

REGULATION AND POLICY MANAGEMENT BRANCH

P.O. Box 942883
Sacramento, CA 94283-0001



September 1, 2020

NOTICE OF CHANGE TO TEXT AS ORIGINALLY PROPOSED

Pursuant to the provisions of Government Code Sections 11346.8(c) and 11349.4, and Section 44 of Title 1 of the California Code of Regulations (CCR), the California Department of Corrections and Rehabilitation (CDCR) is providing notice of proposed changes made to CCR Section 3767, regarding the repeal of Flash Incarcerations.

You are receiving this notice because you provided written comment (including comments sent via email or fax), commented at the teleconference public hearing held on July 30, 2020, or requested notice of changes. To provide notice of the proposed changes to the public, this Notice will be posted on the CDCR Internet website at: [CDCR Pending Regulations](#).

The proposed regulatory text is not amended as part of this renote. A form, CDCR Form 1500, Parole Violation Decision Making Instrument, that is incorporated in this repealed section, was erroneously omitted from the initial notice of the proposed regulations. These proposed changes are being made available for public comment.

Contact Person

Inquiries regarding this notice should be directed to Joshua Jugum, Regulation and Policy Management Branch, California Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001, by telephone at (916) 445-2266, or e-mail at RPMB@cdcr.ca.gov. In the event the contact person is unavailable, inquiries should be directed to Ying Sun, Associate Director, RPMB, at (916) 445-2269.

Submission of Public Comments

The comment period for these revisions will close on September 16, 2020. Please submit comments by e-mail to RPMB@cdcr.ca.gov or in writing to Joshua Jugum, Regulation and Policy Management Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA, 94283-0001, before the close of the public comment period. Comments must be received or postmarked no later than 5:00 p.m. on September 16, 2020. Only those comments relating directly to the amendments described in this Notice of Change to Text as Originally Proposed will be considered.

Original Signed By:

YING SUN, Associate Director
Regulation and Policy Management Branch
Department of Corrections and Rehabilitation

Attachment

TEXT OF PROPOSED REGULATIONS

In the following text, ~~strikethrough~~ indicates deleted text.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs, and Parole

Subchapter 6, Article 19, Section 3767, Flash Incarcerations is repealed.

3767. Flash Incarcerations.

~~(a) The California Department of Corrections and Rehabilitation (CDCR) has the authority to impose a period of flash incarceration, as defined in Penal Code Section 3000.08(e), in a city or county jail as a remedial sanction upon parolees who violate conditions of parole. Flash incarceration periods imposed by the Department shall not exceed 10 consecutive days. During a period of flash incarceration, the parolee is not revoked and their parole period shall continue to run untolled (i.e., the period of parole will continue to be reduced on a day-to-day basis).~~

~~(b) Upon placement of a parole hold, and subsequent investigation, the parole agent may recommend to the unit supervisor a parolee serve a period of flash incarceration as a remedial sanction in lieu of revocation. The parole agent shall complete an automated CDCR Form 1500, Parole Violation Decision Making Instrument in the Parole Violation Disposition Tracking System to make the recommendation. Upon such recommendation, the parole agent shall also utilize the CDCR Form 1500 to recommend at least one additional remedial sanction to address the parolee's criminogenic need(s) as defined in Section 3000.~~

~~(c) Upon review and approval of a recommendation for flash incarceration on a CDCR Form 1500 by a unit supervisor or higher, the parolee shall serve a period of flash incarceration not to exceed 10 consecutive days from the day of arrest.~~

~~(1) Notification of the reasons for the detention shall be made to the parolee by the Department in accordance with Section 3754.~~

~~(2) For purposes of calculating a flash incarceration period, the day of booking into a city or county jail shall count as day one.~~

~~(d) The Department shall not impose more than three consecutive flash incarcerations as a sanction upon a parolee during his or her term of parole. An exception to this limit shall be made upon a petition for parole revocation being filed with the court. Upon every petition for parole revocation filed with the court regarding the parolee, the three options for flash incarceration shall reset and be made available for use by the Department.~~

~~(e) Once released from custody, the parolee shall report to the parole office to meet with a parole agent on the first business day following release. Upon reporting, the parole~~

~~agent shall implement the remedial sanction(s) imposed in conjunction with the flash incarceration.~~

~~Note: Authority cited: Section 5054, Penal Code. Reference: Section 3000.08, Penal Code.~~

CDCR 1500 (Rev. 05/13)

PVDTS Case: _____ Subject to 3000.1 Y N

A CDC Number _____ Offender Name (LAST, FIRST, MI) _____ Parole Unit _____ Region _____

Age _____ DOB _____ Sex M F Race _____ Height _____ Weight _____ Eyes _____ Hair _____

Last Known Address _____ Resident Pattern _____

Controlling Discharge Date _____ Code _____ Discharge Review Date _____ Date of Discovery _____ Hold Date _____ Hold Removed Date _____

Arrest Date _____ Booking Number _____ Booking Location _____ Court Case Number _____

Name Booked As _____ Arresting Agency _____

Arrest Code _____ ARREST CODES:
A DAPO Staff Alone B Law Enforcement Agency Alone
AB DAPO Assisted by Law Enforcement Agency D Law Enforcement Agency With Information from DAPO Imminent Discharge

Reason For Retaining Parole Hold: Parolee Danger To _____ Parolee/Releasee Copy Provided (Date) _____ Mailed or Delivered By _____
 Abscond Property-Others Safety-Others

Commitment Offense(s):
Offense Code _____ Offense Description _____ Controlling Offense _____

DEC System Checked Yes No

Disability/Effective Communication Information: _____

B CSRA Risk Level: Low (1) Moderate (2) High - Drug (3) High - Property (4) High - Violent (5)

Is the Parolee a Sex Offender (as defined by PC 260)? Yes No If yes, indicate STAT: C 99 Risk Category: Low (Score of 3 or less) High (Score of 4 or more)

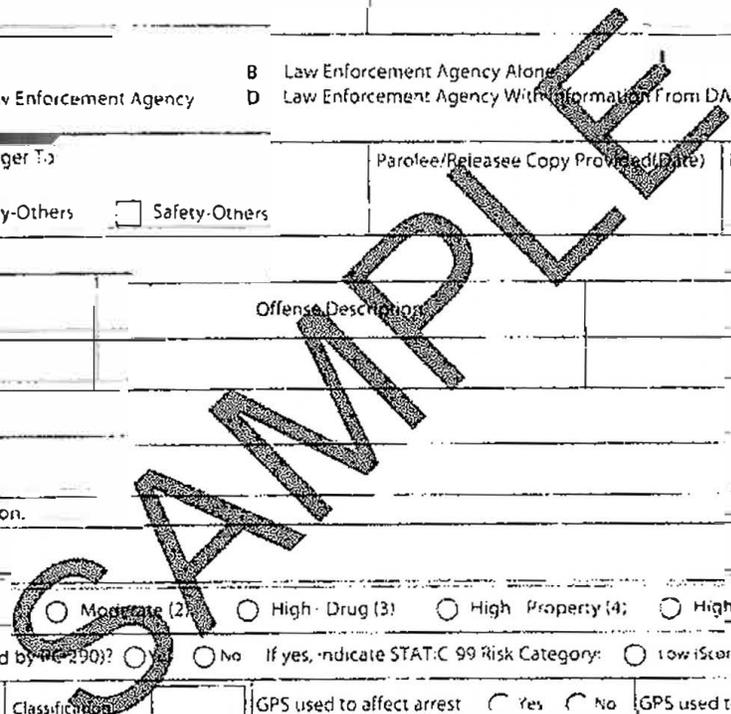
Supervised Using GPS Yes No Classification _____ GPS used to affect arrest Yes No GPS used to investigate violation Yes No

C Violation(s): _____

D Circumstances of Charge(s): _____

D1 Parolee/Witness Statement _____

D2 Court Status _____



CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
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E

Violation Severity Score 0

F Instrument Recommended Response Level:

Least Intensive
 Moderately Intensive
 Most Intensive A
 Most Intensive A or B
 Most Intensive C

G **Recommended Responses:** Check the box in the assigned response level that will most effectively address the violation behavior. Some exceptional circumstances may warrant selection of more than one response. Options within the assigned response level are not appropriate, proceed to the optional "Override" Section I of this form.

Response Level 1: Least Intensive Select Desired Sanction(s)

<input type="checkbox"/> Verbal Reprimand (1a) <input type="checkbox"/> Encourage Offender to Obtain and Maintain Full Time Employment, Refer to Employment Agencies/Programs (1b) <input type="checkbox"/> Increase Reporting Requirements (1c) <input type="checkbox"/> Written Travel Restriction (1d) <input type="checkbox"/> Imposition of Curfew (1e) <input type="checkbox"/> Imposition of any other Condition with a Nexus to the Violation or Offense (1f)	<input type="checkbox"/> Behavioral Contract (1g) <input type="checkbox"/> Referral to PACT Program (1h) <input type="checkbox"/> Referral to Parole Agent Sponsored Program (e.g. Life Skills Women's Group) (1i) <input type="checkbox"/> Referral to Community Based Substance Abuse Treatment Program (1j) <input type="checkbox"/> Referral to Community Based Support Group AA/NA (1k) <input type="checkbox"/> Referral to Certified Community Based Outpatient Counseling/Treatment Services (1l)	<input type="checkbox"/> Proposition 36 Program (1m) <input type="checkbox"/> Imposition of EID (1n) <input type="checkbox"/> Referral to other Program (Long-Term Use of Remedial Sanctions) (1o) <input type="checkbox"/> Restart Program (1p) <input type="checkbox"/> Defer to Local Adjudication (1q)
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Response Level 2: Moderately Intensive Select Desired Sanction(s)

<input type="checkbox"/> Referral to Psychological Assessment/Evaluation (2a) <input type="checkbox"/> Community Service Hours (2b) <input type="checkbox"/> Program Restrictions - Specific Limitations (2c) <input type="checkbox"/> Geographic Restrictions - Specific Limitations (2d) <input type="checkbox"/> Increase UA Testing (2e) <input type="checkbox"/> Daily Reporting with Option of UA Testing (2f) <input type="checkbox"/> Establish No-Contact Orders (2g) <input type="checkbox"/> Imposition of Curfew or Increased Curfew Enhancement (2h)	<input type="checkbox"/> Referral to Domestic Violence Program (2i) <input type="checkbox"/> Referral to Day Reporting Center (DRC) (2j) <input type="checkbox"/> Referral to Structured Residential or Outpatient Drug Treatment Program (2k) <input type="checkbox"/> Increase Number of Substance Abuse Support Group Meetings Attendance (2l) <input type="checkbox"/> Referral to Other Programs (Long-Term Use of Remedial Sanctions) (2m) <input type="checkbox"/> Mandate Participation and Completion of a Structured Residential or Outpatient Substance Abuse Treatment Program (2n) <input type="checkbox"/> Referral to Parolee Service Center (PSC) (2o)	<input type="checkbox"/> Referral to Community-Based Coalition (CBC) (2p) <input type="checkbox"/> Referral to Female Residential Service Center (FRMSC) (2q) <input type="checkbox"/> Referral to Residential Multi-Service Center (RMSC) (2r) <input type="checkbox"/> Increase Length of Treatment/Cognitive Program (2s) <input type="checkbox"/> Increase Supervision Level (2t) <input type="checkbox"/> Referral to Community-Based In-Custody Drug Treatment Program (ICDTP) (2u) <input type="checkbox"/> Re-entry Court (2v)
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CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
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Response Level 3: Most Intensive - Select Desired Sanction(s) Most Intensive - A <input type="checkbox"/> Placement into Mental Health Services (3a) <input type="checkbox"/> Placement into Intensive Licensed/Certified Residential or Outpatient Drug Treatment Program (3b)	Response Level 4: Most Intensive C <input type="checkbox"/> Recommend for Revocation (4a)
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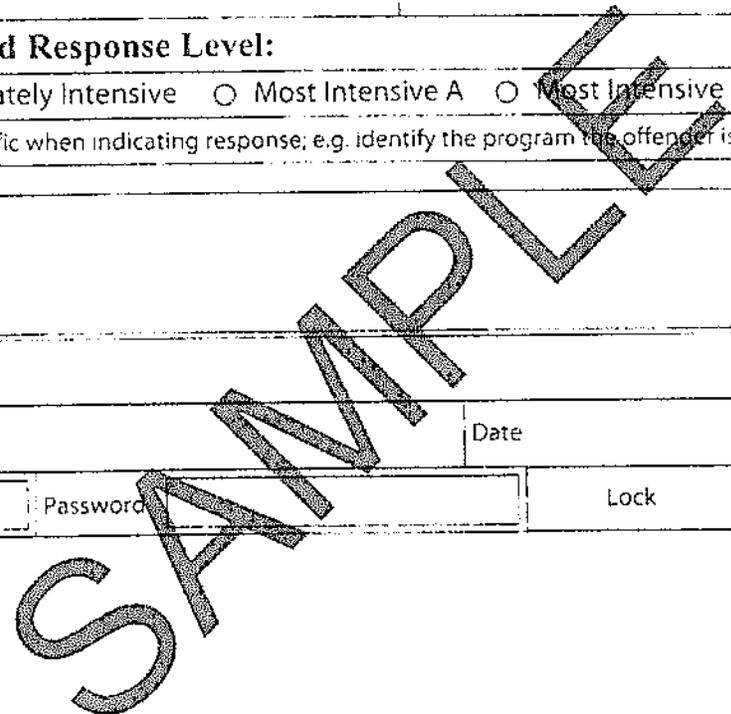
Most Intensive - B <input type="checkbox"/> Recommend for Revocation (3e)	Recommended Revocation Days _____
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Agent's Recommended Response Level:
 Least Intensive Moderately Intensive Most Intensive A Most Intensive B Most Intensive C

Agent's Response (Please be specific when indicating response; e.g. identify the program the offender is required to attend):

Comments:

Badge #	Name	Date
User ID	Password	Lock



CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
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I Unit Supervisor's Determination

Case Conference Date: _____

Between (Agent) _____ and (Supervisor) _____

Instrument Recommendation: Least Intensive Moderately Intensive Most Intensive A Most Intensive A or B Most Intensive C

Parole Agent Recommendation: Least Intensive Moderately Intensive Most Intensive A Most Intensive B Most Intensive C

Concur with Agent's Response: YES NO Recommended Revocation Days _____

Unit Supervisor's Response Level: Least Intensive Moderately Intensive Most Intensive A Most Intensive B Most Intensive C

Unit Supervisor's Action: Decision Review Release Hold as of Date: _____

Retain Hold Cancel Warrants Discharge Effective Date: _____

Continue on Parole Retain on Parole Reinstate on Parole as of Date: _____

Time Loss: Yes No Refer for Revocation Investigate and Submit Appropriate Report by (Date): _____

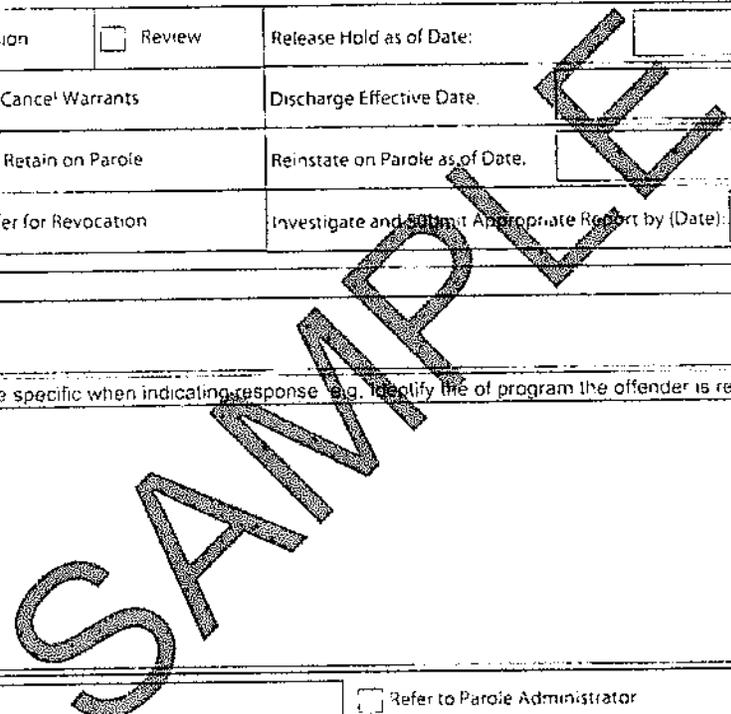
Special Conditions of Parole: _____ Add SCP
 _____ Delete SCP

Unit Supervisor's Response (please be specific when indicating response, e.g. identify title of program the offender is required to attend)

PVDTS Case ID: Empty Refer to Parole Administrator

Badge # _____ Name _____ Date _____

User ID _____ Password _____ Lock _____



CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
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J | **Parole Administrator's Determination**

Agree DOP Least Intensive Moderately Intensive Most Intensive A Most Intensive B Most Intensive C

Parole Administrator's Response:

Refer for Revocation Discharge Effective Date:

Badge #	<input type="text"/>	Name	<input type="text"/>	Date	<input type="text"/>
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User ID	<input type="text"/>	Password	<input type="text"/>	Lock	<input type="text"/>
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SAMPLE