
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Jesse Arreguin, Chair
2025 - 2026 Regular

Bill No: AB 1140 **Hearing Date:** July 1, 2025
Author: Connolly
Version: February 20, 2025
Urgency: No **Fiscal:** Yes
Consultant: SJ

Subject: *Single-Occupancy Cell Pilot Program*

HISTORY

Source: San Francisco District Attorney Brooke Jenkins

Prior Legislation: AB 280 (Holden), placed on the Inactive File on the Assembly Floor, 2023
AB 2632 (Holden), vetoed, 2022
AB 2321 (Jones-Sawyer), Ch. 781, Stats. of 2022
AB 1225 (Waldron), held in Assembly Appropriations, 2021
SB 124 (Leno), held in Assembly Appropriations, 2015
SB 1143 (Leno), Ch. 726, Stats. of 2016

Support: California Association of Psychiatric Technicians; Five Keys; Oakland African American Chamber Political Action Committee

Opposition: California Coalition for Women Prisoners; Californians United for a Responsible Budget; Critical Resistance; Initiate Justice; La Defensa; Sister Warriors Freedom Coalition; The People in Blue

Assembly Floor Vote: 77 - 1

PURPOSE

The purpose of this bill is to establish a single-occupancy cell pilot program in four state prisons.

Existing law prohibits the infliction of cruel and unusual punishment. (Cal. Const., art. I, § 17.)

Existing law establishes rights for persons sentenced to imprisonment in a state prison, and provides that a person may, during that period of confinement be deprived of such rights, and only such rights, as is reasonably related to legitimate penological interests. (Pen. Code, § 2600.)

Existing law prohibits the use of any cruel, corporal or unusual punishment or to inflict any treatment or allow any lack of care whatever which would injure or impair the health of the prisoner, inmate, or person confined. (Pen. Code, § 2652.)

Existing law authorizes the California Department of Corrections and Rehabilitation (CDCR) to prescribe and amend rules and regulations for the administration of the prisons. (Pen. Code, § 5058.)

Existing law requires the Secretary of CDCR to classify and assign prisoners to the institution of the appropriate security level and gender population nearest the prisoner's home, unless other classification factors make such a placement unreasonable. (Pen. Code, § 5068.)

This bill requires the Secretary of CDCR to develop and implement a pilot program to house persons who are incarcerated at four adult prison facilities in single-occupancy cells by January 1, 2027. Provides that the secretary will determine the four participating facilities, and requires the secretary, or their designee, to establish criteria to determine which incarcerated people be housed in single-occupancy cells.

This bill requires the pilot program to, at a minimum, do both of the following:

- Be implemented at four facilities housing incarcerated adults under the jurisdiction of the CDCR, excluding medical facilities and state hospitals.
- Apply to 10% of the population housed at each of the four-designated facilities.

This bill requires the secretary to transmit a report to the Legislature and Governor detailing all of the following by March 15, 2028:

- The capacity of the pilot sites as of December 31, 2026, and December 31, 2027. Defines "capacity" to mean the rated capacity, operational capacity, and design capacity of the facility. Requires the report to include capacity numbers for rated capacity, operational capacity, and design capacity.
- The number of incarcerated persons housed in single-occupancy cells under the pilot program at the four pilot sites.
- The number of incarcerated persons in each facility participating in the following on December 31, 2026, and on December 31, 2027, respectively:
 - Work assignments;
 - Education assignments; and,
 - Treatment and reentry program assignments.
- The housing classification for incarcerated persons participating in the assignments by facility.
- The number of disciplinary incidents and incidents involving violence that occurred by facility for each of the four pilot sites overall and disaggregated by single-occupancy and non-single-occupancy cells and rehabilitative programming, including a breakdown of disciplinary incidents and incidents involving violence by facility and month for the first year that the pilot program is operational.
- The inclusion or exclusion criteria, or both, the Secretary, or their designee, used to designate incarcerated persons to single-occupancy cells, by facility.
- A qualitative description of the changes made in each of the four pilot sites in order to implement this pilot program.

This bill prohibits the following from qualifying towards the percentage of the pilot site's population required to be housed in single-occupancy cells:

- Persons housed in safety cells.
- Persons housed in detoxification cells.
- Persons housed in temporary holding cells or rooms.

This bill provides that the denial of an incarcerated person's requests to be housed in a pilot site does not constitute a cognizable cause of action.

This bill includes legislative findings and declarations.

COMMENTS

1. Need For This Bill

According to the author:

Reducing recidivism rates and ensuring the safety of prisoners and correctional staff should be the top priority of our state prisons. Innovative solutions such as single-occupancy cells will help improve our public safety, both inside and outside of correctional facilities. AB 1140 will provide valuable feedback and data on the relationship between sleep, safety, and recidivism, which would inform future policy decisions on how best to expand or refine the program.

2. Prison Overcrowding

California prisons are subject to a federal court order that limits the total number of people that can be housed to 137.5 percent of their collective design capacity. (*Coleman/Plata vs. Schwarzenegger* (2010) No. Civ S-90-0520 LKK JFM P/NO. C01-1351 THE.) The two class actions giving rise to the court-ordered prison population cap alleged that prison overcrowding led to inadequate medical and mental health care, respectively, violating the Eighth Amendment's prohibition on cruel and unusual punishment. In 2011, the U.S. Supreme Court upheld the lower court's decision to limit the prison population based on design capacity, declaring that "without a reduction in overcrowding, there will be no efficacious remedy for the unconstitutional care of the sick and mentally ill" inmates in California's prisons. (*Brown v. Plata* (2011) 131 S.Ct. 1910, 1939; 179 L.Ed.2d 969, 999.)

On February 10, 2014, the federal court ordered California to reduce its in-state adult institution population to 137.5% of design capacity by February 28, 2016, as follows: 143% of design bed capacity by June 30, 2014; 141.5% of design bed capacity by February 28, 2015; and, 137.5% of design bed capacity by February 28, 2016. By February 2015, the state's prison population was below the court-ordered reduction to 137.5% of design bed capacity. (Defendants' February 2015 Status Report In Response To February 10, 2014 Order, 2:90-cv-00520 KJM DAD PC, 3-Judge Court, *Coleman v. Brown, Plata v. Brown* (fn. omitted).

As of March 2, 2025, CDCR's adult institutional population occupied 122.5% of design capacity. (CDCR, *Three-Judge Court Quarterly Update, March 2025 Quarterly Update* available at <<https://www.cdcr.ca.gov/3-judge-court-update/>>.)

3. Unique Health Care Needs of the Incarcerated Population

The background materials provided by the author's office state that the purposes of the bill are to improve conditions of confinement, improve the health and well-being of the incarcerated population, reduce violence in prisons, and create a setting more conducive to supporting rehabilitation.

It is well-documented that individuals incarcerated in the nation's prisons and jails "present an array of poor health conditions, including mental illness, addiction, and chronic disease." (Amy Smith, National Research Council and Institute of Medicine of the National Academies, *Health and Incarceration: A Workshop Summary* (2013), p. 1 available at <https://www.ncbi.nlm.nih.gov/books/NBK201964/pdf/Bookshelf_NBK201964.pdf>.) Incarceration itself impacts individuals' physical and mental health. (*Id.* at p. 7) A 2016 survey of individuals incarcerated in state prisons found that approximately half reported ever having a chronic condition, such as high blood pressure, cancer, stroke, or diabetes, and 17% reported ever having an infectious disease, including hepatitis B, hepatitis C, and HIV/AIDS. (U.S. Dept. of Justice, Bureau of Justice Statistics, *Survey of Prison Inmates, 2016: Medical Problems Reported by Prisoners* (Jun. 2021), p. 1 available at <<https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/mprpspi16st.pdf>>.) Women were more likely to report ever having a chronic condition or infectious disease than men. (*Id.* at p. 2.)

The special health needs of the incarcerated population have also changed over time as the number and percentage of incarcerated individuals over 55 has significantly increased. (U.S. Dept. of Health and Human Services, Office of Disease Prevention and Health Promotion, *Healthy People 2030: Social Determinants of Health-Incarceration*, available at <<https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration>>.) Research indicates that "people who are exposed to incarceration face a higher rate of health decline due to a combination of environmental factors and predisposing characteristics." (Kaiksow et al., *Caring for the Rapidly Aging Incarcerated Population: The Role of Policy* (Mar. 2023), p. 2 available at <<https://pmc.ncbi.nlm.nih.gov/articles/PMC10129364/pdf/nihms-1894051.pdf>>.) Although it is unknown "[w]hether accelerated aging is a direct result of exposure to confinement or represents the cumulative effect of the many other factors that contribute to poor health associated with an increased risk of incarceration" ... "accelerated aging leads to higher rates and earlier presentations of geriatric conditions, along with a significant reduction in life expectancy." (*Id.* at p. 3 [Internal citations omitted].) For example:

In an age-adjusted analysis, incarcerated individuals were found to have the same rate of geriatric morbidity at age 59 years as community-dwelling individuals at age 75 years, including functional, mobility, and hearing impairment, as well as higher medical comorbidity, urinary incontinence, and falls. This distinction persists when accounting for socioeconomic differences. Mild cognitive impairment (MCI), dementia, and mental health conditions are also over-represented in incarcerated individuals and at younger ages than would normally be expected. ... Incarcerated adults aged ≥ 50 years also have more than twice the rate of mental health conditions compared to the non-incarcerated population, with the highest disparity in the most severe diagnoses, such as schizophrenia and bipolar disorder. (*Ibid.*) (Internal citations omitted.)

4. Reimagining San Quentin Report and Related Budget Proposal

In March 2023, Governor Newsom announced plans to transform San Quentin State Prison into a model rehabilitation center. Later that spring, the Governor created an Advisory Council consisting of individuals with varied professional and lived experiences, to collect and assemble recommendations related to that transformation as well as to help inform the California Model.

The Advisory Council published its report in January 2024. Among its many recommendations was one to create single-cell and single-bunk housing throughout San Quentin. The recommendation, however, stated that such a policy “will require significantly reducing the prison population.” (Williams et al., San Quentin Transformation Advisory Council, *Reimagining San Quentin: Recommendations to Transform San Quentin State Prison into a Rehabilitation Center* (Jan. 2024), p. 15 available at <http://www.cdcr.ca.gov/wp-content/uploads/2023/06/FINAL-San-Quentin-Report_1.3.24.pdf>.)

The Governor’s proposed 2025-26 Budget indicated that CDCR had started to implement the California Model statewide. (Office of the Governor, *Governor’s Budget Summary 2025-26* (Jan. 2025), p. 61 available at <<https://ebudget.ca.gov/2025-26/pdf/BudgetSummary/FullBudgetSummary.pdf>>.) These initiatives are “focused on the principles of dynamic security, normalization, peer support specialists, and becoming a trauma-informed organization ... [to] promote the health and well-being of those who work and live within the prison environment.” (*Id.* at p. 62) In addition, the Budget stated:

To further normalization efforts, based on the goal of providing an environment within prison as similar as possible to what someone would encounter upon release, CDCR plans to offer increased levels of single-celled housing at San Quentin Rehabilitation Center, California Correctional Women’s Facility, and California Institution for Women. Single-celled housing will directly enhance the well-being of the incarcerated population by lessening the density housed within the prison and increasing access to programming opportunities. (*Ibid.*)

As of June 25, 2025, there is no language or funding explicitly included in any budget-related bills pertaining to the proposal to expand the use of single-occupancy cells.¹

5. Effect of This Bill

This bill establishes a single-cell pilot program at four state prisons that gives CDCR broad discretion in determining the four facilities included in the pilot program and the selection criteria for individual participants. The bill specifies that 10% of the population housed at each of the four facilities must be housed in single cells. The bill also requires that CDCR compile a report with various data points, including the capacity of the pilot sites; the number of incarcerated individuals housed in single-occupancy cells under the pilot program; the number of incarcerated individuals in each facility participating in work assignments, education assignments, and treatment and reentry program assignments; and the number of disciplinary incidents and incidents involving violence that occurred by facility for each of the pilot sites overall and disaggregated by single-occupancy and non-single-occupancy cells, among other things. This bill additionally specifies that the following are not considered single-occupancy cells for purposes of the pilot program: safety cells, detoxification cells, or temporary holding cells or rooms.

The proponents of this bill contend that this type of pilot program will help alleviate prison overcrowding, improve living conditions and the emotional well-being of incarcerated individuals, and foster rehabilitation. The bill’s opponents counter that this bill would do more

¹ The May Revision to the 2025-26 Budget proposed to close one additional prison by October 2026. It is unclear how this bill with impact that plan.

harm than good. Specifically, the bill's opponents argue that single-occupancy cells in women's prisons could lead to more sexual assaults by staff and raise concerns related to the effects of isolation, the breadth of discretion given to the department in designing the pilot program, the potential for abuse by prison staff, and increased prison spending on facilities rather than programming. Opponents also assert that program should be voluntary for individual incarcerated individuals and that single-cell occupancy is not a durable solution to overcrowding.

6. Argument in Support

The California Association of Psychiatric Technicians writes:

... California's prisons were originally designed to house inmates in a one-person-per-cell configuration. Over time, due to an increasing prison population and a lack of sufficient facility capacity, the state resorted to double and even triple bunking. Now that the prison population has declined, the opportunity exists to restore prisons to their intended design and create a safer, more rehabilitative environment for both inmates and staff.

AB 1140 takes a measured and thoughtful approach by implementing a pilot program at four adult correctional facilities, ensuring that single-occupancy cells are prioritized for those who can benefit most. Research has shown that single-occupancy cells can reduce stress, lower blood pressure, improve sleep quality, and decrease violent incidents in correctional institutions. The ability of incarcerated individuals to sleep without fear of physical harm is crucial to their ability to engage meaningfully in rehabilitation programs, mental health treatment, and educational opportunities. Additionally, reducing overcrowding has been linked to a decline in inmate-on-inmate violence, as well as increased safety for correctional staff and mental health professionals.

As mental and behavioral health professionals, our members work daily with individuals who suffer from a range of mental health conditions, including anxiety, depression, and post-traumatic stress disorder. These conditions are often exacerbated by the stressful and volatile nature of shared prison cells. Providing incarcerated individuals with a more stable, private environment can lead to better mental health outcomes and a higher likelihood of successful reintegration into society upon release.

AB 1140 represents a critical step in creating a more rehabilitative and humane corrections system in California. By aligning housing conditions with evidence-based best practices, this pilot program will help the state meet its goals of reducing recidivism and improving public safety. We urge your support for this important legislation.

7. Argument in Opposition

According to Californians United for a Responsible Budget:

... [W]e support efforts to address the overcrowded and unsafe conditions inside California's prisons. However, we believe this bill will do more harm than good—to those currently incarcerated, and to the broader movement toward

decarceration and prison closure. While framed as a rehabilitation and public safety measure, the bill relies on misleading assumptions, reinforces harmful dynamics with CDCR, and threatens to reverse years of progress toward reducing the state's carceral footprint.

CDCR's control over the criteria that would be used to select individuals for single cells raises concerns about arbitrary implementation and potential weaponization of single cells as a behavioral incentive or punishment. CDCR's long and well-documented history of abuse of discretion, especially toward Black, disabled, and LGBTQ+ incarcerated people, raises serious concerns about how access to single cells will be determined and enforced.

This bill fails to recognize that single cells are not inherently safe, healing, or preferred for every incarcerated person. Research indicates that suicide rates are significantly higher in single-cell housing, especially when isolation is prolonged and not paired with access to programming or human connection. Single-occupancy cells may also make incarcerated individuals more vulnerable to sexual misconduct by staff by creating more isolated, unsupervised spaces.

AB 1140 does not include safeguards to prevent single cells from becoming sites of abuse, nor does it guarantee that individuals can opt in or out of the program. Without a voluntary framework and strong oversight ... this policy risks becoming another mechanism of punishment and control—not a path toward healing or safety.

If implemented in one or both of the women's prisons in California, AB 1140 could pose serious risks to the health and safety of women and gender-expansive people incarcerated in women's facilities. While the bill claims to enhance well-being, it fails to account for the unique vulnerabilities of incarcerated women, including the high prevalence of sexual violence by correctional staff. ... Without robust, trauma-informed safeguards, increased access to single cells may exacerbate harm rather than reduce it.

...

... [I]f single cells are introduced in women's prisons under AB 1140, it is unclear what impact this would have on CDCR's plans to expand single-celled housing at CCWF and CIW ... In this bleak budget environment, it is critical that the state not waste taxpayer dollars on duplicative, ill-planned, and dangerous infrastructure projects.

California has closed three prisons and deactivated multiple units in recent years ... AB 1140 threatens to stall or reverse this momentum. By increasing demand for bed space and housing units. This bill could necessitate the reopening of previously closed units, or even the construction of new ones—undermining both fiscal responsibility and our shared vision of a more just and equitable California.

...

We agree with the many incarcerated leaders, including those from The People in Blue, who affirm that healing should be a right—not a reward. If the Legislature seeks to reduce density and improve well-being inside prisons, the most ethical and cost-effective solution is to release more people, not build more cages.

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