rules and Regulations of Adult Operations and Programs

3000. Definitions

Section 3000 is amended to alphabetically merge the definition below with those already in the regulations.

*

*

Alternative Custody Program (ACP) means a voluntary program ~~developed for female inmates whose current commitment offense is neither violent nor serious and whose prior or current commitment offense is not a registerable sex offense pursuant to 1170.05~~ that allows eligible inmates committed to state prison to serve their sentence in the community in lieu of confinement in state prison. ~~Provisions for ACP are located in Title 15, Division 3, Chapter 1, Article 6.8 commencing with section 3078.~~

*

*

Note: Authority cited: Sections 243(f)(4), 2717.3, 3000.03, 5058, 5058.3 and 1170.05, Penal Code; Section 10115.3(b), Public Contract Code; and Sections 4525(a), 4526 and 14837, Government Code. Reference: Sections 186.22, 243, 314, 530, 532, 600, 646.9, 653m, 832.5, 1170.05, 1203.8, 1389, 2080, 2081.5, 2600, 2601, 2700, 2717.1, 2717.6, 2932.5, 3003.5(a), 3020, 3450, 3550, 4570, 4576, 5009, 5050, 5054, 5068, 7000 et seq. and 11191, Penal Code; Sections 1132.4 and 1132.8, Labor Code; Sections 10106, 10108, 10108.5, 10115, 10115.1, 10115.2, 10115.3 and 10127, Public Contract Code; and Section 999, Military and Veterans Code; Section 391, Code of Civil Procedure; Section 297.5, Family Code; Sections 8550, 8567, 12838 and 12838.7, Government Code; Governor's Prison Overcrowding State of Emergency Proclamation dated October 4, 2006; *In re Bittaker*, 55 Cal.App. 4th 1004, 64 Cal. Rptr. 2d 679; Section 11007, Health and Safety Code; and *Madrid v. Cate* (U.S.D.C. N.D. Cal. C90-3094 TEH) *Sassman v. Brown* (E.D. Cal. 2015) 99 F.Supp.3d 1223..

Article 6.8. Alternative Custody Program

3078.1. Alternative Custody Program General Policy.

(a) ~~Pursuant to Penal Code section 1170.05, the Secretary of the Department of Corrections and Rehabilitation (department) is authorized to offer a program under which eligible female inmates who are committed to state prison may be allowed to participate in~~ An Alternative Custody Program (ACP) is a voluntary alternative custody program that allows eligible inmates to serve their sentence in the community in lieu of confinement in state prison.

(b) A~~n Alternative Custody Program (~~ACP~~)~~ p~~P~~articipant's confinement in the community shall consist of restriction to one of the following:
(1) A r~~R~~esidential h~~H~~ome during the hours designated by the department, or
(2) A transitional care facility that offers appropriate services during the hours designated by the department, or
(3) A r~~R~~esidential d~~D~~rug or t~~T~~reatment p~~P~~rogram during the hours designated by the department.
(c) One day of participation in the ACP shall be in lieu of one day of incarceration in state prison. Participants in the program shall receive any sentence reduction credits that they would have received pursuant to section 3043 had they served their sentence in state prison and shall be subject to denial and loss of credit pursuant to PC section 2932(a).
(d) The S~~s~~ecretary or his or her designee shall have the sole discretion concerning whether to permit program participation as an alternative to custody in state prison.
(e) Each inmate released for placement in the ACP shall be subject to applicable rules and regulations governing inmates pursuant to the California Code of Regulations, Title 15, Division 3.

Note: Authority cited: Sections 5058, 5058.3 and 1170.05, Penal Code. Reference: Sections 1170.05 and 5054, Penal Code~~.~~; *Sassman v. Brown* (E.D. Cal. 2015) 99 F.Supp.3d 1223.

3078.2. Alternative Custody Program Eligibility Criteria.

(a) To be eligible to participate in the Alternative Custody Program (ACP), the inmate must volunteer ~~and be female~~.
(b) The inmate shall have no more than 12 ~~24~~ months and no less than 45 days left to serve at the time of placement into the ACP, and;
(c) The inmate does not meet any of the exclusionary criteria as provided for in section 3078.3.

Note: Authority cited: Sections 5058, 5058.3 and 1170.05, Penal Code. Reference: Sections 1170.05 and 5054, Penal Code~~.~~; *Sassman v. Brown* (E.D. Cal. 2015) 99 F.Supp.3d 1223.

3078.3. Alternative Custody Program Exclusionary Criteria.

(a) Mandatory e~~E~~xclusionary criteria includes, but is not limited to:
(1) Current conviction of any of the crimes listed as a violent felony in Penal Code (PC) section 667.5(c) including stayed counts and enhancements.
(2) Current conviction of any of the crimes listed as a serious felony in PC sections 1192.7(c) ~~and~~ or 1192.8 including stayed counts and enhancements.
(3) Current or prior conviction for an offense that requires the person to register as a sex offender ~~pursuant to PC section.~~ as provided in Chapter 5.5 (commencing with Section 290) of Title 9 of Part 1 of the Penal Code.

(4) High risk to commit a violent offense as determined by the department using the California Static Risk Assessment tool, as provided in section 3768.1.
(5) History of escape within the last 10 years from a facility while under juvenile or adult custody, including, but not limited to any detention facility, camp, jail, or state prison facility or inmates that have been reviewed for escape and have been assessed an administrative determinant of ESC, as provided in subsection 3375.2(b)(9).
(6) Active or potential misdemeanor or felony holds, warrants, or detainers.
(7) Active or potential United States Immigration and Customs Enforcement holds, warrants, or detainers.
(8) Active restraining order.
(9) In-custody misconduct equivalent to a Divisions "A-1" through "C" offense, as defined in section 3323, during the last 24 calendar months, except for physical possession of alcohol.
(10) Security Housing Unit or Psychiatric Services Unit terms in the last 12 calendar months.
(11) Current Close or Max Custody, as defined in section 3377.2.
(12) Current or prior conviction for a sexually violent offense, as defined in Welfare and Institutions Code section 6600(b).
(13) Validated active or inactive ~~prison gang~~ STG-I members or associates, as defined in subsection 3378.1(c). ~~Does not exclude v~~Validated STG dropouts ~~or street gang/disruptive groups~~ are not excluded from ACP.
~~(14) Current probable/good cause finding by the Board of Parole Hearings (BPH), as defined in section 3000, for a violation of a condition of parole for a serious or violent offense.~~
~~(15) Probable/good cause finding by BPH for absconding parole within the last 24 calendar months.~~
~~(16) Current Parole Violator Return to Custody or pending revocation status.~~
(b) Additional exclusionary criteria shall be reviewed on a case-by-case basis, including but not limited to:
~~(1) Current or prior sexual offense convictions not requiring PC section 290 registration.~~
~~(2) Current psychiatric or medical condition that requires ongoing care.~~
(1)The inmate has not satisfactorily complied with rules and regulations while in custody or on parole.
(2)~~(3)~~ Current or prior child abuse ~~arrest(s) or~~ conviction(s), ~~probable/good cause finding by BPH~~ or conviction(s) where the offense was related to abuse or neglect of a child.
(3)~~(4)~~ Current or prior conviction(s) ~~or probable/good cause finding(s) by BPH for a violation of a condition of parole~~ for stalking.
(4)~~(5)~~ Prior ACP participation that resulted in a return to an institution.
(5)~~(6)~~ Upon review of all case factors, no appropriate ~~placement~~ transitional care facility, residential drug or treatment program or residential home is available in the community.
(6) Current or prior conviction(s) for arson.
(7) Prior conviction of any of the crimes listed as a violent felony in Penal Code (PC) section 667.5(c) or serious felony in PC sections 1192.7(c) or 1192.8 including stayed counts and enhancements.
(8) Validated as an STG-II member or associate.

(c) An inmate's existing psychiatric or medical condition that requires ongoing care is not a basis for excluding the inmate from eligibility to participate in ACP.

Note: Authority cited: Sections 5058, 5058.3 and 1170.05, Penal Code. Reference: Sections 290, 667.5(c), 1170.05, 1192.7(c), 1192.8 and 5054, Penal Code. Section 6600(b), Welfare and Institutions Code.

3078.4. Alternative Custody Program Processing.

(a) Screening and Assessment.
(1) Every inmate shall be afforded the opportunity to sign and submit to their assigned Correctional Counselor a CDCR Form 2234 (03/16~~07/12~~), Alternative Custody Program (ACP) Application and Voluntary Agreement, which is incorporated by reference.
(2) Upon receipt of a CDCR Form 2234, the ~~Correctional Counselor shall complete a~~ Secretary or his or her designee shall respond to the applicant within two weeks to inform the offender that the Form 2234 was received and to notify the inmate of the eligibility criteria of ACP.
(3) P~~p~~reliminary screening for ~~Alternative Custody Program (~~ACP~~)~~ eligibility shall be completed by the Correctional Counselor utilizing the criteria provided in section 3078.2 on a CDCR Form 2235 (03/16~~09/12~~), Alternative Custody Program Screening Form, which is incorporated by reference. Upon completion, the CDCR Form 2235 shall be forwarded to Women and Children Services Unit (WCSU) for further screening.
(4)~~(3)~~ An assessment of the inmate's predictive factors shall be completed using the California Static Risk Assessment, as provided in section 3768.1. The result of the assessment shall facilitate decisions regarding the placement, supervision and case-management of an offender in a community setting.
(5) WCSU shall review the CDCR Form 2235 and other case factors to determine if the inmate is potentially eligible for ACP. The inmate shall be notified in writing of a determination of potential eligibility.
(b) Individualized Treatment and Rehabilitation Plan.
(1) Within 30 calendar days after a finding that the applicant is potentially eligible for participation in ACP, ~~Based on the assessment completed in (a)(3) above and a review of the inmate's central file,~~ an Individualized Treatment and Rehabilitation Plan (ITRP) shall be ~~prepared~~ developed by designated institution staff in consultation with the inmate based on the assessment completed in (a)(4) above and a review of the inmate's central file. The ITRP shall address a full range of issues including those directly and indirectly related to the specific needs of the potential ACP Participant. The ITRP shall describe specific activities and services needed to achieve identified goals. The ITRP shall address, but is not limited to the following factors:
(A) Housing.
(B) Employment plans.
(C) Transportation.
(D) Substance abuse treatment.
(E) Parenting and life skills.
(F) Anger management and criminal thinking.
(G) Career Technical Education programs and educational needs.

(H) Social services needs, e.g., Veteran's Affairs benefits, general assistance, social security.
(I) Medical, dental, and mental health needs.
(2) Institution staff shall coordinate with the ACP Program Manager, as defined in section 3078, to identify appropriate transitional care facility, residential drug or treatment program or residential home ~~placement~~ consistent with the offender's needs and availability of appropriate program(s). When available and appropriate, the department shall prioritize the use of evidence based programs and services. Other factors to be considered include but are not limited to:
~~(A) Child dependency issues wherein the court and/or a representative of the appropriate county agency has determined that a potential participant's inclusion in the program is not in the best interest of the child.~~
~~(B)~~ Placement resulting in a potential participant residing in close proximity to any person that was the victim of the potential participant's crime.
(3) The potential participant shall agree to fill out and sign forms pertaining to any county, state, or federal medical benefit program(s) for which the participant is eligible.
(4) The participant shall sign the CDCR Form 1516-ACP (06/11), Requirements of the Alternative Custody Program, which is incorporated by reference, agreeing to comply with the requirements of participation in ACP.
(c) Classification and Case Records
(1) The ITRP and all other pertinent information will be presented to the Institution Classification Committee (ICC), as provided in subsection 3376(c)(2), for program participation consideration. The ICC will consider the totality of the information along with input from the inmate prior to recommendation for ACP placement.
(2) Upon recommendation of ICC for ACP placement, the case will be referred to a Classification Staff Representative (CSR) for endorsement.
(3) Upon the endorsement of an ACP Participant, Case Records shall be notified to ensure the ACP release process is completed. Victim notification shall be made at least 45 days prior to the participant's release to ACP.
(4) Prior to release to ACP, Case Records shall notify local law enforcement of the jurisdiction in which the ACP Participant will reside, providing the following information:
(A) The participant's name, address, and date of birth.
(B) The current offense committed by the participant.
(C) The estimated duration of time the participant will be in the community under ACP.
(5) Case Records functions of inmates on ACP shall be managed by the location designated by the Director, Division of Adult Institutions.
(6) While in the ACP, the participant's annual classification review, pursuant to subsection 3376(d)(2), shall be suspended.
(d) Except as necessary to comply with any release notification requirements, the inmate shall be released to the program no later than seven business days following notice of acceptance into the program, or if this is not possible in the case of an inmate to be placed in a residential drug or treatment program or in a transitional care facility, the first day a contracted bed becomes available at the requested location.
(e) The inmate may appeal the decision through the procedures detailed in section 3084 et seq. or reapply for participation in the program 30 days after the notice of the denial.

Note: Authority cited: Sections 5058, 5058.3 and 1170.05, Penal Code. Reference: Sections 1170.05 and 5054, Penal Code.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

ACP APPLICATION AND VOLUNTARY AGREEMENT

CDCR 2234 (07/12)

The Alternative Custody Program (ACP) is a voluntary program that promotes parenting, family reunification and the development of life skills while addressing treatment needs. The ACP allows inmates to be housed in a personal residence, a transitional care facility or a residential drug or treatment program instead of serving time in prison. I understand placement into the ACP is based upon meeting specific eligibility criteria and the California Department of Corrections and Rehabilitation has the authority for final placement approval based on bed availability and other factors. While participating in the ACP, I will be subject to applicable rules and regulations governing inmates pursuant to the California Code of Regulations (CCR), Title 15, Division 3. I understand I may be removed from the ACP and returned to prison to serve the remainder of my original sentence for any reason, with or without cause.

I. TO BE COMPLETED BY INMATE

I meet the criteria set forth in the CCR Title 15, section 3078.2 including the following: (Check all that apply)

☐ I am a female

(Select one)

☐ I have private medical insurance. **OR** ☐ I agree to apply for any county, state or federal medical coverage for which I may qualify.

I request to reside at the following location:	**Private Residence**
☐ My private residence is located at: (I understand my residence must have no aggressive animals, no weapons, unobstructed access by law enforcement and will be verified by a Parole Agent.)	(Include street address, city, county and zip code)
The contact person at the above address is:	
My relationship to the contact person is:	
The contact person's telephone number is:	
☐ Residential Drug or Treatment Program or Transitional Care Facility	

I understand that my signature on this document indicates my willingness to voluntarily participate in the ACP.

CDC NUMBER	INMATE NAME (PRINTED)	INMATE SIGNATURE	DATE SIGNED	HOUSING UNIT

II. FOR USE BY INSTITUTION COUNSELING STAFF

Does the participant have a qualifying disability requiring effective communication? ☐ Yes ☐ No

If yes, cite the source document and/or observation(s): _____

What type of accommodation/assistance was provided to achieve effective communication to the best of the inmate's ability?

COUNTY OF LAST LEGAL RESIDENCE	COUNTY OF COMMITMENT	INSTITUTION	EPRD

☐ INMATE ELIGIBLE	☐ INMATE INELIGIBLE	REASON, IF INELIGIBLE

CORRECTIONAL COUNSELOR NAME (PRINT)	CORRECTIONAL COUNSELOR SIGNATURE	DATE SIGNED	PHONE NUMBER

III. FOR USE BY ACP PROGRAM MANAGER

ACP PROGRAM NAME	ACP PROGRAM ADDRESS	PHONE NUMBER	ASSIGNED PAROLE UNIT

IV. FOR USE BY PAROLE UNIT

DISTRICT/UNIT	RECEIVING AGENT ASSIGNED TO INVESTIGATE	COMMENTS

DATE ASSIGNED	DATE DUE	AGENT'S RECOMMENDATION Proposed residence meets criteria ☐ Yes ☐ No

PAROLE AGENT NAME (PRINT)	PAROLE AGENT SIGNATURE	DATE SIGNED

UNIT SUPERVISOR APPROVAL Concur with agent's recommendation ☐ Yes ☐ No	PHONE NUMBER	COMMENTS

UNIT SUPERVISOR NAME (PRINT)	UNIT SUPERVISOR SIGNATURE	DATE SIGNED

UPON COMPLETION OF PRIVATE RESIDENCE VERIFICATION - RETURN THIS FORM TO THE SENDING INSTITUTION C&PR OFFICE

*EPRD means Earliest Possible Release Date

Distribution: Original to c-file; copy to inmate

ALTERNATIVE CUSTODY PROGRAM (ACP) APPLICATION AND VOLUNTARY AGREEMENT

CDCR 2234 (Rev. 03/16)

The Alternative Custody Program (ACP) is a voluntary program that promotes parenting, family reunification, and the development of life skills while addressing treatment needs. The ACP allows offenders to be housed in a residential home, a transitional care facility, or a residential drug or treatment program instead of serving time in prison. I understand placement into the ACP is based upon meeting specific eligibility criteria and the California Department of Corrections and Rehabilitation has the authority for final placement approval based on multiple factors. While participating in the ACP, I will be subject to applicable rules and regulations governing inmates pursuant to the California Code of Regulations (CCR), Title 15, Division 3. I understand I may be removed from the ACP and returned to prison to serve the remainder of my original sentence at any time, with or without cause.

I. TO BE COMPLETED BY INMATE

SELECT ONE:

☐ I have private medical insurance **OR** ☐ I agree to apply for any county, state or federal medical coverage for which I may qualify.

INDICATE CHOICE (e.g., 1 or 2):	I am requesting to reside at one of the following (listed in preference order with my 1st choice being number 1 and my 2nd choice being number 2):		
	ACP Private Program: ***Will require a program acceptance letter and residence verification which may increase the application processing timeframe.***	NAME OF PROGRAM	
		STREET ADDRESS	
		CITY, ZIP CODE	COUNTY
		CONTACT NAME	CONTACT PHONE NUMBER
	ACP Private Residence (home): ***Will require a residence verification which may increase the application processing timeframe.***	(I understand my residence must have no aggressive animals, no weapons, unobstructed access by law enforcement and will be verified by a Parole Agent.)	
		STREET ADDRESS	
		CITY, ZIP CODE	COUNTY
		CONTACT NAME(S)	CONTACT PHONE NUMBER

I understand that my signature on this document indicates my willingness to voluntarily participate in the ACP. I am aware that wearing and maintaining an electronic monitoring device is a condition of my placement in the ACP.

CDCR NUMBER	INMATE NAME (PRINTED)	INMATE SIGNATURE	DATE SIGNED	HOUSING UNIT

II. FOR USE BY INSTITUTION COUNSELING STAFF

Does the participant have a qualifying disability requiring effective communication? ☐ Yes ☐ No

If yes, cite the source document and/or observation(s): _____

What type of accommodation/assistance was provided to achieve effective communication to the best of the inmate's ability? _____

COUNTY OF LAST LEGAL RESIDENCE	COUNTY OF COMMITMENT	INSTITUTION	EARLIEST POSSIBLE RELEASE DATE

ELIGIBILITY	REASON, IF INELIGIBLE
☐ REFER FOR SCREENING ☐ INELIGIBLE	

CORRECTIONAL COUNSELOR NAME (PRINT)	CORRECTIONAL COUNSELOR SIGNATURE	DATE SIGNED	PHONE NUMBER

III: FOR USE BY DIVISION OF ADULT PAROLE OPERATIONS STAFF

REGION	PAROLE UNIT	INVESTIGATING PAROLE AGENT 'S NAME	DATE ASSIGNED
☐ NORTHERN ☐ SOUTHERN			
DUE DATE	PROPOSED RESIDENCE MEETS CRITERIA ☐ YES ☐ NO	COMMENTS	
PAROLE AGENT'S PRINTED NAME		PAROLE AGENT'S SIGNATURE	DATE SIGNED

☐ **I CONCUR WITH THE PAROLE AGENT'S RECOMMENDATION.**

UNIT SUPERVISOR'S PRINTED NAME	UNIT SUPERVISOR'S SIGNATURE	DATE SIGNED

UPON COMPLETING THE RESIDENCE VERIFICATION, PLEASE RETURN THIS FORM TO THE SENDING INSTITUTION'S C&PR OFFICE.

DISTRIBUTION: ORIGINAL – CENTRAL FILE; COPIES – PAROLE FIELD FILE, INMATE/PARTICIPANT

ALTERNATIVE CUSTODY PROGRAM SCREENING FORM

CDCR Number: _____ Name: _____ Release Date: _____

This form shall be completed upon receipt of a CDCR Form 2234, ACP APPLICATION AND VOLUNTARY AGREEMENT form from an inmate. If applicable, check the appropriate EXCLUSIONARY box(s) below:

I. EXCLUSIONARY CRITERIA:

- ☐ Current Violent Felony conviction, including stayed counts or enhancements for offenses pursuant to PC Section 667.5(c). This includes BPH Good Cause Finding/Probable Cause Finding (GCF/PCF).
- ☐ Current Serious Felony conviction, including stayed counts or enhancements for offenses pursuant to PC Section 1192.7(c) and 1192.8. This includes BPH GCF/PCF.
- ☐ PC Section 290 registration requirement or current or prior conviction for a sexually violent offense as defined in subdivision (b) of Welfare and Institutions Code Section 6600.
- ☐ California Static Risk Assessment (CSRA) score of 5 (high violence).
- ☐ More than 24 months or less than 45 days left to serve.
- ☐ Escape history within last 10 years or mandatory minimum for escape. BPH GCF/PCF for absconding in the last 24 calendar months.
- ☐ Active or potential misdemeanor or felony holds, warrants, or detainers. Active or potential ICE holds, warrants, or detainers.
- ☐ Active Restraining Order.
- ☐ In-Custody misconduct (Division A-C offenses) in last 24 calendar months, except physical possession of alcohol.
- ☐ SHU/PSU within the last 12 calendar months.
- ☐ Close or MAX Custody.
- ☐ Validated active or inactive prison gang or associates pursuant to CCR Subsection 3378(c).
- ☐ Parole Violator Return to Custody including Pending revocations (current term/violation)

II. CASE-BY-CASE REVIEW:

- ☐ Current or prior sexual conviction not requiring PC Section 290 registration.
- ☐ Current psychiatric or medical condition that requires ongoing care.
- ☐ Current or prior child abuse arrest(s) or conviction(s) or probable/good cause finding by BPH or conviction(s) where the offense was related to abuse or neglect of a child.
- ☐ Current or prior conviction(s) or probable/good cause finding(s) by BPH for stalking.
- ☐ Prior ACP participation that resulted in return to an institution

III. ELIGIBILITY DETERMINATION:

- **Eligible** - If there are no boxes marked above, check the **"Eligible"** box below.
- **Ineligible** - If any box(es) are marked above, check the **"Ineligible"** box below. The reason for ineligibility shall be noted in the Comment Section.
- **Case-by-Case Review** – If case requires a case-by-case review, check the **"Case-by-Case Review"** box below. CBC reviews are conducted ONLY when no other exclusions exist. CBC reviews shall be reviewed and evaluated by a Unit Classification Committee prior to recommendation for ACP placement.

☐ Eligible ☐ Ineligible ☐ Case-by-Case Review Required

Comment Section: _____

Print Name/Title: _____ Signature: _____

Date: _____ Institution/Unit: _____

Distribution: Original to c-file; copy to inmate

ACP SCREENING

CDCR Number: _____ Name: _____ Release Date: _____

This form shall be completed after review of a CDCR 2234, ACP APPLICATION AND VOLUNTARY AGREEMENT form from an inmate.
If applicable, check the appropriate EXCLUSIONARY box(es) below:

I. EXCLUSIONARY CRITERIA:

- ☐ Current Violent or Serious Felony conviction, including stayed counts or enhancements for offenses pursuant to PC Section 667.5(c), Section 1192.7(c), or 1192.8.
- ☐ PC Section 290 et seq. registration requirement or current or prior conviction for a sexually violent offense as defined in subdivision (b) of Welfare and Institutions Code Section 6600.
- ☐ California Static Risk Assessment (CSRA) score of 5 (high violence).
- ☐ Upon placement into program, cannot have more than 12 months or less than 45 days to serve on EPRD.
- ☐ Escape history within last 10 years or mandatory minimum for escape.
- ☐ Active or potential misdemeanor or felony holds, warrants, or detainers. Active or potential ICE holds, warrants, or detainers.
- ☐ Active Restraining Order.
- ☐ In-Custody misconduct (Division A-C offenses) in last 24 calendar months, except physical possession of alcohol.
- ☐ SHU/PSU within the last 12 calendar months.
- ☐ Close or MAX Custody.
- ☐ Active or inactive validated STG-I member or associate pursuant to CCR Section 3378 et seq.

II. CASE-BY-CASE REVIEW:

- ☐ Validated as an STG-II member or associate.
- ☐ Current or prior child abuse conviction(s) or convictions where the offense was related to abuse or neglect of a child.
- ☐ Current or prior conviction(s) for stalking.
- ☐ Any prior ACP participation that resulted in a return to an institution.
- ☐ Current or prior arson conviction.
- ☐ Upon review of all case factors, no appropriate transitional care facility, residential drug or treatment program or residential home is available in the community.
- ☐ Prior conviction of any of the crimes listed as a violent felony in Penal Code (PC) section 667.5(c) or serious felony in PC sections 1192.7(c) or 1192.8 including stayed counts and enhancements.

III. DETERMINATION:

- **Forward to WCSU** - If there are no boxes marked in Section I or II, check the "**Forward to WCSU**" box below for further review to determine potential eligibilty. Final eligibility will be determined by the Institutional Classification Committee considering ACP placement.
- **Ineligible** - If any boxes are marked in Section I, check the "**Ineligible**" box below. The reason for ineligibility shall be noted in the Comment Section.
- **Case-by-Case Review** – If there are no boxes marked in Section I and one or more boxes are marked in Section II, check the "**Forward to WCSU**" and "**Case-by-Case Review**" boxes below. CBC reviews are conducted ONLY when no other exclusions exist. The above noted CBC reviews shall be evaluated by the Institutional Classification Committee considering ACP placement.

☐ Ineligible ☐ Case-by-Case Review ☐ Forward to WCSU

Comments Section: _____

Institution/CCII Name/Date _____ Signature: _____

WCSU/Name/Date: _____ Signature: _____ ☐ Potentially eligible ☐ Ineligible

Distribution: Original to c-file.