Evaluation of a Prisoner Condom Access Pilot Program Conducted in One California State Prison Facility

Prepared By:

Kimberley D. Lucas, M.P.H.
Jamie L. Miller, M.P.H.
Valorie Eckert, M.P.H.
Stacy Goldsby, B.A.
Megan C. Henry, M.P.H.
Michael C. Samuel, Dr.P.H.
Janet C. Mohle-Boetani, M.D., M.P.H.

Public Health Unit
California Correctional Health Care Services

Office of AIDS
Center for Infectious Diseases
California Department of Public Health

Sexually Transmitted Disease Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

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KEY COLLABORATORS

EXECUTIVE SPONSOR

Richard Subia, *Associate Director, General Population II and III
California Department of Corrections and Rehabilitation
Division of Adult Institutions

IMPLEMENTATION AND EDUCATION

Mary Sylla, J.D., M.P.H., *Director of Policy and Research
Center for Health Justice

Vimal J. Singh, *Associate Warden, Level III Operations
California Department of Corrections and Rehabilitation, Solano State Prison

EVALUATION

Principal Investigators

Kimberley D. Lucas, M.P.H., Research Scientist
*California Department of Public Health, Office of AIDS
*California Correctional Health Care Services, Public Health Unit

Janet C. Mohle-Boetani, M.D., M.P.H., Deputy Medical Executive
California Correctional Health Care Services, Public Health Unit

Research Associates

Jamie L. Miller, M.P.H., *Manager
California Department of Public Health
Sexually Transmitted Disease (STD) Control Branch
Corrections, STD Specialty Clinics, and Substance Abuse Unit

Valorie Eckert, M.P.H., Research Scientist
California Department of Public Health, Office of AIDS
HIV Prevention Research and Evaluation Section

Stacy Goldsby, B.A., *Communicable Disease Manager
California Department of Public Health, STD Control Branch
Disease Intervention Section

Megan C. Henry, M.P.H., *Research Scientist
California Department of Public Health, Office of AIDS
HIV Prevention Research and Evaluation Section

Michael C. Samuel, Dr.P.H., Chief
Surveillance and Epidemiology Section
STD Control Branch
California Department of Public Health

*Title and affiliation during the pilot project

PREFACE

Assembly Bill 1334 (2007) would have required the California Department of Corrections and Rehabilitation (CDCR) to allow non-profit and health agencies to enter CDCR institutions to provide "sexual barrier protection devices" such as condoms to state prisoners. In his October 14, 2007 veto message, Governor Arnold Schwarzenegger noted that, although it is illegal to engage in sexual activity while incarcerated, providing access to condoms is "consistent with the need to improve our prison healthcare system and overall public health." The veto message directed CDCR to carry out a pilot program in one state prison to assess the "risk and viability" of condom distribution. To accomplish the Governor's directive, we assessed the pilot program that was implemented in Solano State Prison, Facility II, for one year (November 5, 2008 through November 4, 2009). Several agencies covered all costs and volunteered their staff time and expertise. The Center for Health Justice, a non-profit organization, purchased the condom dispensing machines and condoms, monitored and re-filled the dispensers throughout the pilot period, and provided education for staff and inmates. Researchers from the California Correctional Health Care Services (CCHCS), Public Health Unit (PHU); the California Department of Public Health (CDPH), Office of AIDS (OA), and the Sexually Transmitted Disease (STD) Control Branch provided evaluation services.

This report describes: 1) a review of the research regarding guidelines for preventing HIV/STDs in correctional settings and existing prisoner condom access programs in jails and prisons internationally; 2) the implementation of the pilot project, including selection of the CDCR facility and condom distribution method, staff and inmate education, challenges, and lessons learned; and 3) the evaluation methods, results, conclusions, and recommendations.

TABLE OF CONTENTS

Executive Summary **5**

I. Background **7**

II. Implementation **8**

III. Evaluation Methods **10**
Aims 10
Detailed Methods 10

IV. Results **12**
Rule Violation Report Review 12
Monitoring Condom Dispensing Machines 13
Cost 14
Staff and Inmate Surveys 14
Meetings with Inmate Peer Educators and Men's Advisory Council 15

V. Discussion **16**
Risk 16
Feasibility 17
Cost 17
Limitations 19

VI. Conclusions **19**

VII. Recommendations **19**

References **21**

Tables and Figures **23**

Appendices **25**
Appendix A. Bill 1334 Veto Memo (October 14, 2007) 25
Appendix B. Institution Operations Plan 26
Appendix C. Inmate Educational Flyer and Rules for Accessing Condoms 32

EXECUTIVE SUMMARY

Background

In his October 14, 2007 Assembly Bill 1334 veto message, Governor Arnold Schwarzenegger directed the California Department of Corrections and Rehabilitation (CDCR) to determine the "risk and viability" of allowing non-profit or health care agencies to distribute sexual barrier protection devices (e.g., condoms) to inmates in one state prison facility, noting that, while sexual activity in prisons is against the law, providing condoms to inmates is "consistent with the need to improve our prison healthcare system and overall public health."

Research Review

The World Health Organization and the United Nations Programs on HIV/AIDS recommend that prisoners have access to condoms during their incarceration and prior to release. Published evaluation studies found no security problems or serious incidents involving a condom, no increase in sexual activity, and that when condoms are available inmates use them during sex. Condoms are currently available in two prison and five county jail systems in the United States and many prison systems worldwide.

Implementation

During December 2007 and January 2008, CDCR convened a task force of internal and external stakeholders and selected Solano State Prison, Facility II, for the pilot project. The Center for Health Justice (CHJ) provided the condom dispensing machines, condoms, and staff and inmate education. Following implementation of an exception to the contraband rule, CHJ made condoms available from wall-mounted dispensers throughout the pilot facility from November 5, 2008 through November 4, 2009.

Evaluation

The California Correctional Health Care Services (CCHCS), Public Health Unit (PHU), in collaboration with the California Department of Public Health, Office of AIDS (OA), and Sexually Transmitted Diseases (STD) Control Branch, evaluated the risk, feasibility, and cost of providing condoms. We reviewed Rule Violation Reports for the pre-pilot and pilot periods and compared the numbers and rates of incidents. Program staff routinely monitored the number of condoms dispensed and the operability of each dispenser. We estimated the cost of condom distribution and the number of HIV infections that would need to be prevented for a cost-neutral program.

Conclusions

We found no evidence that providing condoms posed an increased risk to safety and security or resulted in injuries to staff or inmates in a general population prison setting. Providing condoms from dispensing machines is feasible and of relatively low cost to

implement and maintain. Providing condoms would likely reduce the transmission of HIV, STDs, and hepatitis in CDCR prisons, thereby reducing medical costs in both CDCR and the community. Very few HIV infections (2.7 to 5.4) would need to be prevented for a cost-neutral program.

Recommendations

A program to provide CDCR inmates access to condoms should be initiated and incrementally expanded while continuing to monitor the safety and acceptability of the program. Consider conducting similar pilot studies when expanding the program to other prison populations (e.g, with a higher security level or in a mental health treatment housing unit). Prisons should locate dispensers in discreet areas and consider providing condoms confidentially through medical staff or in a medical clinic. Inmate peer educators and Men's and Women's Advisory Counsels, and medical, public health, and custody representatives should be involved at all stages of program planning and implementation. Staff and inmates should receive information describing findings from the current study demonstrating that safety and security were not impacted by the distribution of condoms.

I. BACKGROUND

Although prohibited in prisons, sexual activity occurs during incarceration (1-7). Custody staff cannot be expected to prevent all sex among prisoners. Outbreaks of sexually transmitted diseases (STDs) in correctional settings, including syphilis, gonorrhea, and hepatitis B, and in-custody transmission of HIV are well documented (2, 8-13). The use of condoms prevents the spread of STDs. Condoms are defined internationally as the "single, most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted diseases" (14). In 1993, the World Health Organization (WHO) and the United Nations Programs on HIV/AIDS (UNAIDS) recommended that condoms be made available to prisoners throughout their incarceration and prior to release (15). In 2007, the United Nations Office on Drugs and Crime joined WHO and UNAIDS in recommending a range of risk-reduction measures, including confidential condom access for all male and female prisoners (16).

Similar to most other correctional systems, both the California Penal Code, § 286(e) and the California Code of Regulations, Title 15, § 3007 prohibit sexual activity in California prisons and jails, and concerns about safety and security operations pose barriers to initiating condom distribution programs. Based on the experiences of those advocating for or implementing condom distribution in a variety of correctional settings, many California Department of Corrections and Rehabilitation (CDCR) correctional officers and other personnel are concerned that condoms could be used by inmates to conceal and transport contraband or controlled substances or could be used as a weapon (e.g., "gassing") in assaults on staff or inmates. Staff and inmates also express concern that improperly disposed used condoms may pose a health risk. Custody staff may also view providing condoms as condoning or even promoting illegal sexual activity among inmates and that it could lead to increased sexual activity among inmates.

Despite these concerns, condom program evaluation studies from jails and prison systems have found that: 1) following implementation, condom distribution is accepted by a majority of inmates (17, 18) and correctional officers (18); 2) inmates approve of dispensing machines in discreetly accessible locations (17); 3) dispensing machines increase access compared with distribution in group health education classes (19); 4) there were no serious incidents involving condoms (20-22); 5) inmates used condoms for sex (17-21); and 6) self-reported sexual activity did not increase (19). The New South Wales, Australia prison system condom program evaluation, with a 90 percent survey participation rate among inmates, found a statistically significant decrease in self-reported sexual activity following the introduction of condoms, possibly due to a newly introduced HIV/STD and hepatitis education program or increased awareness and reinforcement of prevention messages due to the presence of the condom dispensers (22).

In 2007, WHO/UNAIDS/UNODC reviewed condom programs internationally and concluded that prison condom programs are feasible, accepted by a majority of correctional staff and inmates, have resulted in no reported security problems or serious

incidents resulting in injury, and do not lead to increased sexual activity or drug use (16).

The Centers for Disease Control and Prevention (CDC) has urged correctional systems to evaluate existing condom programs, and, for systems without condom access, to assess relevant laws, policies, and local circumstances and determine the risks and benefits of condom distribution (2). WHO recommends focusing program evaluation on determining: 1) whether condom access has unintended negative consequences for safety or security operations, 2) the feasibility of implementing and expanding condom access, and 3) conditions that facilitate acceptance among staff and inmates (16).

In response to the WHO recommendations, over 80 percent of European Union prison systems, the Correctional Service of Canada, and prisons in Australia, South Africa, Brazil, Indonesia, and Iran provide condoms for inmates (16-17, 24-25). In the United States, condom distribution programs exist in the Los Angeles, California; San Francisco, California; New York City, New York; Philadelphia, Pennsylvania; and Washington, D.C. county jails; and in the Mississippi and Vermont state prison systems (19). Condoms have been available to jail inmates in San Francisco since 1989, and to inmates in the Los Angeles jails since 2001. However, the 165,000 state prisoners in California have not had access to condoms, and a pilot program evaluating the risks, as recommended by CDC, had not been conducted.

Consistent with CDC and WHO guidance, Governor Arnold Schwarzenegger, in his October 14, 2007 veto message of Assembly Bill 1334 **(Appendix A)**, directed CDCR to determine the "risk and viability" of allowing non-profit or healthcare agencies to distribute sexual barrier protection devices (e.g., condoms) to inmates in one state prison facility, noting that, while sexual activity in prisons is against the law, providing condoms to inmates is "consistent with the need to improve our prison healthcare system and overall public health."

II. IMPLEMENTATION

In December 2007, the CDCR Special Projects Unit (SPU) convened a Sexual Barrier Device Task Force comprising internal and external stakeholders, including CDCR Legal Affairs, Risk Management, Regulations and Policy Management, and Research; the California Correctional Health Care Services (CCHCS), Public Health Unit (PHU); the California Department of Public Health (CDPH), Office of AIDS (OA), and Sexually Transmitted Disease (STD) Control Branch; the Center for Health Justice (CHJ); and other non-profit organizations. CDPH OA and the STD Control Branch reviewed existing condom programs and proposed evaluation measures. Task Force members conducted site visits to observe condom distribution methods and inmate education in the Los Angeles and San Francisco county jails. CHJ implemented the condom pilot program, and CCHCS/PHU directed the evaluation study in collaboration with OA and the STD Control Branch.

CDCR selected Solano State Prison (SOL) Facility II for the pilot project based on its Level III security status; housing general population inmates (including one mental health unit) in four 270-degree-view celled buildings (housing inmates in two-person cells); and one dormitory. CDCR chose dispensing machines for condom distribution based on successful use in the San Francisco jail system and several other prison systems, and because dispensers require minimal staff involvement. Because, in practice, the California Code of Regulations (CCR) Title 15, §3006 (contraband) prohibits inmates from possessing condoms, CDCR applied an exception to the contraband rule for Facility II inmates. From November 5, 2008 through November 4, 2009, Facility II inmates were permitted to access condoms from wall-mounted dispensers located in common areas of the celled housing units, the dormitory restroom area, the Education Building restroom, and the Medical Primary Care waiting area restroom. Although the dispensers in the Education Building and Medical Primary Care restrooms were accessible to inmates in other facilities, non-Facility II inmates were prohibited from using the dispensers or possessing condoms. At the end of the pilot, CDCR removed the machines and reinstated the rule regarding condoms as contraband.

SOL developed an Institutional Operations Plan (**Appendix B**) and completed labor negotiations. The Operations Plan stated the public health purpose of the condom pilot program, and provided a means to communicate with staff. To ensure professional implementation, the Operations Plan stressed the importance of discreet access and instructing officers to write up inmates only for the specific penal code violation when a condom is used or misused and not additionally for possession of a condom as contraband. CHJ gave presentations to staff during the Quarterly Warden's Forum meetings just prior to the pilot. Information was also shared with staff during staff meetings and New Employee Orientation. CHJ, in collaboration with CDCR personnel and the inmate peer educators, developed an inmate information flyer and produced a video to be shown on inmate television throughout the pilot. The flyer and program rules (**Appendix C**) were posted adjacent to each dispenser and distributed to all existing and arriving Facility II inmates. Inmate education included a clear message that sexual activity while incarcerated is still against the law. The SOL inmate Men's Advisory Council (MAC) was briefed throughout the pilot, and the SOL Peer Education Coordinator and inmate peer educators provided information and counseling to inmates about HIV/STD and hepatitis risks and the proper use and disposal of condoms.

Based on initial observations, custody staff had two main concerns: 1) reconciling the illegality of sex in prison with providing condoms; and 2) the potential for harm and misuse of condoms to conceal contraband. Inmates were concerned about:
1) the perception that provision of condoms condones sex among inmates; 2) being portrayed by the media as homosexual and consequently negatively judged by family, friends, and the community; 3) the potential impact on their daily routine (e.g., more lockdowns); 4) the possibility of being written up for a rule violation; and 5) the dispensers mounted in plain view in the housing units sending a mixed message. Key factors ensuring effective implementation of the pilot project included collaboration among the lead organizations and task force members, administrative buy-in,

engagement of custody staff, and clear communication to staff and inmates about the project purpose, plan, and rationale. By the end of the pilot, both staff and inmate concerns appeared to have diminished, from the perspective of MAC, inmate peer educators, and SOL custody leads.

III. EVALUATION METHODS

Aims

We conducted a one-year pilot study. To assess the potential impact of condom distribution on safety and security (risk) we: 1) compared pre-pilot and pilot period rates of documented rule violations involving contraband, controlled substances, assaults with weapons, and sexual misconduct; and 2) surveyed staff and inmates about unintended uses and negative consequences or serious incidents involving condoms.

To assess whether condoms were readily available and barriers to accessing condoms (feasibility), program staff monitored the condition and operability of each dispenser and the numbers of condoms dispensed on a regular basis. We surveyed staff and inmates about their preferences for dispensing machine locations and type of distribution method. To collect additional qualitative information about program acceptance and to obtain feedback on education and condom distribution methods (including any problems with the dispensers), we held several voluntary meetings with the SOL inmate peer educators and inmate MAC members throughout the pilot.

To estimate the first year cost and subsequent annual cost of distributing condoms using the pilot project model, CHJ staff provided us with information about the dispensing machine and condom costs and the time required to check and stock the dispensers. Factoring in salary expenses, we compared the cost of condom distribution using the dispensers with the average annual cost of medications to treat one HIV case.

Detailed Methods

Rule Violation Report (RVR) Review

CCR, Title 15, sections 3006 (contraband), 3007 (sexual behavior), 3008 (obscenity), 3016 (controlled substances, drug paraphernalia and distribution), and 3005 (conduct: force or violence, with a notation of severe bodily injury or involvement of a weapon) were eligible for inclusion in the study. We reviewed the RVR database records and corresponding hardcopy reports for these violations. We abstracted the penal code violation, violation date, findings (found guilty or not guilty), and adjudication from the RVR database, and the inmate housing assignment, contraband or act, and wrapping used (e.g., cellophane, latex glove, condom) from the hardcopy records. We abstracted adjudicated RVR database records and reports available at four months after the last day of the pre-pilot and pilot intervals respectively, merged them into a Microsoft Excel

database, and imported them into Statistical Analysis System (SAS) for analysis. Records were de-duplicated based on two or more reports describing a single incident.

To permit comparison of incident rates by the specific Penal Code violation and by the type of housing unit, custody staff provided us with inmate average daily population (ADP) estimates from on-site custody records. We calculated the number of incidents per 100 ADP per year for all violation and housing type categories for the pre-pilot period (November 5, 2007 through November 4, 2008) and pilot period (November 5, 2008 through November 4, 2009). Since the dormitory was closed five months into the pilot period, we compared violations during the last five months of the pre-pilot period with the first five months of the pilot period. Finally, although the administrative housing units were not included in the pilot program, we included violations by inmates housed in these units, in case condoms were indirectly accessed.

To assess the comparability of the pre-pilot and pilot interval incident rates, we calculated the percentage of RVR database records that were adjudicated and the percentage of eligible incidents for which a report was available for abstraction.

Monitoring Condom Dispensing Machines

CHJ staff checked and stocked the condom dispensers weekly for the first nine months and then every other week for the final three months of the pilot year. CHJ staff reduced the frequency of checking the machines after monitoring had clearly established that dispensers would not be emptied within two weeks. Each dispenser was initially filled to capacity with 144 condoms. The number of condoms required to refill each dispenser was recorded for each site visit by date and dispenser location. We collected information on the time required to check and stock the dispensers, dispenser operability, and damage due to tampering or vandalism.

Cost

CHJ purchased the condom dispensing machines from C&G Manufacturing (Grand Junction, Colorado) for $200 each and the condoms for $.22 each. Based on the ADP of 810 inmates in the pilot facility celled buildings and dormitory, the unit costs of dispensers and condoms, the total number of condoms dispensed during the pilot year, and the time required for CHJ to check and stock the dispensers, we estimated the cost per inmate of providing condoms from three dispensers mounted in discreet and accessible locations. We applied a salary of $50 per hour hto the time required to check and stock three dispensers. The cost of treating one HIV-infected patient in the United States is estimated to be between $2,100 per month if diagnosed early, and $4,700 per month if diagnosed with progressed disease (26). We compared the cost of condom distribution with the mid-range cost of treating one HIV patient per year, and applied the condom distribution cost to cover the 147,861 male and female inmates in CDCR in-state institutions and camps (27). We estimated the number of HIV infections that would need to be prevented for condom distribution to be cost-neutral by dividing the total program cost by the cost to treat one HIV patient for one year.

Staff and Inmate Surveys

Two months prior to the pilot start date and again at the conclusion of the one-year pilot, CDCR attached an anonymous, self-administered, paper survey and postage-paid CDPH return envelope to the pay warrants of all staff at SOL. Staff reporting at least ten percent of their time spent in Facility II or working with Facility II inmates were eligible for inclusion in the analysis. We also surveyed general population inmates from Facility II through confidential interviews within two months prior to the pilot start and within one month of the conclusion of the pilot period. Inmates who were housed in Facility II for at least one year at the time of the pre-pilot survey and inmates housed in Facility II for the duration of the pilot were eligible to participate in the pre- and post-pilot surveys, respectively. We reviewed custody records for inmate work and program hours for optimal scheduling of voluntary meetings with the CDPH interviewers. Eligible inmates received a voluntary ducat allowing passage through security checkpoints to meet in a designated confidential space with a trained CDPH interviewer. After obtaining written informed consent, we administered a face-to-face standardized questionnaire. The inmate and staff survey instruments included both closed-ended and open-ended questions relevant to the study aims and objectives. We grouped responses to open-ended questions, entered the survey data into a Microsoft Access database, and analyzed the data using SAS.

Meetings with Inmate Peer Educators and Men's Advisory Council (MAC)

We met with three MAC representatives and all eight of the SOL inmate peer educators separately at three and six months into the pilot period. To facilitate group discussion, we invited the inmates to ask questions about the pilot project and to voice their opinions about whether condoms should be available, how best to distribute condoms, and what should be included in education for inmates. We also asked them questions based on their observations and conversations with other inmates about: 1) how inmates were learning about the pilot program, 2) opinions expressed by other inmates about condom access, and 3) whether they were aware of or had heard of any problems regarding the condom dispensers.

IV. RESULTS

Rule Violation Report Review

The RVR dataset included 1,214 pre-pilot and 782 pilot interval records. Exclusion of records that were not from Facility II or that had an ineligible or missing violation date resulted in 1,159 pre-pilot and 771 pilot period records. Of these, 494 pre-pilot and 316 pilot interval records, respectively, represented eligible violations. After de-duplicating, excluding un-adjudicated records, and dropping incidents of violence without a weapon, we included 398 and 258 eligible violations in the pre-pilot and pilot period datasets, respectively.

Table 1 shows the number of eligible violations, unadjusted for inmate ADP, overall and broken down by Penal Code violation and inmate housing type. **Table 2** presents the number of violations per 100 ADP. There were no increases in the unadjusted or adjusted numbers for specific eligible violations for those in the general population housing units (including the celled buildings and dormitory), for those with missing housing information, and for those in Facility II overall. There also were no increases in the total counts and rates per 100 ADP for eligible violations overall, including those in the general population and administrative segregation housing units, and for those with missing housing information.

We found very similar rates of adjudication when comparing the pre-pilot (89.5 percent) and pilot (89.2 percent) intervals. Eighty-one (20.2 percent) of the pre-pilot and 23 (8.7 percent) of the pilot period incidents were missing the housing unit building number, due to the hardcopy report not having been filed and available for abstraction by the four-month cut-off date.

One incident occurred during the pre-pilot period, in which a “balloon” (a term used by some custody staff to mean a condom) containing heroin was introduced into Facility II by an inmate returning from a weekend family visit. We found no instances during the pilot period of a condom being used to conceal or transport contraband, controlled substances, drug paraphernalia, or weapons. The Associate Warden for the Level III population and Facility II custody supervisors were also unaware of any reported or reportable incidents involving condoms during the pilot period.

During the pre-pilot period, there were ten incidents of sexual misconduct, including one described as “consensual” anal sex between cellmates. The remaining nine were for inappropriate touching in the visiting area, masturbation, or indecent exposure. All of the pre-pilot incidents, except touching in visiting area, involved inmates housed in Administrative Segregation. During the pilot period there were six incidents of sexual misconduct, including masturbation and indecent exposure, with no condom use reported.

Monitoring Condom Dispensing Machines

A total of 2,383 condoms were dispensed from seven machines during the pilot period. Of these, 263 condoms were left in the dispenser tray and 10 were reportedly taken initially by staff, citing training purposes, resulting in a total of 2,110 condoms dispensed. Of the 2,110 total, 817 were dispensed in the Education Building restroom, 395 in the Medical Primary Care restroom, 727 overall in the four celled housing units, and 103 in the dormitory during the five months it was open. Four hundred and ninety-nine condoms (24 percent) were dispensed during the first month. Excluding the first month, greater numbers of condoms were dispensed in the Education Building restroom (695) and the Medical Primary Care restroom (395), compared with each of the four dispensers in the celled housing units (range: 89 to 156; total: 446). **Figure 1** presents

the number of condoms dispensed by pilot month in the celled housing units combined, the Education restroom, and the medical restroom.

Routine monitoring throughout the pilot showed that the dispensers in the Education, medical, and dormitory restrooms were less frequently vandalized or found to be inoperable, compared to the dispensers in plain view in the celled housing units. **Table 3** shows the percentage of CHJ staff site visits to check and stock the dispensers during which the dispenser was found to be inoperable. Excluding the first month and the weeks during which the dispenser was found inoperable or not mounted, or the building was closed, the average number of condoms dispensed per week was 4 in the celled housing units, 3 in the dormitory, 9 in the medical restroom, and 14 in the Education restroom.

Cost

The cost, including the purchase of the dispensers and the condoms, was $1.39 per inmate, for an ADP of 810 inmates during the pilot year. The cost of the condoms alone was $.65 per inmate. CHJ staff reported spending an average of 38 minutes per visit to check and stock all seven dispensers, or 5.4 minutes per dispenser. Given that, during the pilot, 2,383 condoms were dispensed from dispensers holding 144 condoms each, we estimated that three dispensers would need to be checked and stocked 6.6 times per year (approximately every two months), taking 0.13 minutes of staff time per inmate per year. (We based our cost projections on three, rather than seven, dispensers because the four dispensers in the celled housing units were found to be inoperable at least twice the rate of any other location, and the three other locations (Education Building, Medical Primary Care, and dormitory restrooms) were the only discreet locations available in Facility II, a typical Level III facility.) After adjusting for a salary of $50 per hour, and calculating the total cost based on 147,861 male and female inmates currently in-state in CDCR institutions and camps, we arrived at a total cost of $221,368, or $1.49 per inmate, for the first year, including the one-time purchase of the dispensers; and a total of $95,653, or $.76 per inmate, for subsequent years, to maintain the program. Dividing the total program cost by the average annual cost of antiretroviral medications to treat one HIV patient in the United States ($40,800), we estimated that 5.4 HIV infections would need to be prevented in CDCR statewide for a cost-neutral program in the first year. Similarly, 2.7 HIV infections would need to be prevented statewide for a cost-neutral program in subsequent years.

Staff and Inmate Surveys

Pre-pilot, 114 of 1,342 staff and 26 of 242 inmates, and, at the conclusion of the pilot, 55 of 1,381 staff and 25 of 171 inmates, were eligible and participated in a survey.

The convenience sample of custody, medical, and other staff answered questions regarding the impact of condoms on safety and security. The number of staff who agreed that inmates would use condoms for something other than sex that would result in serious negative consequences or injury to staff or inmates fell from 85 (76 percent)

pre-pilot to 5 (10 percent) after the pilot. Among custody staff, 52 (83 percent) agreed pre-pilot and only 3 (13 percent) agreed after the pilot. Following the conclusion of the pilot, five staff reported being aware of or hearing about condom use that resulted in injury to staff or inmates. Of three staff who elaborated, two custody staff made general statements that inmates may use the condoms to conceal drugs and cell phones, and one medical staff person reported that a heroin overdose had occurred, but did not provide specific information regarding how a condom had caused the overdose.

We asked staff respondents to rank their preferences regarding how condoms should be distributed. Making condoms available confidentially during a medical visit or from dispensing machines were more commonly preferred over allowing non-profit or health agencies to distribute condoms during health education classes. The reasons given for preferring distribution during a medical visit were the need for confidentiality, a perception that condoms are a medical issue, and improved access. Prior to the pilot, more staff preferred that condom dispensers be in view of custody posts. However, following the pilot, more staff preferred that dispensers not be in view of custody posts. The reasons for favoring dispensers not being in view of custody were confidentiality, improved access, and less impact on staff. Staff preferring dispensers in view of custody felt that inmates should be monitored in case they may be planning to engage in illegal activity.

Among the convenience sample of inmates following the pilot, when asked to suggest better ways to distribute condoms, five suggested placing dispensers in less conspicuous areas for confidentiality and improved access, since dispensers in hidden areas would be less likely to be vandalized. Seven inmates suggested making condoms available in clinics or from medical staff.

Meetings with Inmate Peer Educators and Men's Advisory Council (MAC)

At three months into the pilot period, the inmate peer educators and MAC representatives were approached often by inmates throughout SOL requesting information about the purpose of the program; wanting to know why SOL Facility II was selected; and expressing concern that the program promoted homosexuality and that condoms do not protect against HIV or hepatitis transmitted through sharing needles for drugs and tattooing. Inmates were also concerned that, because only Facility II was chosen for the pilot project, they were being portrayed as having more homosexual or HIV-infected inmates in their facility compared with other facilities or prisons. Some inmates also feared that inmates seen taking condoms would be written up for violations more frequently and that disturbances around the condom dispensers would impact non-participating inmates indirectly as a result of lock-downs.

During the meetings held six months into the pilot program, the inmate peer educators and MAC inmates reported that the novelty of the program had significantly decreased. In contrast to early in the pilot, when large numbers of inmates were voicing concern about the stigma around homosexuality and HIV, the potential for more lock-downs and

write-ups involving condoms, and why Facility II had been selected, as the pilot progressed, the dispensers were seldom mentioned and no one was aware of any write-ups or disturbances around the dispensers. Inmates reportedly continued to approach the peer educators and MAC representatives with questions about the pilot, and some inmates shared their acceptance of the program privately, in contrast to the negative opinions stated openly on the yard earlier. Some inmates from outside of Facility II asked why they did not have access to condoms.

None of the peer educators or MAC representatives reported having observed inmates accessing the dispensers in the housing units, noting that the lack of privacy and peer pressure are barriers to using the machines, and that the dispensers had been vandalized. They felt that the Education Building and Medical Primary Care restroom dispensers provide sufficiently confidential access, but there should be additional ways to obtain condoms including during a medical visit, from the medication dispensing window, and with a brochure in the orientation kit given to entering inmates. They also expressed a need to expand access to administratively segregated inmates who are under constant and close custody supervision outside their cells.

The inmate peer educators and MAC representatives noted that the inmate peer educator video played daily on inmate TV appeared to be the most effective means of informing the inmate population. They stressed that education for inmates should elaborate on the purpose of the program, include more information about HIV/STDs and hepatitis in the prison setting, and include messaging that is public health rather than life-style focused with a wide range of health issues. In addition, education and prevention should include methods other than condoms since throughout the pilot inmates expressed concern that condoms do not prevent non-sexual transmission of HIV and hepatitis.

V. DISCUSSION

Risk

We found no incidents involving a condom in our review of the RVR database records and hardcopy reports. The incident numbers and rates did not increase from the pre-pilot to pilot years for each violation type and there were no incidents reported to us by custody supervisors or managers. We found no evidence that misuse of a condom resulted in injury to a staff person or inmate. Although several staff survey respondents alleged that a condom had caused an injury, convincing details were not provided and there were no such incidents reported through the RVR process.

The very similar rates of adjudication comparing the pre-pilot and pilot intervals suggests that the timeliness of processing reports was consistent across the pre and post-pilot intervals, resulting in comparable data across the intervals. Eighty-one (20.2 percent) of the pre-pilot period incidents were missing the housing unit building number due to the hardcopy report not being filed and available for abstraction by the four

month cut off date. However, only 23 (8.7 percent) of the pilot period reports were unavailable for abstraction. Had a greater proportion of pilot period reports been unavailable, we would have found greater reductions rather than any increases in the numbers and rates of incidents than we observed.

Feasibility

Condom distribution in the prison setting using dispensing machines appears to be a feasible method provided there are multiple discreet locations. Since dispensers in discreet locations were more acceptable, inmates who need condoms may be more likely to access them from these locations. Our observation that dispensers in plain view were frequently vandalized supports the need for discreet locations and is consistent with open-ended comments made by staff and inmates who responded to the survey, as well as the inmate peer educators and MAC representatives during meetings with CDPH and CHJ staff throughout the pilot year. Dispensers in discreet locations are expected to require repair or replacement less frequently compared to dispensers in plain view.

Cost

Our best estimates indicate an average pharmacy cost-savings of $40,800 per year to treat each HIV infection acquired while in custody. Just 2.7 to 5.4 HIV infections would need to be averted to cover the costs of condom distribution using dispensing machines. Condoms can be provided using this method at very low cost and minimal time required to check and refill the dispensers.

The costs associated with treating one HIV patient are likely to be higher. The cost included in our estimate is for antiretroviral medications only, accounting for 73 percent of the total cost of HIV care. Other costs such as hospitalizations (13 percent) and out-patient care (9 percent) (26) may be significantly higher in correctional settings due to custody supervision and housing policies. In addition, while it would be difficult to estimate the percentage of those who are infected with HIV in CDCR who would subsequently receive treatment in CDCR and the duration of their treatment, it is likely that the majority will be treated in CDCR for at least one year, given the average time served is 25 months and a recidivism rate of over 65 percent in California (28). In addition, a majority of HIV-infected prisoners released to the community are likely to receive publicly funded treatment and care.

As observed with other jail and prison condom programs, higher numbers of condoms were distributed early on, likely due to the novelty of the program. There was also increased uptake of condoms during the last couple months of the pilot, possibly due to inmates or staff stocking up prior to the dispensers being taken down. Considering the higher than average uptake early and late in the pilot year, the actual cost of condoms and time to re-stock dispensers could be lower than we estimated once a program is established.

In the Georgia state prison system, there were 41 HIV seroconversions between July 2003 and February 2005 (2). The most common HIV risk factor reported by the seroconverters was male-to-male sexual contact, including 72 percent reported as consensual with the remaining 28 percent including exchange sex (e.g., for money, goods, or protection) and forced sex. Given the Georgia state prisons' inmate population in 2005 was 44,990, we estimate the in-custody HIV seroconversion rate was 57 per 100,000 inmates per year. There may be a number of population and other factors influencing HIV risk behaviors and transmission rates that differ between the Georgia and California state prison systems. However, given prisoners as a group are at higher risk for HIV, STDs, hepatitis, and co-morbid illnesses, it is reasonable to assume that HIV transmission occurs frequently enough among CDCR prisoners to avert the 2.7 to 5.5 infections per year for a cost-neutral or cost saving program if condoms were made available. Several program evaluations found that when condoms are available prisoners use them during sex and that sexual activity is not increased (17-20, 22), indicating that the transmission of HIV/STDs would likely decrease. Since sexual activity has been documented in California prisons, it is likely that the availability of condoms would also prevent HIV/STDs in California prisons.

Limitations

The current study took place in a Level III, general population facility. The findings may not be generalizable in different settings, (e.g., with a higher level of security or in a housing unit designated for a population requiring a high level of mental health services).

Rule Violation Report Review

The cut-off date of four months following the end of the pre-pilot and pilot intervals for inclusion of adjudicated RVR database records and associated hardcopy reports means that we could not include some rule violations in the current analysis, either because the violation had not yet been adjudicated or the hardcopy report had not yet been filed in the RVR log book.

Overall, we found fewer incidents and lower incident rates per 100 ADP during the pilot year compared with the pre-pilot year. A possible explanation is that between December 2008 and May 2009 (during the pilot year) the celled housing units were undergoing cell door retrofits during which inmates were moved to other buildings. The cell moves may have temporarily disrupted or discouraged rule violations because of the increased risk of being found in possession of contraband or controlled substances during the move.

Monitoring Condom Dispensing Machines

Because the Education Building restroom dispenser was accessible to a subset of inmates in Facilities I and II and the Medical Primary Care restroom dispenser was accessible to a subset of inmates from all four Facilities, inmates from outside Facility II

may have taken condoms, even though they notified that they would be written up if found in possession of a condom. While all Facility II general population inmates had access to dispensers in their housing units, only a subset of Facility II inmates could access the Education Building and Medical Primary Care restroom dispensers. Although more condoms were taken from the Education Building and Medical Primary Care restrooms than from the housing unit dispensers, we cannot conclude based on uptake levels alone, that the Education Building and Medical Primary Care restroom dispensers were more accessible to Facility II inmates. However, the far greater percentage of time that the dispensers in the celled buildings were inoperable compared to those in Education Building and Medical Primary Care locations and feedback provided by the inmate peer educators and MAC representatives supports this conclusion.

Inmate and Staff Surveys

The low survey response rate among staff and inmates introduces significant limitations for estimating the impact of the pilot project and the results are not generalizable. Staff and inmates who agreed to answer questions may have been more likely to either oppose or be in favor of prisoner access to condoms. Because the staff survey was anonymous, staff who were either strongly opposed or in favor of condom access may have responded to both surveys. Due to the low response rates and the serious biases that may have been introduced, we treated the survey responses as convenience samples, and include only notable open-ended responses and anecdotal trends in the results and discussion.

VI. CONCLUSIONS

- We found no evidence that the availability of condoms created an increased risk of breaches of safety or security or resulted in injury to staff or inmates in a general population prison facility setting.
- The findings may not be generalizable to other settings, e.g., higher security or in a setting dedicated to inmates with mental health problems. Additional pilot studies similar to this one may be warranted in these settings..
- Providing condoms from dispensing machines similar to those used in the pilot program is feasible and of relatively low cost to implement and maintain.
- We cannot demonstrate a reduction in disease transmission during the pilot study. However, since several studies have provided evidence that when condoms are made available to inmates they are used for protection during sex, and that sexual activity did not increase, it is likely that providing condoms to CDCR inmates would prevent transmission of HIV and STDs.
- Estimates of the in-prison HIV and STD transmission rates are not available. However, given the relatively low cost of providing condoms relative to the cost of treating HIV, and that very few HIV infections would need to be prevented to cover the costs of the program, it is likely that providing condoms could reduce CDCR medical costs.

VII. RECOMMENDATIONS

- Initiate and incrementally expand a program to provide CDCR inmates access to condoms while continuing to monitor the safety and acceptability of the program.
- Consider additional pilot studies in settings that may pose a serious health or safety risk, e.g., higher security facility or housing for inmates with mental health problems.
- Mount dispensers in discreet locations to provide confidential access and increase accessibility by minimizing inoperability due to vandalism. Dispensers with solid steel construction and protected locks are available that are more tamper resistant than those used in the pilot study.
- Consider making condoms available confidentially upon request during a medical or mental health visit, in addition to dispensing machines.
- Provide information to staff and inmates describing findings from the current study demonstrating that safety and security were not impacted by the distribution of condoms.
- Include inmate peer educators, inmate Men's and Women's Advisory Counsels, medical, public health, and custody staff in local (institutional) condom program planning and implementation.

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Table 1. Number of eligible violations overall and by housing unit, unadjusted for inmate ADP.

Violation	General Population (GP) Housing Units		Administrative Segregation (Ad Seg)		Missing Building[1]		GP, Ad Seg, & Missing Bldg	
	Pre-Pilot	Pilot	Pre-Pilot	Pilot	Pre-Pilot	Pilot	Pre-Pilot	Pilot
3005(d) / Conduct: force or violence[2]	2	0	1	0	4	0	7	0
3006 / Contraband	195	164	10	10	45	13	250	187
3007 / Sexual behavior	3	3	7	1	0	0	10	4
3008 / Obscenity	0	0	1	0	0	0	1	0
3016 / Controlled substances[3]	89	54	9	3	32	10	130	67
Total	289	221	28	14	81	23	398	258

Table 2. Number of eligible violations per 100 inmate ADP, overall and by housing unit.

Violation	General Population (GP) Housing Units		Administrative Segregation (Ad Seg)		Missing Building[1]		GP, Ad Seg, & Missing Bldg	
	Pre-Pilot	Pilot	Pre-Pilot	Pilot	Pre-Pilot	Pilot	Pre-Pilot	Pilot
3005(d) / Conduct: force or violence[2]	0.2	0.0	0.3	0.0	0.3	0.0	0.6	0.0
3006 / Contraband	21.8	20.2	2.9	3.8	3.6	1.2	20.3	17.5
3007 / Sexual behavior	0.3	0.4	2.1	0.4	0.0	0.0	0.8	0.4
3008 / Obscenity	0.0	0.0	0.3	0.0	0.0	0.0	0.1	0.0
3016 / Controlled substances[3]	10.0	6.7	2.6	1.2	2.6	0.9	10.5	6.3
Total	32.3	27.3	8.2	5.4	6.6	2.1	32.3	24.1

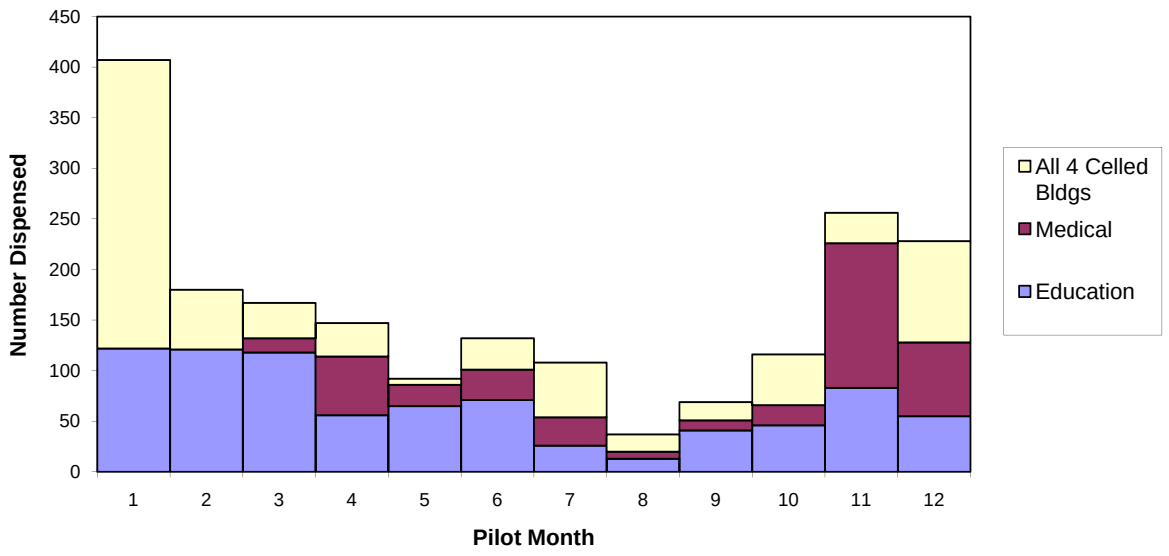
[1]Missing the building number due to hardcopy incident report unavailable for abstraction.

[2]Includes only incidents involving a weapon.

[3]Includes possession or distribution of controlled substances or paraphernalia.

Data compiled by California Prison Health Care Services, Public Health Unit from Solano State Prison, Facility II rule violation reports.

Figure 1. Number of condoms dispensed by location and pilot month



Data compiled by California Prison Health Care Services, Public Health Unit, from Center for Health Justice program implementation records.

Table 3. Proportion of routine condom dispenser monitoring visits during which dispenser was found to be inoperable			
Dispenser Location	**Description**	**% Visits Dispenser Found Inoperable**	**95% Confidence Interval**
Celled Housing Units	Common area next to drinking fountain; in direct view of half of building; not in direct view of custody post	34.8	28.3 - 41.9
Medical Primary Care Restroom	Inside closed single person restroom in small inmate waiting area	17.3	9.2 - 30.0
Dormitory (converted gymnasium)	Inside open multiple person restroom; in direct view of one corner of building; not in direct view of custody post	10.0	1.6 - 31.3
Education Building Restroom	Inside closed multiple person restroom; not in direct view of custody post	3.8	0.3 - 13.7
Data compiled by California Prison Health Care Services, Public Health Unit, from Center for Health Justice program implementation records.			

APPENDIX A

BILL NUMBER: AB 1334
VETOED DATE: 10/14/2007

To the Members of the California State Assembly:

I am returning Assembly Bill 1334 without my signature.

This bill would enact the Inmate and Community Public Health and Safety Act, which would allow any nonprofit or health care agency to distribute sexual barrier protection devices to inmates in state prisons.

As stated in my veto of AB 1677 last year, the provisions of this bill conflict with Penal Code Sections 286 (e) and 288 (e), which make sexual activity in prison unlawful. However, condom distribution in prisons is not an unreasonable public policy and it is consistent with the need to improve our prison healthcare system and overall public health.

Local jail systems in both Los Angeles and San Francisco have already implemented condom distribution programs. Therefore, I am directing the California Department of Corrections and Rehabilitation to determine the risk and viability of such a program by identifying one state prison facility for the purpose of allowing non-profit and health agencies to distribute sexual barrier devices.

Sincerely,

Arnold Schwarzenegger

http://leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1334&sess=0708&house=B&author=swanson

INSTITUTIONAL OPERATIONS PLAN

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA STATE PRISON-SOLANO
VACAVILLE, CALIFORNIA

PLAN TITLE: SEXUAL BARRIER DEVICE DISTRIBUTION (PILOT PROJECT)
PLAN NUMBER: CSPS-L3-08-117
DATED: September 2008

ADDENDUM TO OPERATIONS PLAN

This addendum will be incorporated into the next revision of Operations Plan CSPS-L3-08-117, SEXUAL BARRIER DEVICE DISTRIBUTION (PILOT PROJECT) in June 2008.

Added Language

3. Sexual Barrier Device (SBD) Dispensing Machines and Inmate Access.
Seven dispensing machines will be installed; one in each of the five Facility II General Population Housing Units, one in the Level III Education inmate restroom and one in the Primary Clinic restroom closest to the breezeway. These machines will be mounted in locations which are somewhat inconspicuous; however, given the layout of the housing units by correctional design, these locations are not discreet. The machines are also placed such that staff will be able to periodically observe them for the purpose of maintaining security. The SBD dispensing machines will be serviced by personnel from the Center for Health Justice at no cost to the State of California. Inmates will be made aware of the availability of condoms and how to obtain them from the dispensing machines. The basic procedures for inmates to follow will be posted next to the machines and will include:

CONDOM DISPENSING MACHINE RULES

****This machine is for Facility II inmate use only****

Inmates in Facilities I, III, and IV in possession of a condom will be subject to CDCR 115

- Having sex in prison is illegal under California Penal Code § 286(e) and CCR Section 3007. Failure to obey these rules will result in disciplinary action.
- Facility II inmates are allowed to carry one condom to all areas except the regular visiting area as long as the condom is still inside the inner clear sealed plastic wrapper.
- Condoms enclosed in the inner clear sealed plastic wrapper are not contraband.
- Condoms remaining in the external orange box or removed from the inner clear sealed plastic wrapper are contraband and will be confiscated.
- *Take only one condom at a time from the vending machine*
- Immediately open condom package and discard the external cellophane wrapper and orange paper box.
- Inmates are responsible for the proper disposal of used condoms – flushing down the toilets is considered appropriate for this pilot period.

NOV 0 3 2008

As always, staff is advised to use standard precautions, including latex gloves, whenever there is a possibility of coming into contact with potentially infectious or dangerous materials in the course of conducting searches of persons, cells, or property. Latex gloves should be used if the need ever arises to handle condoms for the purpose of evidence collection or disposal.

4. **Disciplinary Processes.**

In giving the inmate population access to condoms, the CDCR is not implying acceptance or condoning of sexual behavior within CDCR facilities. However, CDCR acknowledges the reality that sexual activity may occur, although the prevalence of such activity is not known. Therefore, inmates assigned to Facility II may possess on their person, or in their cell or locker, one (1) SBD (condom). More than one condom found in an inmate's possession shall be considered contraband. The inner sealed condom package shall be not opened or tampered with. If the condom package is found by staff to be compromised it will be considered contraband. The inmate may enter the Program Complex B, Education B, Dining Hall 3 or 4, Main Kitchen, the Treatment and Triage Area (TTA) and their work site (including C-Side) with one condom on their person.

In practice, the California Code of Regulations (CCR) Title 15, Section 3006 (Contraband) has prohibited inmates from being in possession of condoms. However, an exception to this practice will be made during the one-year SBD pilot project for inmates housed in Facility II.

R R Wang
D. K. SISTO
Warden

INSTITUTION OPERATIONS PLAN

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA STATE PRISON – SOLANO
VACAVILLE, CALIFORNIA

PLAN FOR: SEXUAL BARRIER DEVICE DISTRIBUTION (PILOT PROJECT)

PLAN NUMBER: CSPS-L3-08-117

DATED: June 25, 2008

I. PLAN NUMBER AND TITLE:

OPERATIONS PLAN Sexual Barrier Device Distribution Pilot Project.

II. PURPOSE AND OBJECTIVES:

A. PURPOSE

The purpose of the program is to provide Sexual Barrier Devices (SBD) as a means of preventing the spread of Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Diseases (STD) inside CDCR state prisons. CDCR recognizes that consensual and non-consensual sexual activity between inmates may occur, in spite of regulations prohibiting such conduct, disciplinary actions, and other custody practices designed to minimize or eliminate sexual activity. Engaging in high-risk sexual behaviors while incarcerated constitutes a serious threat to the health and welfare of the inmate population and the communities to which the majority will be returned. While the majority of inmates with HIV and STDs likely acquired their infections prior to being incarcerated, some individuals continue high risk sexual and drug-using risk behaviors while in prison. Outbreaks of HIV and STDs including syphilis, gonorrhea, and Hepatitis B have been documented in many state prison systems. State and federal prison inmates are affected by rates of HIV infection that are three to five times that in the free population. This program aims to reduce the risk of acquiring such diseases within the CDCR facilities.

B. OBJECTIVES

The SBD pilot project is designed to assess the risk and viability of distributing condoms within California prisons. The SBD pilot will be conducted in one Level III Facility at the California State Prison-Solano (SOL) containing five general population housing units, housing about 1,025 inmates.

III. REFERENCES:

On October 14, 2007, Governor Arnold Schwarzenegger vetoed Assembly Bill 1334. This bill would have required CDCR to allow non-profit and public health care agencies to distribute "sexual barrier protection devices" (such as condoms and dental dams) to California State prisons inmates in an effort to reduce the transmission of HIV, and other sexually transmitted diseases.

In his veto message, the Governor directed CDCR to determine the "risk and viability" of a condom distribution program by identifying one state prison facility for the purpose of allowing non-profit and health agencies to distribute sexual barrier devices.
The regulations relevant to the pilot evaluation are:

California Code of Regulations (CCR), Title 15, Sections 3005 (c), 3006, 3007, 3008 and 3016
California Penal Code 286 (e) and 288a (e)

IV. APPROVAL AND REVIEW:

This Operations Plan will be reviewed as needed during the pilot period by the Associate Warden, Level III, the Chief Deputy Warden, and signed off by the Warden.

V. RESPONSIBILITY:

The Warden designates overall responsibility to the Associate Warden, Level III, at SOL. The Facility II Captain, Program Lieutenants, and Program Sergeants will be responsible for adherence to the policies and procedures defined in this Operations Plan. All employees are responsible to ensure compliance.

VI. METHODS:

1. Staff and Inmate Information and Education

The Center for Health Justice in cooperation with CDCR personnel will provide information and education for all SOL staff and the inmate population at the selected pilot facility. Information will be provided to staff on site during the Quarterly Warden's Forum. Information provided to staff will include the history, purpose, and inmate and custody procedures to be followed during the one-year SBD pilot project. During the in-person informational sessions, staff will be given ample opportunity to comment and ask questions. Additional opportunities for staff to provide input regarding the condom distribution program will include voluntary and anonymous staff surveys to be administered prior to and after the pilot period. The inmate population will view a video presentation which explains the purpose of the pilot project and the procedures that must be followed with respect to accessing, possessing, and disposing of condoms during the one-year pilot period. Inmate education will include a clear message that sexual activity while incarcerated is still against the law, pursuant to the California Penal Code [286(e) & 288a(e)], and is a violation of CCR Section 3007.

Throughout the pilot period, the SOL Peer Education Coordinator and the Peer Educators will be available to provide education and counseling to inmates regarding risks for HIV, STDs, and Hepatitis, and on the proper use and disposal of condoms.

2. SBD Pilot Site - Facility II

Facility II is a Level III Facility with five General Population housing units. There are four 270 design celled housing units and one Gymnasium converted into a dormitory. The inmate population consists of 1,025 Level III General Population inmates with various custody levels and commitment terms.

3. **Sexual Barrier Device (SBD) Dispensing Machines and Inmate Access.**

Ten dispensing machines will be installed in the five housing units (two per housing unit). These machines will be mounted in locations which are inconspicuous and allow inmates discreet access given the layout of the housing units. The machines are also placed such that staff will be able to periodically observe them for the purpose of maintaining security. The SBD dispensing machines will be serviced by personnel from the Center for Health Justice at no cost to the State of California. Inmates will be made aware of the availability of condoms and how to obtain them from the dispensing machines. The basic procedures for inmates to follow will be posted next to the machines and will include:

- Take only one condom at a time from the vending machine.
- Immediately open condom package and discard the external cellophane wrapper and orange paper box.
- Condoms enclosed in the inner clear sealed plastic wrapper are not contraband.
- Condoms remaining in the external orange box or removed from the inner clear sealed plastic wrapper are contraband and will be confiscated.
- Having sex in prison is illegal under California Penal Code § 286(e) and CCR Section 3007.
- Failure to obey these rules will result in disciplinary action.
- Inmates are responsible for the proper disposal of used condoms – flushing down the toilets is considered appropriate for this pilot period.

As always, staff are advised to use standard precautions, including latex gloves, whenever there is a possibility of coming into contact with potentially infectious or dangerous materials in the course of conducting searches of persons, cells, or property. Latex gloves should be used if the need ever arises to handle condoms for the purpose of evidence collection or disposal.

4. **Disciplinary Processes.**

In giving the inmate population access to condoms, the CDCR is not implying acceptance or condoning of sexual behavior within CDCR facilities. However, CDCR acknowledges the reality that sexual activity may occur, although the prevalence of such activity is not known. Therefore, inmates assigned to Facility II may possess on their person, or in their cell or locker, one (1) SBD (condom). More than one condom found in an inmate's possession shall be considered contraband. The condom package shall be not opened or tampered with. If the condom package is found by staff to be compromised it will be considered contraband. The inmate may enter the Program Complex B, Education B, Dining Hall 3 or 4, Main Kitchen, the Treatment and Triage Area (TTA) and their work site (including C-Side) with one condom on their person.

In practice, the California Code of Regulations (CCR) Title 15, Section 3006 (Contraband) has prohibited inmates from being in possession of condoms. However, an exception to this practice will be made during the one-year SBD pilot project for inmates housed in Facility II.

Rule Violation Reports (RVR) written to document unauthorized possession of condom(s) or failure to follow the rules regarding the external and inner packaging posted beside the dispensing machines shall be charged with CCR, Section 3006, Possession of Contraband. Should a condom be used during this pilot program for any purpose other than its intended use, the RVR shall be completed to reflect the specific act and CCR section. For incidents where an RVR reflecting a specific non-contraband act is completed, an additional RVR charging the inmate with possession of Contraband shall not be completed.

Inmates transferring from Facility II to other facilities within SOL will not be allowed to take condoms with them. Inmates who are housed on Facilities I, III, and IV, found in possession of a condom, regardless of its source, will be subject to the disciplinary actions noted above. For incidents in all Facilities (I through IV), staff shall document their findings on an RVR. When documenting Rules Violations, the RVR specific act will include in parenthesis any item used in committing the act, including a condom, balloon, latex glove, or cellophane for storing or conveying contraband, or a condom or other improvised weapon used in an assault (e.g., Possession of Contraband (SBD), Possession of Contraband (Tobacco wrapped in cellophane), Gassing (SBD), Gassing (latex glove), Possession of a Sling Shot Weapon (SBD), Possession of a Sling Shot Weapon (rubber band). The designation in parentheses of the specific vessel or tool used must be included on all RVRs and disciplinary or informative documentation utilized by staff for tracking and reporting purposes.

5. **Tracking of RVR Violations.**

For the duration of the pilot project, on a quarterly basis, the Associate Wardens of Level II and III Operations will ensure that the completed Rules Violations Report Log (Attachment A) with attached copies of relevant RVRs (pertinent to the SBD pilot project) are and forwarded to the Chief Deputy Warden for his review via the SOL Compliance Office. This report will then be forwarded to the pilot program evaluation team members at the CDCR, Adult Research Branch and the Department of Public Health, Office of AIDS.

Ongoing communication between all stakeholders will be imperative. At the end of the 12-month SBD Pilot Project, the data collected during this time period will be used to evaluate the risk and viability of SBD distribution in California State prisons.

APPROVED:

D. K. SISTO
Warden

APPENDIX C

PRISONER INFORMATION SHEET

Condom Access Pilot Program

What is the history of this program?

- If Assembly Bill (AB) 1334 passed, it would have required CDCR to allow any non-profit or health agency to provide condoms inside CDCR prisons.
- In his Veto Memo, the Governor of California directed CDCR to carry out a one-year pilot program to provide prisoners access to condoms in one prison only.
- The purpose of pilot testing this program in one prison is to see if condoms can help prevent the spread of HIV and other sexually transmitted diseases (STD).
- The pilot program will run for one year: from November 5, 2008 to November 4, 2009.

Why CSP Solano, Facility II?

- CDCR chose CSP Solano and Facility II for a few reasons:
  - CSP Solano houses General Population prisoners in both cell and dormitory style housing units.
  - CSP Solano is close to California Department of Public Health staff who will be evaluating this program.
  - Facilities III and IV are already participating in other pilot projects and Facility I has celled housing only.

Why provide prisoners access to condoms?

- As a group, prisoners have higher rates of HIV, STDs, and Hepatitis B and C than the free population.
- This is part of a public health effort to reduce the spread of HIV and other STDs both within prisons and to the community.
- Condoms are highly effective at preventing these diseases.
- CDCR is not condoning sexual activity. It is still illegal to have sex in prison. It's not always possible to stop sex from happening in prisons. In this case, being able to use a condom may help stop the spread of HIV, STDs and Hepatitis.

What agencies are involved in this project and why?

<u>Center for Health Justice</u>

- Community-based organization that works on HIV prevention and treatment for prisoners
- Will provide the condoms and condom dispensing machines during the project.

<u>California Department of Public Health: Office of AIDS & STD Control Branch</u>

- The Office of AIDS and the STD Control Branch are agencies of the Department of Public Health. They work on HIV and STD prevention and treatment in California.
- Public Health staff are interviewing prisoners to ask them to take a voluntary confidential survey. The survey is part of the evaluation of the pilot project. The surveys will be done before and after the pilot project.
- At the end of the project, findings from the surveys will be reported to the Governor to help him decide if inmates in other prisons will be allowed to have condoms.

<u>California Department of Corrections and Rehabilitation</u>

- Is working with an advisory group to plan the pilot project, including various options for placing the machines and the rules for inmates to follow.
- Will enforce existing rules about sexual activity and allow exceptions to condoms as contraband.
- Will provide a confidential interview space for the CDPH staff to conduct surveys with prisoners, and a custody staff person to escort the outside researchers and to maintain security of the area. The custody staff will not be able to hear the interviews in progress or have access to any survey materials.

PRISONER INFORMATION SHEET

Condom Access Pilot Program

Where will condoms be allowed? Who can carry condoms?

- The rules for the pilot program are given in the box below. These rules will also be posted beside each condom machine.
- There will be exceptions to the contraband rule in order to allow prisoners access to condoms for the one-year pilot program.
- Facility II inmates will be allowed to carry one condom to all areas except the regular visiting area as long as the condom is still inside the inner clear sealed plastic wrapper.

Got something to say about it?

- Staff from the California Department of Public Health are doing a survey with prisoners
- If you are ducated for an interview, you are encouraged to participate to say your opinion. It is very important that all opinions and experiences with the project are heard. It doesn't matter if you are for or against prisoners having condoms or whether you personally have any need of this program.
- Participation in the survey is completely voluntary and confidential. Your name and individual survey answers will not be used in any report.

CONDOM DISPENSING MACHINE RULES

****This machine is for Facility II inmate use only****

Inmates in Facilities I, III, and IV in possession of a condom will be subject to CDCR 115

- Having sex in prison is illegal under California Penal Code § 286(e) and CCR Section 3007. Failure to obey these rules will result in disciplinary action.
- Facility II inmates are allowed to carry one condom to all areas except the regular visiting area as long as the condom is still inside the inner clear sealed plastic wrapper.
- Condoms enclosed in the inner clear sealed plastic wrapper are not contraband.
- Condoms remaining in the external orange box or removed from the inner clear sealed plastic wrapper are contraband and will be confiscated.
- Take only one condom at a time from the vending machine
- Immediately open condom package and discard the external cellophane wrapper and orange paper box.
- Inmates are responsible for the proper disposal of used condoms – flushing down the toilets is considered appropriate for this pilot period.