The Future of California Corrections

A Blueprint to Save Billions of Dollars, End Federal Court Oversight, and Improve the Prison System
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INTRODUCTION

For years, California’s prison system has faced costly and seemingly endless challenges. Decades-old class-action lawsuits challenge the adequacy of critical parts of its operations, including its health care system, its parole-revocation process, and its ability to accommodate inmates with disabilities. In one case, a federal court seized control over the prison medical care system and appointed a Receiver to manage its operations. The Receiver remains in place today. The state’s difficulty in addressing the prison system’s multiple challenges was exacerbated by an inmate population that—until recently—had been growing at an unsustainable pace. Overcrowded prison conditions culminated in a ruling last year by the United States Supreme Court ordering the California Department of Corrections and Rehabilitation to reduce its prison population by tens of thousands of inmates by June 2013. At the same time that prison problems were growing, California’s budget was becoming increasingly imbalanced. By 2011, California faced a $26.6 billion General Fund budget deficit, in part because the department’s budget had grown from $5 billion to over $9 billion in a decade.

To achieve budgetary savings and comply with federal court requirements, the Governor proposed, and the Legislature passed, landmark prison realignment legislation to ease prison crowding and reduce the department’s budget by 18 percent. Realignment created and funded a community-based correctional program where lower-level offenders remain under the jurisdiction of county governments. In the six months that realignment has been in effect, the state prison population has dropped considerably—by approximately 22,000 inmates. This reduction in population is laying the groundwork for sustainable solutions. But realignment alone cannot fully satisfy the Supreme Court’s order or meet the department’s other multi-faceted challenges.

This plan builds upon the changes brought by realignment, and delineates, for the first time, a clear and comprehensive plan for the department to save billions of dollars by achieving its targeted budget reductions, satisfying the Supreme Court’s ruling, and getting the department out from under the burden of expensive federal court oversight.

Saving Billions of Dollars

Given the ongoing budget problems facing California it has become increasingly important to reexamine the mission and priorities of the corrections system. With dedicated funding directed to county governments to manage lower-level offenders, realignment allows the state to focus on managing the most serious and violent offenders. And it allows counties to focus on community-based programs that better promote rehabilitation. Not only is this good corrections policy, but it also allows the state to achieve significant budgetary savings from a department whose share of General Fund expenditures had grown from 3 to 11 percent over the last 30 years.
One of the primary benefits of realignment is the ability of the department to comply with the Supreme Court’s order without releasing tens of thousands of inmates or building costly new prisons. Absent realignment, and given the public safety risk associated with releasing offenders early, the state would have had to build up to nine new prisons and house more inmates in private contract facilities in order to comply with the Supreme Court’s order. Instead, the Administration is now proposing legislation to eliminate approximately $4.1 billion of the lease revenue bond authority in Assembly Bill 900. Eliminating this bond authority and no longer needing to build new stand-alone prisons will avoid $2.2 billion annually in new operating costs and facility debt service costs.

In addition to billions of dollars in avoided costs, upon full implementation of realignment, the department’s annual budget will be reduced by $1.5 billion through reduced expenditures associated with declining offender populations and new efficiencies. Consequently, the department’s budget will account for approximately 7.5 percent of state General Fund expenditures in the future. All departmental operations, including headquarters and administration, have reassessed their budgets to correspond with the smaller offender populations being served in prison.
and on parole. As a result of the declining populations, the state will be able to save nearly half a billion dollars by closing the California Rehabilitation Center—one of its oldest, most costly, and inefficient prisons to operate—and ending contracts for out-of-state prison facilities. The savings contemplated in this plan will be attained by safely reclassifying inmates, housing inmates in facilities that are commensurate with their custody level, and working to reduce recidivism. Capitalizing on the opportunities created by realignment will create a safer, more effective correctional system, and allow the state to regain control of its prison system by satisfying federal court requirements.

Combining the actual budget savings with the avoided expenditures that would have been required without realignment, over a ten year span the state will have saved and avoided over $30 billion in General Fund costs that may now be used to help balance the state budget or for other critical areas such as education and health care.
Realignment is Reducing Prison Crowding and Facilitating Compliance with the Supreme Court’s Order

Between 1986 and 2006, California’s prison population soared from approximately 60,000 inmates to an all-time high of 173,479 inmates. At its peak, the inmate population had grown to more than double the designed housing capacity, forcing the department to house close to 20,000 inmates in gymnasiums, dayrooms, and other nontraditional housing areas—often in triple-bunks. To help alleviate the overcrowded conditions, an executive order was issued in late 2006 that authorized the department to involuntarily transfer inmates to privately-owned prisons out-of-state. Since then, the department has housed an annual average of about 10,000 inmates in other states.

The United States Supreme Court ruling in 2011 ordered the department to reduce prison crowding to 137.5 percent of the prison system’s design bed capacity by June 2013. In the interim, the court ordered the department to meet incremental crowding-reduction targets at six-month intervals. The Court’s final population requirement equates to a reduction of over 40,000 inmates from the department’s all-time high just a few years ago.

Few options are available to satisfy the Supreme Court’s order. Releasing tens of thousands of dangerous felons onto the streets would endanger public safety. And spending taxpayer dollars the state does not have to build several more costly prisons would be fiscally irresponsible. A safer and less expensive alternative—realignment—was proposed by the Administration, adopted by the California Legislature, and went into effect on October 1, 2011. Under realignment, lower-level offenders serve their sentences locally, and lower-level offenders released from state prison are supervised by local probation officers instead of state parole agents. Offenders who have been convicted of violent, sex-related, or other serious offenses continue to serve their sentences in prison. Realignment also ends the revolving door of parole violators returning to prison for only weeks or months at a time by having them serve their revocation terms in local jails rather than state prison.

Since realignment took effect, the department’s offender population has dropped by approximately 22,000 inmates and 16,000 parolees. Crowding has been reduced from a high of over 200 percent of design capacity to just 155 percent today. The state achieved the first of its four court-ordered population-reduction benchmarks on time and has already met its second, two months early. The thousands of makeshift beds in gymnasiums and dayrooms that the department has been forced to use for years are now gone.
Before and after photographs of the gymnasium at the California Institution for Men show the dramatic effect realignment has had on reducing nontraditional housing:
Even After Realignment, Serious Challenges Remain

Although the state’s prison population continues to shrink, realignment alone will not be enough to bring the department into compliance with the Supreme Court’s order. The department’s newly released spring population projections suggest that although the state will meet the December 2012 court-ordered population target, it will fall a few percentage points short of meeting the final benchmark of 137.5 percent of design capacity in June 2013. The new projections indicate that the prison population will drop to about 141 percent of design capacity by June 2013. Assuming the current projections remain accurate, the additional measures in this plan will be needed to satisfy the Supreme Court’s order.

Realignment itself is also creating new issues that must be addressed and managed. For example, under realignment, less serious offenders who were housed in prison camps and dormitories are now under local jurisdictions, but more serious offenders have remained in the department’s celled housing units. This is resulting in increasingly uneven staffing ratios and uneven distribution of inmates throughout the state’s prisons. Moreover, the 9,500 inmates being housed outside of California in expensive private facilities should be brought back. California should be housing these inmates in its own prisons and investing the money in California where jobs are needed. This plan adjusts prison housing and reforms the inmate classification system to accommodate the realities of the remaining prisoner population.

The reduction in overcrowding brought about by realignment will also not completely solve the department’s other challenges—although it will help tremendously. Realignment, for example, will do nothing to address limitations in existing clinical treatment space. Improving this space as contemplated in this plan will enable the department to provide court-ordered health care services to a greater number of inmates within existing prisons instead of building costly new treatment facilities.

The measures contained in this plan will complete the substantial progress the department has made in showing the federal courts that it can ensure legally-acceptable conditions of confinement. This will allow the department to free itself from the Receivership and the numerous class-action cases in which it is entangled. These cases disrupt democratic principles by shifting control away from the state and to federal courts, make managing prison affairs more difficult, and impose enormous fiscal costs. The state spends millions of dollars each year in class-action litigation costs alone. This plan, combined with the effects of realignment, will put California in a position to end these lawsuits as soon as possible.
This Plan Addresses the Department’s Remaining Challenges and Will Allow California to Satisfy Federal Court Requirements, Achieve Significant Savings, and Maintain an Effective Prison System for Years to Come

This plan will allow the department to satisfy the Supreme Court’s order, end the class-action cases, maintain an effective prison system, and achieve significant savings. The key components will accomplish the following:

**Improve the Inmate Classification System.** As a result of research produced by a panel of correctional experts and input from seasoned professionals, the department is modifying its classification system. The modified system will enable the department to safely shift about 17,000 inmates to less costly housing where they can benefit from more access to rehabilitative programs. These modifications will begin to be implemented within six months, and they will eliminate the need to build expensive, high-security prisons.

**Return Out-of-State Inmates.** The department began sending inmates out-of-state when overcrowding was at its worst in 2007. Currently, there are more than 9,500 inmates outside of California. The department will be able to bring these inmates back as the prison population continues to drop, classification changes are made, and additional housing units are constructed at existing facilities. Returning these inmates to California will stop the flow of taxpayer dollars to other states, and is expected to save the state $318 million annually.

**Improve Access to Rehabilitation.** This plan enables the department to improve access to rehabilitative programs and place at least 70 percent of the department’s target population in programs consistent with their academic and rehabilitative needs. Increasing access to rehabilitative programs will reduce recidivism by better preparing inmates to be productive members of society. In doing so, it will help lower the long-term prison population and save the state money.

The department will establish reentry hubs at certain prisons to concentrate program resources and better prepare inmates as they get closer to being released. It will also designate enhanced programming yards, which will incentivize positive behavior. For parolees, the department will build a continuum of community-based programs to serve, within their first year of release, approximately 70 percent of parolees who need substance-abuse treatment, employment services, or education.

**Standardize Staffing Levels.** Realignment’s downsizing has left the department with uneven, ratio-driven staffing levels throughout the system. Continued use of these increasingly outdated staffing ratios as the inmate population declines would be costly and prevent efficient operations. This plan establishes new and uniform staffing standards for each institution that will enable the department to operate more efficiently and safely.
Comply with Court Imposed Health Care Requirements. In recent years, numerous measures have been implemented that have significantly improved the quality of the department’s health care system. The Inspector General regularly reviews and scores the department’s medical care system, and these scores have been steadily rising. In addition, the capacity of the health care system will soon increase. Slated for completion during the summer of 2013, the California Health Care Facility in Stockton is designed to house inmates requiring long-term medical care and intensive mental health treatment. Its annex, the DeWitt Nelson Youth Correctional Facility, will open in the summer of 2014 to create a unified Stockton complex, allowing both facilities to efficiently transition inmate-patients between the two, while avoiding transportation and security costs as well as the need for expensive services in community hospitals and clinics. These projects, in addition to ongoing mental health and dental projects and new plans to increase medical clinical capacity at existing prisons, will satisfy court imposed requirements.

Satisfy the Supreme Court’s Order to Reduce Prison Crowding. As previously mentioned, the department’s newly released spring population projections suggest that the department may fall a few percentage points short of meeting the final court-ordered crowding-reduction benchmark even with realignment. In June 2013, the department’s prison population is projected to be at 141 percent of design capacity rather than the 137.5 percent goal identified by the Supreme Court. The additional measures proposed in this plan will allow the state to seek and obtain from the court a modification to raise the final benchmark to 145 percent of design capacity. Otherwise, alternatives such as continuing to house inmates out-of-state will have to be considered.

In its order, the Supreme Court contemplated that appropriate modifications to its order may be warranted. The Court explained that as the state implements the order, “time and experience” may reveal effective ways of ensuring adequate health care—other than through population reductions. The state “will be free to move” the Court for modification of the order on that basis, and “these motions would be entitled to serious consideration.” This plan sets forth necessary reforms to satisfy this order as well as other court imposed requirements related to the provision of health care services.

The reduced prison population has already substantially aided the department’s ability to provide the level of care required by the courts. As the population further declines, the department’s ability to provide the required level of prison health care will continue to improve. New health care facilities and enhanced treatment and office space at existing prisons will enable the department to maintain a health care system capable of providing this level of care for a higher density prison population than the Court originally contemplated. This plan will provide critical support for the state’s ability to satisfy the Supreme Court’s order without having to maintain expensive out-of-state prison beds or release inmates early.
Realignment has provided California an historic opportunity to create not just a less-crowded prison system, but one that is safer, less expensive, and better equipped to rehabilitate inmates before they are released. This plan seizes on that opportunity. Each of the following sections describes key aspects of a prison system that combines the inmate reductions achieved in realignment with a facility-improvement plan that will enable a more efficient inmate health care delivery system. This is the prison system that best serves California.
Overview

Prior to realignment, the state’s prison population had been rising for decades. In the 1980s and 1990s, California built more prisons. But construction could not keep pace with the prison population growth, and the state could not afford to keep building more prisons. In October 2006, the prison population reached its all-time peak of 173,479 inmates. The following month, the department began paying to house inmates in private prisons in other states, and increasingly began to rely on nontraditional beds inside gymnasiums and day rooms.

By August 2007, the number of nontraditional beds reached a peak of 19,618, occupying 72 gyms and 125 dayrooms in prisons throughout the state. With inmates sleeping in the middle of housing units, there was less programming space available and incidents of violence increased, leading to prolonged lockdowns and modified programs.

As the number of out-of-state inmates exceeded 10,000, a series of modest reforms were implemented in 2010 and crowding in prisons began to decline gradually. But it was not until realignment went into effect in October 2011 that the department began experiencing substantial reductions to its prison population. In just the first six months of realignment, the department has been able to close all of its nontraditional beds, and once again begin using the previously occupied gymnasiums and dayrooms for their intended purposes. The department has also closed 15 contract facilities.

Under realignment, offenders whose current and prior convictions are not violent, serious, sex-related, or otherwise enumerated will serve their sentence under county jurisdictions. Upon release from prison, offenders whose current convictions are non-violent, non-serious, and do not result in a three strikes sentence or a high-risk sex offender designation, are supervised by local probation. Realignment also requires that parole violators serve their revocation terms in local jails rather than state prison.

California’s prison and parole populations are continuing to decline as a result of realignment. The following section sets forth the department’s most recent population projections showing the continued impact of realignment.

Spring 2012 Population Projections

The department produces population projections twice a year based on current data, historical trends, and the anticipated effects of any legislative or policy changes. The department just released its spring 2012 adult population projections. They show the impact of realignment and provide the basis for this plan.
**Total Adult Inmate Population**

The department projects that its total adult inmate population—including inmates in camps and contract beds—will be 133,768 on June 30, 2012, and 127,674 on June 30, 2013. The chart below shows the total adult inmate population projected through fiscal year 2016-17.
The department projects that its total parole population—including those parolees who are not under active supervision—will be 78,215 on June 30, 2012, and 53,197 on June 30, 2013. The chart below shows the total adult parole population projected through fiscal year 2016-17.
Projected Placement Needs for Males

The department also projects placement needs for adult males. The table below shows that realignment is projected to cause significant reductions in the need for reception center beds, level I beds, and level II beds. Level III and level IV bed needs remain generally unaffected by realignment.

<table>
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<th>Date</th>
<th>Recept Cntr</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>Special Housing</th>
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<td>21,558</td>
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<tr>
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<td>35,933</td>
<td>29,419</td>
<td>13,423</td>
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* Actual
The graph below shows that the prison population has grown older. Since 2002, age groups of “55-59” and “60 and over” have significantly increased. That trend is projected to continue.

In sum, the spring population projections show a significant decline in inmate and parole populations. The projections also show that, despite these reductions, the need for celled housing remains as great as ever. Finally, the projections show that the department should prepare to care for an increasingly elderly inmate population.
In 2008-09, the department comprised over 11 percent of the state's budget, and until last year, managed the largest state prison system in the country—one that was deeply mired in litigation and continuing to grow beyond its capacity. With the passage of realignment, California averted the further expansion of its prisons and the financial burdens that would have been imposed. Without realignment, the state would have had to construct up to nine new prisons to accommodate 31,500 offenders while also maintaining thousands of offenders in contract beds in order to meet court ordered requirements related to population levels and health care. To fund such an expansion, the state would have needed to sell up to $7.5 billion in lease revenue bonds, with annual debt service payments totaling $550 million from the General Fund. The state would have also needed to augment the department’s support budget with an additional $1.6 billion in annual General Fund to staff and operate those facilities.

Instead of embarking on a massive new prison construction effort, the department is now in a position to significantly reduce its budget while improving the efficiency and effectiveness of its operations. Upon full implementation of realignment, an estimated $1.5 billion in General Fund savings was expected. This plan, upon full implementation, achieves that level of savings. Coupled with no longer needing to construct and operate many new facilities, the state will realize over $3 billion in General Fund savings annually. Over the span of 10 years, the state will free up over $30 billion in General Fund that will then be available for investment in other critical areas of the state budget such as education and health care.

To achieve its budget reductions, the department ordered every division to reevaluate their future resource needs in light of the smaller offender population. As the department moves forward with implementing its housing, facility, parole, and staffing plans, budget adjustments will be made over the next several years that coincide with the projected reductions in population and the proposed deactivations of contract beds, parole units, and an aging facility. Headquarters and other administrative functions are also being reduced to reflect the fact that they will be supporting smaller field operations.

The proposed staffing and budget changes in each program area are outlined through fiscal year 2015-16 in Appendix A. As the department moves forward, any deviations from this plan resulting from a slower than expected decline in population will be addressed through the department’s bi-annual population estimate proposal.
**ADULT INSTITUTIONS**

The department is responsible under state law for the incarceration of the state’s most serious and violent felons. The Division of Adult Institutions currently operates 33 institutions, 8 of which have reception centers, as well as 44 conservation camps and a number of contract facilities.

As a result of reduced crowding, the department is now able to implement a number of initiatives that will improve the prison system, reduce expenses, and avoid costs. In the summer of 2012 the department will begin implementing a new inmate classification score system that will improve rehabilitation outcomes for offenders and reduce the need for the expensive construction of high security facilities. The department will also begin managing gangs differently, using prevention, interdiction, and rehabilitation, which will allow celled housing to be used for only the most dangerous offenders.

The savings associated with this plan take into consideration minimal staffing levels required to increase inmate access to care and programming, provide sufficient out of cell time, and restructure rehabilitative and gender-responsive programs. The plan also boosts California’s economy by returning out-of-state inmates to California. The adult institutions segment of the plan is described below.

**Inmate Classification**

The department uses a classification system to ensure that inmates are properly housed and supervised, whether in camps, open dormitories, or cells. The proper housing and supervision of inmates promotes institutional order and public safety by protecting staff and inmates from in-prison misconduct, protecting the public from inmate escapes, and safeguarding opportunities for inmates to benefit from rehabilitative programming.

Male offenders are classified into four levels for housing purposes: level I through level IV, with level I and II inmates housed primarily in dorm facilities and level III and IV inmates housed in celled facilities. Female offenders are generally housed together without regard to level as their propensity for violence is much lower than that of male offenders.

In addition to an offender’s score, each male and female offender also has a custody designation. The custody designations fall into four categories: minimum, medium, close, and maximum. Minimum custody offenders can live or work outside of the normal confines of a secure perimeter facility, such as fire camps. Medium custody offenders must live within a secure perimeter facility, but can live in dorms or cells and have more freedom of movement within the facility. Close custody offenders
live in celled facilities, are restricted in their work assignments, and are counted more frequently than other offenders. Maximum custody offenders live in celled units designated as an administrative segregation or security housing unit.

The department pioneered best practices in classification by being the first state correctional agency to utilize an objective classification system to determine housing needs for offenders. A variety of inmate case factors, such as age, institutional behavior, and time to serve are given a weighted point system to determine the offender’s classification score. The department contracted with the University of California to validate its classification system in 1986 and again in 1997. These efforts helped the department ensure that it was focusing on the right factors to identify the inmates who posed the greatest risks and to whom the department should, as a result, allocate the greatest resources in terms of housing and supervision.

Since it was last validated in 1997, the department’s classification system has undergone some changes. It continues to use what are called “preliminary scores” to designate the level of housing for inmates. Preliminary scores are based on factors previously found to be reliable predictors of risk, such as age, institutional conduct and criminal history. But the department also established new categories of “mandatory minimums” that set a minimum score for certain crimes or sentences, thereby barring certain inmates, no matter how well-behaved while in custody, from moving out of celled, or otherwise higher-level, housing without a complex classification action. The department also implemented more restrictive close custody designations, which subjected inmates to placement in more expensive celled housing to prevent escape and serious misconduct.

In 2010, the department launched an effort to review its classification system, convening a panel of seasoned correctional professionals and experts from the University of California to examine mandatory minimums, custody designations, and the point thresholds that separate the four security levels used by the department. The expert panel, using a variety of statistical models, concluded in 2011 that preliminary scores, not mandatory minimums or custody designations, are the best predictors of risk. The research also showed that the point thresholds could be changed to allow a greater number of inmates to move into less restrictive housing without increasing the risk of serious institutional misconduct. In fact, in some cases, moving inmates into less restrictive housing may lessen the inmate’s risk of misconduct.

As a result of the research findings, the department will responsibly adjust the thresholds between the security levels and further refine which offenders require placement in celled housing and level IV prisons. Emergency regulations will be filed by June 2012 with the Office of Administrative Law to implement the recommendations set forth in the classification study.
The department expects that by 2015 the new regulations will be fully implemented and over 9,500 male inmates will have moved from level IV to level III, and over 7,000 male inmates will have moved from level III to level II. As a result, these male inmates will have increased access to rehabilitative programs and avoid the criminogenic influence associated with unnecessary over-classification, thereby aiding success upon release. This policy change will also reduce costs associated with construction and operation of celled housing and level IV male facilities. See Appendix C for proposed changes to the inmate classification score system.

**Gang Management**

The department manages arguably the most violent and sophisticated criminal gangs in the nation. Prison gangs direct not only a large portion of intrapris on crimes, but also a significant amount of crime in the community, including murder, human trafficking, drug sales, and extortion. The responsibility and challenge of policing these gangs is immense. The department is now undertaking new targeted and programmatic strategies to minimize the negative impacts of gangs in its prisons.

The department’s prior prison gang strategy was developed more than 25 years ago and relied primarily on suppression. Tested national models available today utilize a combination of prevention, interdiction, and rehabilitation measures. In recognition of evolving strategies in gang management, the department commissioned a study in 2007 entitled “Security Threat Group Identification and Management” by the California State University, Sacramento. It incorporated ideas generated by five national gang experts and also reviewed best practices from correctional agencies in Arizona, New Mexico, Colorado, Texas, Connecticut, and New York, as well as the Federal Bureau of Prisons. The study recommended that the department employ several measures:

- Offer graduated housing and privileges as incentives for positive behavior, and impose consequences for gang-related behaviors;
- Offer a step-down program for inmates to work their way from a restricted program back to a general population setting;
- Provide support and education for inmates seeking to disengage from gangs;
- Employ a weighted point system to enhance the integrity of the gang-validation process;
- Use segregated housing only for those gang associates and suspects who engage in additional serious disciplinary behavior; and

- Offer programs designed to promote social values and behaviors in preparation for an inmate’s return to the community.

Reductions in crowding and offender movement coupled with changes in the inmate classification score system now allow the department to begin a careful implementation of the recommendations. As a result of this effort, the department is already projecting a decreased need for segregated housing for gang members and has canceled the proposed construction of 50 segregated exercise yards for gang members at the California Correctional Institution in Tehachapi, avoiding approximately $2.9 million in costs. The department will be able to project the overall long-term impact on the reduction of security housing unit beds upon the completion of the regulations and official case factor reviews of the existing population. Those steps are expected to begin in fiscal year 2012-13.

**Standardized Staffing**

Prisons have been activated at various times since the mid-1800s, and each has been opened with varying levels of resources depending on the particular needs at the time. As the circumstances changed over time, each prison would submit individual budget requests for the resources needed to implement programs, address security issues, or satisfy obligations arising from litigation. The presumption was that the base staffing and resources provided at activation were sufficient, and that specific budget requests could address the unique situations at particular prisons. During the era of overcrowding, a standardized budgeting methodology was established to provide marginal ratio-driven staffing adjustments as population increased or decreased, but each prison had the discretion to determine the allocation of resources, with flexibility to establish or eliminate positions based on the individual needs of the prison. This led to disparate staffing between the institutions. Over time, the fundamental change in operations and the dramatic decline in population occurring under realignment created significant challenges for the institutions.

Simply reducing resources by reversing the budget augmentations provided for activation and overcrowding packages left the department vulnerable in managing its offenders. Unallocated reductions driven by the state’s fiscal crisis eroded the original base budget of the prisons. Staff reductions led to situations at some institutions where general population inmates are no longer let out of their cells due to insufficient custody personnel being available to maintain safe and secure prisons. Absent standardized staffing, the realignment population reductions would continue to result in a shortage of staff and disrupt prison operations.
As an example, support positions, such as plant operations, have been reduced to protect the custody positions necessary to manage offenders and maintain public safety. Further population-driven reductions from plant operations would leave the prisons with insufficient staff to maintain the physical plant of the facility. The number of maintenance staff needed to support a facility is driven by the physical plant and not changes in population.

Standardized staffing replaces the outdated ratio-driven staffing model, and was initiated to reconcile the renewed opportunity to program and supervise offenders with the reduced resources available. The department assembled a team of correctional experts to review the custody and non-custody positions in each prison. Standardized staffing recognizes the need for a specific staff complement based on the housing unit design and achieves savings while maintaining a safe prison environment. Standardized staffing does not address medical and custody staff associated with the delivery of medical services as those positions are undergoing a separate review by the Receiver. This effort provides a centralized management evaluation of all positions based on each prison’s physical plant design, inmate classification levels, perimeter security, inmate programming opportunities, and daily operational timelines (feeding, medication distribution, education). The staffing patterns are based on specific criteria that take into account specialized missions, such as security housing units and mental health treatment. By redistributing resources, standardized staffing will resolve historical variances.

Consistent with the more stable offender population, standardized staffing also provides a stable budgetary plan that accommodates fluctuations in population. This approach will eliminate the need to make marginal adjustments unless there is cause to change a specialty mission or activate or deactivate a housing unit. Standardized staffing allows prisons to safely operate housing units with a wide range of inmate population densities from 100 to 160 percent. Standardized staffing also advances the policy changes related to the inmate classification score system. The team of correctional experts reviewed and developed the staffing standards for the majority of institutions based on projected inmate populations and institutional missions that will be in place during fiscal year 2013-14. With the varying designs of each prison, onsite evaluations are required, especially for the prisons built prior to the 1980s. For those institutions that have not been reviewed, a conceptual staffing standard has been developed based on the reviews already completed. The reviews will be completed by June 2012 and may result in minor adjustments at particular institutions.

The department has developed this comprehensive plan to capitalize on the opportunity to improve operations and manage offenders more effectively, while reducing more than $1 billion and 5,500 positions in 2012-13, with ongoing savings of $1.5 billion and 6,400 positions. Preliminary staffing plans are included in Appendix B.
In-Prison Rehabilitative Programs

The department provides in-prison programming to adult offenders. Programs include academic and vocational education, substance abuse treatment, cognitive-based behavioral programs, transitional services, and employment programs. All are aimed at reducing recidivism while keeping prisons and communities safe.

Research has shown that effective programming can reduce an offender’s likelihood to reoffend. In 2007, a panel of experts made a series of recommendations to the department and the Legislature as to how the department should improve its rehabilitative outcomes. These evidence-based principles and practices were coined by the Expert Panel as the California Logic Model.

Unfortunately, beginning in fiscal year 2009-10, the department’s rehabilitation programs budget began experiencing significant reductions. While the department has continued to make progress in certain areas, budget reductions and crowding have prevented the department from fully implementing the California Logic Model as originally intended. Fortunately, the population reductions resulting from realignment will allow the department to significantly increase the percentage of offenders served while also allowing the department to address a much broader array of factors that put offenders most at risk of reoffending.

Prior to realignment, the department was able to serve only a small percentage of its target population. Realignment has provided the opportunity to increase access and improve its rehabilitative programs, which will significantly lower California’s recidivism rate.

Under this plan, the department intends to increase the percentage of inmates served in rehabilitative programs to 70 percent of the department’s target population prior to their release. In reaching this goal, the department will employ additional structured programs to address particular needs such as criminal thinking, anger management, and family relationships. The department will also establish reentry hubs to concentrate pre-release programs that prepare inmates about to return to their communities. This cost-effective reentry option replaces an earlier strategy of building secure reentry facilities throughout the state at significant taxpayer expense.
**Academic Education**

The plan adds 159 academic teachers over a 2-year period. Academic programming will be offered throughout an inmate’s incarceration and will focus on increasing an inmate’s reading ability to at least a ninth-grade level. For inmates reading at ninth-grade level or higher, the focus will be on helping the inmate obtain a general education development certificate. College programs will be offered through the voluntary education program. While education will be offered to all inmates, priority will be given to those with a criminogenic need for education.

**Career Technical Education**

The proposal adds 98 vocational instructors over a 2-year period. Because the goal of career technical education is to ensure that offenders leave prison with a marketable trade, the vocational programs will target inmates with a criminogenic need for employment services who are closer to release. These programs will continue to be geared toward vocational programs that provide offenders with certification in a marketable trade that will pay former offenders a livable entry wage.

**Substance Abuse Treatment**

Substance abuse treatment programs will be located at reentry hubs. Programming will be focused on inmates with a criminogenic need for substance abuse treatment with 6 to 12 months left to serve. Offenders who receive substance abuse treatment in prison followed by aftercare services upon release to parole recidivate at approximately 30 percent, which is markedly lower than the 65.3 percent recidivism rate for those who received no substance abuse services.

**Cognitive Behavioral Therapy**

Until now, the department has not had sufficient resources to deliver programs addressing criminogenic needs such as anger management, criminal thinking, or family relationships, which were part of the California Logic Model. Under this plan, the department will add cognitive-behavioral therapy programs to address these needs. These programs will be administered by contract providers with oversight from the department in reentry hubs at designated institutions.

**Pre-Employment Transition**

One of the greatest barriers to successful reintegration into society is the ability to find employment. Until now the department has only been able to pilot its pre-employment transitions program at a few institutions. Under this plan, the department will expand this program to all of the reentry hubs. These services will include job readiness skills, as well as linkage to one-stop career centers.
**Reentry Hubs**

As indicated above, the department will establish reentry hubs at designated prisons. Reentry hubs will provide relevant services to inmates who are within four years of release and who demonstrate a willingness to maintain appropriate behavior to take advantage of such programming. Reentry hubs will provide the following array of programs:

- Career technical education programs focusing on inmates with 13 to 48 months left to serve. Reentry hubs will typically have 10 or more programs, depending on available space and population size.

- Cognitive-behavioral therapy programs, including criminal thinking, anger management, and family relationship issues, that address inmates’ needs as identified through the Correctional Offender Management and Profiling Alternative Sanctions (COMPAS) assessment tool. These programs will be a priority for inmates serving their last year of incarceration.

- Substance abuse treatment programs for inmates with 6 to 12 months left to serve who have a substance abuse treatment need as identified through the COMPAS tool.

- Employment training that will include job readiness skills prior to release, as well as linkage to one-stop career centers and other social service agencies in the offender’s county of residence. These services will be primarily available during the last six months of prison time.

- Identification project to assist eligible inmates in obtaining state-issued identification cards to satisfy federal requirements for employment documentation. This project is a partnership with the Prison Industry Authority.

- Academic programs for general and isolated populations, the volunteer education program, and college programs.

- A variety of volunteer and self-help programs.

Reentry hub locations will be selected based upon a number of criteria, including the demographics of the institution’s projected population after realignment with four years or less left to serve, the availability of adequate programming space, and their demonstrated ability to effectively utilize rehabilitative programs.
Designated Enhanced-Programming Yards

In addition to reentry hubs, the department will designate certain facilities as enhanced-programming units in order to support and create incentives for inmates who, based on their own behaviors and choices, are ready to take full advantage of programming opportunities. Program options in these institutions will be primarily academic and career technical education programs, volunteer, and self-help programs.

Other Program Opportunities

The Prison Industry Authority offers programming at 22 institutions. In addition, the department’s Inmate Ward Labor program trains and utilizes inmates to facilitate cost-effective construction of the department’s state-owned facilities. There are also support services roles for inmates at all institutions, as well as an array of volunteer and self-help programs already in effect and slated for expansion. Programs such as these provide hundreds of inmate work opportunities year round and the potential for learning trade skills for meaningful employment upon release.

New Program Models

The department is developing programs to serve populations not typically included in existing program models. Specifically, the following models are proposed:

Long-term Offender Models

The department proposes developing reentry model programming designed for long-term offenders. Beginning in fiscal year 2013-14, the department will pilot this approach at four institutions projected to have a substantial population of long-term offenders. At these institutions, the department will implement a cognitive-based program that will include substance abuse treatment specifically structured for long-term offenders who will not be released in the near future.

Additionally, the Offender Mentor Certification Program will continue to provide an opportunity for long-term inmates to complete a certification program in alcohol and other drug counseling. Inmates are recruited from various institutions and transferred to the host institution (currently California State Prison, Solano, and the former Valley State Prison for Women) for training. Once certified as interns by the California Association of Alcohol and Drug Abuse Counselors, the inmate-mentors are transferred back to their original institution and are paid to co-facilitate substance abuse treatment.
Sex Offender Treatment

The department also proposes developing services for incarcerated sex offenders, a very difficult subpopulation to program safely in prisons. The department intends to evaluate national best practices to develop a pilot and to implement the model at one institution beginning in fiscal year 2013-14. Treatment will follow evidence-based practices, using individualized treatment plans that focus on issues such as strength and skill building, emotional regulation, and developing appropriate relationships. The specific institution will be selected once the model is developed and the target population is identified.

Gang Prevention

The department’s gang prevention program contains a programming component that will require support. The model under development includes anger management, substance abuse prevention, parenting skills, restorative justice, and in-cell education opportunities. As with other programs, the offender's individual criminogenic needs will be considered in assessing their program needs and compliance with the expectations of the program.

Case Management

Case Management will be a critical component of successfully implementing the proposals described above. For programs to be effective, inmates must be placed in the right program at the right time. Case management will help staff determine the type, frequency, and timing of programming an inmate should receive to most effectively reduce their likelihood of reoffending. The department is piloting its case planning model, beginning at a female institution this year. The department will continue to expand this process statewide as a better understanding is gained regarding resources needed for full implementation.

See Appendix B for summary information on programming by institution and Appendix D for capacity by program type.

Ensure Program Accountability

The department has developed reporting tools and performance metrics to assist management in making decisions regarding resource allocations for programming. These metrics were used to develop the operational plan for rehabilitative programming to address a number of inmate characteristics, including risk, need, and time left to serve. All of these performance metrics will continue as access to programs increases.
Program outcomes will be closely monitored to determine the effectiveness of the reentry hubs and the enhanced programming yards in comparison with the results prior to realignment. Key performance indicators include program enrollment, attendance, and completion, as well as regression, which the department currently only has available for substance abuse programs but anticipates eventually being available for education and other programs in future reports.

Key performance indicators are reviewed monthly by executive staff and results are shared with wardens and institutional program staff. Quarterly meetings are conducted with institution staff to discuss performance in all of these areas. Significant improvement, especially in enrollment rates, has been made as a result of these reviews.

**Female Offender Programs and Services**

Female prisoners have distinct rehabilitative and health care needs, and are more likely to have suffered trauma and abuse prior to incarceration. California is a national leader in gender-responsive strategies to serve those needs and will continue its commitment to provide programs and services for its female population.

Realignment is having a profound impact on the female inmate population. Prior to realignment, the female population totaled 9,458. The department managed these females in three state prisons, two fire camps, and seven community-based facilities for lower-level inmates. Today there are fewer than 7,000 women incarcerated in the state’s prisons. This population is projected to further decline to 5,200 inmates by June 30, 2014.

As a result of the reduced female population, Valley State Prison for Women will be converted to a level II male facility by June 27, 2013. The department expects to consolidate the remaining female population into two female prisons – California Institution for Women and California Central Women’s Facility. The department also expects to reactivate and repurpose the unused Folsom Transitional Treatment Facility into a newly designated Folsom Women’s Facility to provide additional housing for the female population in a smaller prison setting. Its 400 beds will augment the rest of the facility portfolio. The facility will also be able to serve as a reentry location for some offenders. Finally, this plan allows for housing female offenders in southern, central, and northern California, keeping female offenders who are ineligible for community-based alternatives closer to their families and children.

**Community Prisoner Mother and Family Foundations Programs**

The purpose of the Community Prisoner Mother Program and the Family Foundations Programs is to break the inter-generational cycle of criminality by providing an opportunity for pregnant women or women with young children to
develop life skills, remain free from alcohol and drugs, and become better parents while serving their sentence. Courts sentence female inmates to serve in Family Foundations Programs while the Community Prisoner Mother Programs allow other females to participate without having been ordered to do so by the court.

As the female inmate population continues to decline, there are fewer eligible inmates for these programs. The department anticipates that there will continue to be a viable population to support at least one Community Prisoner Mother Program. However, female inmates who would otherwise be eligible for Family Foundation Programs are no longer sentenced to prison under realignment. Accordingly, the Family Foundation Programs are set for closure.

**Female Rehabilitative Community Correctional Center**

The Female Rehabilitative Community Correctional Center places low security female offenders into secure facilities located in the communities to which they will parole. The administrative, educational, vocational, and therapeutic programming is provided by qualified contract staff. A key component of this program is coordinated case management from the time a woman is sentenced through the date of her discharge from parole.

Based on the positive outcomes from this program, the department intends to continue the operation of the program located in Bakersfield. In fact, in order to increase participation levels, the department is evaluating expansion of the eligibility criteria for the program to align it with similar community-based programs. This will help fill existing beds to their maximum capacity, and provide programs and transitional services to reduce recidivism and reduce crowding. The department has existing funding for this program.

**Contract Beds**

To address crowding conditions, the state has relied on contract facilities to provide additional capacity. In-state facilities provide dorm housing and related services for level I and II offenders who were not otherwise eligible for minimum custody settings. At the height of the program in 2008, in-state contract facilities housed over 6,400 offenders. However, these facilities did not meet the security requirements to house high level offenders.

In October 2006, an Executive Order was issued that allowed the department to contract with out-of-state prisons to house high-level offenders. Over time, the primary benefit of the out-of-state program was its ability to provide critically needed celled housing. At its peak operation in March 2011, the department had more than 10,400 offenders housed out-of-state. Currently, approximately 9,500 offenders remain out-of-state in 4 facilities.
With realignment, the department has been able to reduce reliance on out-of-state and in-state contract facilities. As of today, the department has discontinued the use of 14 in-state contract facilities and currently uses only 1 such facility for 600 male offenders.

Returning Out-of-State Inmates to California

Due to realignment, the implementation of the inmate classification score system, and other infill projects described in greater detail below, all offenders will be returned to California. This plan eliminates the use of all out-of-state contract facilities by 2015-16.

The elimination of the out-of-state contract beds brings inmates back to California and allows state employees to provide for their security, support, and care. This keeps jobs and tax dollars in California. Upon full implementation of this plan, the elimination of the out-of-state contract beds will result in a reduction of $318 million General Fund and over 400 positions from the department’s budget. (See Appendix A for a year-by-year summary and the proposed budget adjustments.)

Reactivation of In-State Correctional Facilities

While the state has been reducing its reliance on in-state contract beds for lower-level offenders, implementation of classification changes will provide more flexibility to house offenders in non-celled environments. For those facilities that have a sufficiently secure design to house level II inmates, the use of limited in-state contract beds still remains a cost-effective and secure option for the department to manage a segment of its offenders. This contract option reduces costs, keeps offenders close to home, reduces the need for construction, and keeps jobs in California. Accordingly, this plan retains the existing 600 in-state contract beds and adds 1,225 in-state contract beds by December 2013.
HEALTH CARE

The department provides mental health, medical, and dental care to inmates in the state prison system. This care is consistent with standards for quality and scope of services within a custodial environment. The reduction in crowding under realignment has improved the department’s ability to deliver quality health care. However, the inmates who remain in the system are increasingly older and will require higher levels of treatment. Facility improvements must be made if California is going to successfully extricate itself from the class-action lawsuits that govern prison health care.

This plan proposes the following steps to return health care to state control:

- Revising the mental health bed plan to account for fewer inmates requiring mental health treatment while providing the department with flexibility for future population changes.

- Continuing the implementation of the court-approved program delivery guide to provide mental health treatment within specified timeframes.

- Improving health care facilities to provide the infrastructure necessary for the provision of efficient services.

- Implementing the medical classification system to ensure inmates are housed in the facility that most appropriately addresses their individual health care needs.

- Renovating the DeWitt Nelson Youth Correctional Facility adjacent to the California Health Care Facility in Stockton to create a unified Stockton complex that allows efficient transition of the most seriously ill inmate-patients between these two facilities.

- Continuing the Office of the Inspector General’s medical inspection audits to ensure continued compliance in the medical care litigation.

- Working with the Receiver to modify the medical delivery system to account for a reduced population and increase efficiencies by implementing more robust utilization of management controls to reduce inmate medical care costs.

Mental Health Care

The mental health program is responsible for providing both inpatient and outpatient treatment for all inmates requiring care. Prior to realignment, the department served a mental health population of 38,804 inmates, but was limited in its effectiveness due to insufficient inpatient bed capacity and funding that did not support the level of positions needed to deliver treatment. After realignment, the
population in need of inpatient or outpatient mental health services has dropped to 31,412 inmates. In turn, this reduction assists compliance with federal court mandates, and diminishes the need for construction of treatment capacity as well as the prior need for clinical personnel.

The Coleman case began in 1991 when the federal court concluded that the department was not providing adequate mental health services to inmates with mental illness. In 1995, the court appointed a Special Master and the case has since been in a remedial phase. Generally, the Coleman court cited the following deficiencies: an inability to identify the seriously mentally ill; inadequate treatment, access to care, and treatment space; and inadequately trained professional staff.

In response to the court, the department established a reception center screening process and a coordinated referral system to properly identify the seriously mentally ill upon intake to prison. The development of the mental health services delivery system and the attendant revisions of the court-approved delivery program guide established a systematic approach to addressing patient needs by defining levels of care and service delivery policies, and ensuring access to appropriate treatment planning and intervention for each increasingly higher level of care. The state further defined which institutions could best provide the services based on the levels of care. The levels of care are as follows:

- **The Correctional Clinical Case Management System** currently accounts for about 85 percent of the inmate-patients in the department’s mental health delivery system. Inmates receiving these services are housed within the general population and participate in outpatient services including individual counseling, crisis intervention, medication review, group therapy, social skills training, clinical discharge, and pre-release planning.

- **Enhanced Outpatient Programs** provide the most intensive level of outpatient mental health care to about 4,300 inmate-patients. The program includes separate housing units that serve mentally ill inmates who have difficulty adjusting to a general population setting, but do not need 24-hour inpatient care. Enhanced outpatient programs focus on treating chronic mental illness and resolving institutional adjustment problems. The program requires 10 hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing services.

- **Psychiatric Services Units** ensure the effective delivery of enhanced outpatient program services to inmate-patients who are diagnosed with a serious mental disorder and are serving a security housing unit term.

- **Mental Health Crisis Beds** provide short-term crisis intervention for up to ten days, in licensed correctional treatment centers for inmate-patients with acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, or suffering from a significant or life-threatening
disability. Services include observation, monitoring, continuous nursing assistance, symptom assessment, diagnosis, development of an initial treatment plan, therapy to alleviate psychiatric distress, and referral to the appropriate level of care.

- **Intermediate Care Facilities** provide longer-term intermediate and non-acute treatment for inmate-patients with a serious mental disorder who cannot function adequately or stabilize at an enhanced outpatient program level of care, but may be stabilized with more intensive, inpatient services. Intermediate care is provided by the Department of Mental Health.

- **Acute Psychiatric Programs** provide 24-hour intensive, short-term treatment and serves inmate-patients who suffer impairment of functioning due to either acute serious mental disorder or acute exacerbation of a chronic serious mental disorder. Acute psychiatric care is provided by the Department of Mental Health.

Two critical components of the department's mental health program must be fulfilled to comply with court requirements to allow the state to regain control of mental health services. First, full funding for the mental health staffing model must be in place. The department, along with stakeholders and the courts, developed the 2010 mental health staffing model that defined appropriate classifications and numbers of mental health professionals to satisfy the court. Although the court participated in the development of the staffing model, it did not specifically order implementation of the model. While this plan along with the Governor’s January Budget proposal fully funds the staffing model, the department may need to revisit the staffing model to determine whether appropriate care is being provided consistent with the court-approved program guide. The Governor’s January Budget proposed $27.3 million to fully fund the staffing model based on 31,530 inmates requiring mental health treatment. Based on spring projections, this plan requires a reduction of $3.4 million and 26.8 positions to serve 31,412 inmate-patients in 2012-13.

The second critical component of the plan to achieve compliance in Coleman is revising the 2009 court-ordered mental health bed plan to reconcile with the remaining population of offenders requiring mental health services after realignment.

**Mental Health Bed Plan**

In 2009, the Coleman Court ordered the department to develop and implement a plan to provide the physical space necessary to meet the mental health treatment needs of the inmate population. By January 1, 2013, the department will have completed construction of 3 licensed units containing 159 beds providing crisis, intermediate, and acute mental health care for male and female inmates. An additional seven projects providing treatment and office space to support enhanced
outpatient program and psychiatric services unit mental health care are either completed or scheduled for completion by December 31, 2013. The completion of these projects, along with the impact of realignment, will allow the department to provide mental health care at population levels appropriate for the physical plant of each prison.

Construction of the California Health Care Facility in Stockton is scheduled to be completed in the summer of 2013. This facility is specially designed to house inmates requiring long-term inpatient medical care as well as inmates requiring intensive inpatient mental health services. Construction of this facility will allow for the centralization of inmates requiring the most intensive medical and mental health care, enabling the remaining prisons to operate more efficiently. The department will also renovate the DeWitt Nelson Youth Correctional Facility in Stockton, converting it to a semiautonomous level II male facility that will serve as a complementary annex to the California Health Care Facility. The DeWitt annex will provide the department with level II housing capacity to meet the needs that will materialize from implementation of the department’s inmate classification score system changes. In addition, it will provide housing for the most seriously ill medical and mental health outpatient inmates. Its adjacency to the California Health Care Facility provides more efficient delivery of a continuum of care.

Since realignment has reduced the overall population of offenders, as well as the mental health population, the department has reevaluated its needs for several remaining projects contained within the mental health bed plan. Its analysis indicates that projects to convert two former juvenile facilities can be eliminated and at least one treatment and office space project to serve enhanced outpatient program inmate-patients can be downsized. These reductions cancel the construction of approximately 3,900 new beds, including approximately 800 new beds for inmate-patients receiving mental health services and approximately 250 beds for inmate-patients receiving medical services. The cost avoidance related to these construction projects is approximately $630 million, and more than $125 million of annual operating costs are saved and avoided.

See Appendix E for a summary of the updated bed plan.

Medical Care

The Receivership was established as the result of a class action lawsuit, *Plata v. Brown*, brought against the State of California over the quality of medical care in the state’s 33 adult institutions. The court found that the medical care provided by the state was in violation of the Eighth Amendment of the U.S. Constitution. The state settled the suit in 2002, agreeing to a range of remedies that would bring prison medical care in line with constitutional standards. Due to the state’s delay in successfully implementing the changes required by the court, the court appointed a Receiver in February 2006 to take over the medical care system and bring it into compliance with constitutional standards.
The last few years have seen significant improvements in prison medical care. Health care access units and a medical classification system were created in 2011, resulting in standardized screening, assessment, and delivery processes that ensure inmate-patients receive timely care. While the classification system has been implemented, inmate-patient movement will take place once the Stockton facility is activated. Meanwhile, combined efforts in physician and nurse hiring, the implementation of certification standards for all clinical staff, and the establishment of effective peer review and employee investigation and discipline units, have all improved medical staff standards. At the same time, important progress in the areas of utilization management and telemedicine has decreased costs and continue to move forward. There is a potential for additional cost savings as these systems are refined at the institutional level. The state is committed to continuing this progress.

Independent audits by the Office of the Inspector General demonstrate that these and other improvements have led to significant advances in medical care outcomes. The Inspector General began its first cycle of inspections in September 2008, assessing each of the 33 adult prisons for their compliance with agreed upon standards of medical care. The Inspector General assigned a score to each prison based on multiple metrics to derive an overall rating of zero to 100 percent. The Receiver considers the minimum score for moderate adherence to medical policies and procedures to be 75 percent. Scores below 75 percent reflect low adherence and scores above 85 percent reflect high adherence.

The first cycle of inspections commencing in 2008 yielded an average score of 72 percent, with 24 institutions demonstrating low adherence to medical policies and procedures, 9 institutions demonstrating moderate adherence, and no institutions showing high adherence. The lowest score was 62 percent and the highest was 83 percent.

The second round of independent inspections began in June 2010 and was completed this month. The average score of all 33 prisons climbed more than 7 points to 79.6 percent. There were only 4 prisons with low adherence to medical policies and procedures, 25 prisons showed moderate adherence, and 4 prisons showed high adherence. The lowest score was 73 percent—very close to the threshold for moderate adherence and in fact higher than the average score for the first cycle of inspections. The high score was 89.5 percent. Nearly every prison statewide improved its overall score from the first round of review.

Medical Classification

Each institution will be assigned a mission of intermediate care, reception center, or basic care, thereby creating economies of scale and focusing upgrades on the facilities with the highest needs. The bulk of the health care facility improvements will be at the 11 intermediate care institutions. These 11 institutions
have been identified as the best locations in meeting the security and health care needs of the more clinically complex inmate-patients. This direction reduces the overall cost of improvements and increases health care efficiencies.

Along with the medical mission of institutions, inmate-patients will be categorized in one of four medical classifications:

- Clinically Complex High Medical Risk (a subset of the high medical risk inmate-patients) is the most clinically complex population;
- High Medical Risk is not clinically complex, but at high risk medically;
- Medium Medical Risk includes inmate-patients with one or more chronic conditions;
- Low Medical Risk is generally considered healthy and requires only basic care.

The intermediate care institutions will house mostly Clinically Complex High Medical Risk and High Medical Risk inmate-patients to maximize staffing efficiencies and reduce custody and transportation costs. The reception centers will house all medical classifications as they enter the correctional system and will be staffed at the intermediate level. Basic institutions will house low- and medium-risk inmate-patients and will need fewer staff than the intermediate institutions.

These medical improvements will reduce the state’s reliance on expensive outside medical treatment and contract providers since the facilities in Stockton are designed to house and treat inmates requiring an inpatient level of care that may not be suitable for other institutions. In addition, the improvements and upgrades of existing health care space should create staffing efficiencies because the space will be more conducive to a clinical environment.

*Construction and Facility Improvements*

As California’s prison population gets older, it is important to have an appropriate number of medical beds for inmate-patients. The California Health Care Facility in Stockton will provide a total of 1,722 beds, of which 1,622 will be specialized housing beds for a population of seriously and chronically medically ill inmates requiring long term care. Its annex, the DeWitt Nelson Youth Correctional Facility, will provide a total of 1,133 beds, of which 953 will be health care beds, including 528 beds for specialized general population inmates requiring intermediate care.
The Health Care Facility Improvement Program

The state must also address the aging infrastructure and inadequate treatment space in several prisons that hinder the department’s ability to deliver care. This plan sets forth a health care facility improvement program that will provide upgrades in existing prisons to ensure adequate clinical and support service spaces are available to meet the treatment needs of inmate-patients. These improvements will address the facility needs of outpatient medical care throughout the entire adult prison system.

The health care facility improvement program will first target the 11 intermediate care prisons where inmates require more intensive medical care. Improvements will focus on addressing infection control issues such as hand-washing facilities and the separation of clean and soiled supplies. They will also provide the physical separations necessary to provide inmate-patient privacy with nursing and physician staff as mandated by the federal Health Information Portability and Accountability Act.

Because of realignment, the scope of the health care facility improvement program has been refined to reduce the number of new exam rooms needed to serve the population, as well as the scope of improvements required at reception centers. Completion of the improvement program will provide the physical plant modifications required by the courts, help support the efficient provision of health care for the inmate population, and allow the department to achieve its objectives as outlined in the housing plan.

The health care facility improvement program overview outlines the existing system wide deficiencies, how the plan addresses those deficiencies, and the general scope of the improvements at the institutions. Legislative approval of this plan as proposed would authorize the health care facility improvement plan with individual projects to be established and overseen by the State Public Works Board.

Acuity Based Medical Staffing

An acuity based medical staffing model is currently under development which will reflect the treatment needs of all inmates and provide standard staffing levels for various categories, ranging from the inmates with the highest medical need to those who are healthiest and typically only require common doctor visits and periodic check-ups. The model will be designed to provide flexibility to adjust staffing levels based on the changing needs of inmate-patients. While the specific staffing levels by institution are unknown at this time, it is anticipated that staffing reductions will occur once institutional, headquarters, and regional staffing are fully evaluated.
**Utilization Management**

It is critical that the medical program continues to evaluate its operating policies and procedures related to providing care to inmate-patients and ensures that uniform practices are implemented statewide. Utilization management is essential for any health care delivery system and is a necessary component to ensure that the state maintains a medical system it can afford in the long-term. As the department refocuses on increasing access to inmate programming, overall inmate health is expected to improve.

While the existing utilization management program improves some consistency related to the delivery of medical care and drug prescribing, it is critical that regular performance evaluations are conducted to assess current practices and identify possible efficiencies at institutions. With the growing cost of medical care and pharmaceuticals, it is important that the medical program continually be evaluated to ensure that its policies and procedures align with those applied in the community. Lastly, the work begun and continuing by the Receivership—information technology solutions, reductions in the costs of pharmaceutical contracts and specialty care service contracts—must be continued in a manner that is the most cost-effective and appropriate for the population being served.

**Additional Efficiencies**

As the medical program works toward a sustainable correctional health care system, critical components of this system will need to be regularly evaluated to ensure a sustainable, cost-effective system. Future programmatic reviews include:

- Impact of new facilities on the use of outside specialty care and contract providers;
- Impact of health care facility improvement projects on staffing needs;
- Staffing at reception centers as population declines or the need for reception center beds is reduced;
- The need for duplicate administrative functions once medical care is returned to the state; and
- Appropriate staffing and compensation levels.

**Dental Care**

In 2006, the department stipulated to a court-ordered plan to improving its dental care system with the goal of ending the Perez v. Cate class action lawsuit. As part of that plan, the department resolved to improve the timely delivery of dental care to inmate-patients. To that end, in February 2010, the department implemented a scheduling, tracking and reporting database to ensure that
treatment occurred within acceptable timeframes. However, early reports showed low rates of compliance because many inmate-patients were delayed in reception centers where non-urgent dental care was unavailable. By March 2010, over 10,000 inmates were backlogged, awaiting treatment. While much of the backlog was reduced by policy and procedure changes in August 2010, realignment reduced crowding in the department’s reception centers and timeframes improved significantly. Today, the backlog has been reduced to 208 inmates and the departmental compliance rate is 96 percent.

Besides addressing the backlog, there are two other outstanding components of the Perez plan. First, court experts must certify that each of the department’s adult institutions has passed an audit demonstrating a constitutional level of care. As of today, 30 of the 33 institutions have passed these audits. The department expects the remaining institutions to pass their audits this summer, at which point the entire department will be deemed to be in compliance.

Second, the Perez litigation brought to light the fact that most of the department’s existing dental facilities do not meet correctional safety and security standards, and do not allow for compliance with federal and state infection control standards. In order to meet state and federal compliance standards and the Perez stipulated plan, the department developed a limited program of capital outlay modifications to existing dental clinics at adult prisons. Two phases of this program have been initiated. Phase one is currently under construction and is scheduled for completion in the spring of 2013. Phase two will begin construction during 2012 and is scheduled for completion in the fall of 2013. Design of the third (and final) phase is scheduled to begin in the summer of 2012 and construction is scheduled to be completed during 2014. Since this construction is related to items such as infection control and the safety and security of staff and inmates within existing dental clinics, and was not scoped to increase the capacity of these clinics, the amount of construction required was not impacted by realignment.
HOUSING

The department’s comprehensive housing plan shows each component of the plan discussed so far, including construction, renovations, activations, closures, and changes to in-state and out-of-state contract beds (see Appendix B, F and G for additional details). The plan is based on the department’s spring 2012 population projections. It takes into account changes in the inmate population as well as in the inmate classification score system.

The chart depicting available capacity versus population projections (Appendix G) is shown at six-month intervals for the first two years to coincide with court-ordered population benchmarks. Thereafter, the plan shows population at yearly intervals through June 30, 2016.

Additional Population Reduction Strategies

The housing plan identifies two additional population reduction strategies. The first involves a change in law that would prevent civil addicts who are non-serious, non-violent, or non-sex registrants from coming to state prison. Realignment projections and funding assumed this change. The second is associated with the alternative custody program. The population as of December 2012 reflects expanded eligibility for this program.

Current Design Capacity

The housing plan includes the deactivation and closure of the California Rehabilitation Center in Norco by June 2016 due to its age, dilapidated condition, and high operating costs. Because of the reduced female inmate population, Valley State Prison for Women will be converted to a level II male facility in the summer of 2013. Dormant beds at the Folsom Women’s Facility will be repurposed and activated in 2013 to provide supplemental capacity for female offenders and to keep crowding levels manageable in the remaining two female facilities. Capacity also reflects the conversion of approximately 1,100 reception center beds back to their original purpose of housing general population inmates in a programming prison. The camp population reflects a decline in eligible inmates.

New Construction

Without realignment, the state would have had to construct up to 9 new prisons to accommodate 31,500 offenders while also maintaining thousands of offenders in contract beds in order to meet court-ordered requirements related to population levels and health care. The inmate population reductions resulting from realignment significantly decrease the construction need. Assembly Bill 900 (Chapter 7, Statutes of 2007) appropriated approximately $6 billion in lease revenue bond authority for construction of additional prison beds as well as improvements necessary for the delivery of medical, mental health, and dental care.
Currently, about $1.2 billion of this funding has been allocated for projects that are underway and remain critical to the proposed housing plan. The Administration is now proposing legislation to eliminate approximately $4.1 billion of the lease revenue bond authority in Assembly Bill 900, avoiding an estimated $7.4 billion of future debt service payments. The remaining authority, approximately $1.9 billion, will be sufficient to complete the necessary capacity projects currently underway and the health care facility improvement program.

The California Health Care Facility in Stockton will be activated by the summer of 2013, allowing the state to treat inmates in prison hospitals rather than in costly community settings. The department will repurpose DeWitt Nelson Youth Correctional Facility by June 2014 as an annex to the California Health Care Facility to provide a continuum of care, minimizing the need for costly community-based hospital beds and attendant transportation and guarding expenses. The department will also activate 109 mental health beds—64 at California Medical Facility and 45 at California Institution for Women—by June 2012.

**Infill Construction**

The impacts of realignment, along with the adjustments to the inmate classification score system, place new pressure on level II housing, rather than more expensive level III and IV populations. The inmate classification study requires certain level II offenders to be housed within an electrified perimeter fence. The department has level II dorm capacity at several of the original 12 institutions constructed before the 1980s, but these older dorm facilities are in poor condition and require extensive special repair and capital outlay construction to maintain their operation. They are often not enclosed within an electrified perimeter fence and are not conducive to housing inmates requiring disabled accessibility or intermediate medical care, which limits the types of inmates that can be safely and appropriately housed within them.

This plan includes the replacement of the inefficient capacity lost with the closure of the California Rehabilitation Center with new, more efficient level II dorm capacity at the DeWitt annex and up to three other existing prisons. The department is requesting $810 million of new lease revenue bond authority for the design and construction of three new level II dorm facilities at existing intermediate care prisons under the medical classification system. This request will be included as part of the spring update to the 2012-13 Governor's Budget.

These new facilities will use a flexible design originally developed for the substance abuse treatment program at the California Substance Abuse Treatment Facility and State Prison at Corcoran. This design includes program space conducive to multiple types of inmate programming including substance abuse, medical and mental health treatment, and academic programs. Each housing unit will also accommodate up to 16 inmates who need wheelchair-accessible beds, addressing long-standing litigation concerns regarding a lack of capacity for disabled prisoners.
Each new facility will house approximately 800 inmates. Placing these new beds at existing facilities is more efficient because it takes advantage of the existing infrastructure and management of an established facility. Also, the on-going operating costs of dorm, versus celled facilities, reduces the long term costs of these beds.

**Contract Capacity**

The department plans to eliminate out-of-state celled contract capacity by fiscal year 2015-16, resulting in the closure of four contract facilities and associated monitoring costs. As the state begins to return inmates from out-of-state facilities, it will reestablish up to 1,225 additional modified community correctional facility beds.

**Population Density Levels**

In developing the housing plan, facilities were designated level I, II, III, and IV based on physical plant design and established operational standards, as well as security features such as cells, internal gun coverage, and security perimeters. Anticipated downward shifts in the male population based on classification changes were also taken into account. A plan was then developed that effectively balances populations by security level to achieve manageable population densities.

The plan establishes the following new standards for population density within specific unit types. Most general population housing units will be populated up to 150 percent of design capacity and out-of-cell time will be maximized. Some cells, due to size limitations, will be maintained at 100 percent and will have one inmate in one cell. The segregated housing units will have various population densities ranging from 100 percent to 125 percent based on the fact that these inmates are prone to violence toward cell mates. Mental health inmate-patients in the enhanced outpatient programs will have population densities tailored to physical plant design and the targeted population for each program.

The following chart shows the population density projected for fiscal year 2015-16 for male inmates before and after the implementation of the inmate classification score system project. Female offenders are not significantly affected by the classification changes because all levels are housed together. It is anticipated that female institutions will be populated at about 150 percent of design capacity. Reception center population density will remain consistent despite reduced offenders due to the state returning current reception center housing back to their original purpose of general population housing.
A significant benefit of reduced crowding at prisons is the ability to move inmates to the appropriate prison in a timely manner. Inmates will no longer be idle in reception centers nor will they be held in administrative segregation units pending bed availability at another prison. This will result in savings as reception center and administrative segregation beds are more expensive to operate than general population settings. Inmates will now have the opportunity to move to prisons that have programming suited to their criminogenic needs, and more offenders can be maintained closer to their families. Because inmate housing and movements will stabilize, inmates will have a greater opportunity to complete programs and achieve better rehabilitative outcomes.

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<th>SECURITY LEVEL</th>
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<td>Level I</td>
<td>124%</td>
<td>124%</td>
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<tr>
<td>Level II</td>
<td>100%</td>
<td>157%</td>
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ADULT PAROLE OPERATIONS

In 2007, the department’s parole population reached an all-time high of 128,108 parolees. Today, as local communities assume responsibility for supervising a portion of the felons released from prison under realignment, the state population has reduced to approximately 88,000 parolees. By 2017, the parole population is projected to diminish to 28,980 offenders. This dramatic decline in the parole population provides a significant savings for the state, an incentive for local communities to become more invested in successful prisoner reentry, and an historic opportunity to recreate state parole by focusing resources on effective strategies for the most serious and violent parolees who remain under state supervision. Those strategies are set forth in the parole division’s “Five Year Roadmap.”

The Five Year Roadmap embraces emerging correctional practices shown to facilitate long-term behavioral changes in parolees and reduce recidivism. These practices include the use of a case management system that seamlessly follows offenders from prison to parole. The system is dynamic, assessment-driven, and tailored to individual risk and needs. As the department reduces parole agent caseloads, staff will be better equipped to use the case management system to assist parolees with stable housing, employment, and access to rehabilitative programs and community resources. These changes, developed in conjunction with researchers from the Center for Effective Public Policy, are part of a new outcome-driven parole model being implemented statewide. The Five Year Roadmap also includes greater use of electronic monitoring, reentry courts, better staff training, and the development of a system to track parole success.

The parole division has been able to implement these improvements in field supervision while significantly downsizing its headquarters operations. Staffing levels at parole headquarters have been reduced by approximately 50 percent within the past two years, and continue to downsize as part of realignment. The entire parole division budget has been recalibrated to ensure that it downsizes at a rate commensurate with the spring population projections. This includes its leases, contracts, equipment and fleet. (See Appendix A for a detailed breakdown of budget savings and staff reductions by year.)

Community Programs for Parolees

Prior to realignment, the department’s community-based rehabilitative programming for parolees was directed primarily toward lower-level, non-violent offenders. Due to the large number of parolees, however, the department was able to provide programs to only a small percentage of such offenders. The reduced parole population under realignment will allow the department to focus its resources on offenders with the highest risk and highest need, which will help to better prevent recidivism.
Under realignment, the parolee population will look very different than it does now and will require a more intense level of services. Lower-level offenders (non-violent, non-serious, and non-sex offenders) will ultimately not be supervised upon release by state parole agents, but instead will be placed under post-release community supervision. Those left under state supervision will be the higher-level offenders, for whom the department has not historically been able to provide substantial community-based programming. The department is working closely with its community-based providers to ensure that they are prepared and willing to provide treatment to this population.

Research shows that community-based reentry programs are most effective if applied during the first 12 months of release, when offenders are most likely to reoffend. As a result, the department will focus on programs during the first year of release. Currently, the department has the capacity to serve roughly 18 percent of first-year parolees who need substance-abuse treatment, 22 percent who need employment services, and 10 percent who need education programs. Because the chances for successful reentry increase for those with in-prison and pre-release programming, the department proposes to concentrate pre-release services at specified institutions (see section on In-Prison Programming). By building a continuum of community-based programs, by fiscal year 2013-14, approximately 70 percent of parolees who have a need for substance-abuse treatment, employment services, or education programs will have access to these services within their first year of release.

Enhancing Parole Program Capacity

During fiscal year 2011-12, the division of rehabilitative programs assumed responsibility for a number of community-based programs that had been operated out of the division of adult parole operations, including the residential multi-service centers, the parolee service centers and the day reporting centers. Consolidating these programs into one division, along with the department’s other substance-abuse treatment, employment, and reentry programs for parolees, has allowed the department to accomplish economies of scale because several of the community-based providers had previously contracted separately with both divisions. The department will be able to better direct and engage appropriate stakeholders, hold community-based providers accountable with greater efficiency, monitor outcomes with greater consistency, and reduce the department positions and costs associated with two divisions managing similar programs.

To help parolees successfully re-integrate into society, the department will develop a request for proposals or invitation for bid for a continuum of programs that will be available by fiscal year 2013-14. The contracts will be developed to meet the criminogenic needs of the higher risk post-realignment parolee in three program areas: 1) substance-abuse treatment, 2) employment, and 3) education.
Substance abuse treatment programs will include comprehensive residential programs provided by licensed providers contracted by the department or subcontracted via a revised regional or county-based service delivery structure; gender-responsive residential programs for women and their children through the female offender treatment and education program, or other modified service delivery structure; and outpatient and sober living environment treatment programs provided by community-based providers, contracted by the department or subcontracted via a revised regional or county-based service delivery structure.

Employment programs will include expanded use of transitional “work crew” programs, where parolees learn valuable work skills and earn money in real jobs while receiving needed support to pursue housing and other support services; residential employment programs, where parolees can reside for up to 180 days and are connected to job training and real jobs, in partnership with organizations that specialize in hard-to-employ individuals; and day reporting centers and other drop-in employment hubs, where parolees can access job training and workforce readiness programs, career technical education programs, and other employment services.

Education programs will include computer literacy learning centers, where parolees work with certified teachers to earn a general education development certificate or develop other computer-based literacy skills; and other education programs, perhaps in conjunction with the substance-abuse treatment and employment programs listed above.

The department expects a more comprehensive service delivery model that addresses a wider range of criminogenic needs by fiscal year 2013-14. Fiscal year 2012-13 will serve as a transition to the longer-term model. Consequently, there will be some adjustments to programs during fiscal year 2012-13 but no significant changes to service models. With the anticipated expansion, current service models will be able to accommodate 67 percent of parolees (within their first year of release) with a need for substance-abuse treatment, 59 percent with a need for employment-skills programs, and 35 percent with a need for education programs.

During this transitional year, the department will work with community-based providers to ensure that they have the appropriate training, technical assistance and support to adapt current models to the needs of the changing population. As a part of its new programming models for fiscal year 2013-14, the department will establish consistent, measurable performance matrices and will require by contract all community-based providers to submit performance reports to the department on a regular basis.

Appendix H lays out the division of rehabilitative programs’ programming structure: 1) as it exists currently, 2) as it will exist in fiscal year 2012-13 during transition, and 3) as planned under the new service delivery models for fiscal year 2013-14.
Female Residential Multi-Service Center

In addition to the female offender and treatment and employment program, the female residential multi-service center provides housing, sustenance, and gender-responsive services for eligible adult female parolees. The length of stay in this program ranges from 6 to 12 months. The female residential multi-service center provides a continuum of care and can also be used as a remedial sanction for parole violations, rather than jail placement. The objective of the program is to provide female offenders with a better opportunity to live a crime- and drug-free lifestyle, to improve their employment status and family relationships, and to reduce intergenerational crime and recidivism. The department has existing funding for this program. Despite the decline in the female parolee population, it is not anticipated at this time that there will be any changes to this program.
The Board of Parole Hearings’ two main functions are to conduct hearings to determine if indeterminately sentenced inmates (“lifers”) should be granted parole and to conduct hearings to determine if parolees have violated the terms and conditions of their parole. While lifer suitability hearings have not been impacted by realignment, the parole revocation process has substantially changed in several ways that will result in state savings and better offender outcomes.

At the outset, the board will realize significant savings as the state parolee population decreases under realignment. The state parolee population is decreasing due to both fewer numbers of prisoners being released to parole as well as many low-level offenders now serving their sentences locally as a result of post-release community supervision. As the parolee population decreases, the number of parole revocation hearings will also decrease. In addition to fewer numbers of revocations, the state will also realize efficiencies as the revocation hearings are now held at county jails rather than decentralized revocation units.

Realignment will also transfer the revocation process to state trial courts on July 1, 2013, which results in overall savings to the state. The Judicial Branch received funding to address this workload. The courts will be able to more efficiently absorb this workload by reconciling it with existing revocation processes involving probationers and those subject to post-release community supervision. Transferring the parole revocation process to the courts should also effectively end the Valdivia class action lawsuit, if it has not been dismissed before then. The board is currently working with the judiciary to assist in developing their parole revocation hearing process.

As parole revocation hearings decrease, the board will continue to reduce staff. During fiscal year 2013-14, the board will stop conducting revocation hearings for parole violations occurring after July 1, 2013. Due to realignment, about 75 percent of the deputy commissioner positions will be eliminated; all field staff currently located in the board’s decentralized revocation units will be eliminated; all of the board revocation representatives will be eliminated; about two-thirds of the associate chief deputy commissioners will be eliminated; the workforce development unit will be reduced by about 30 percent; the board’s revocation scheduling unit will be reduced almost entirely, except for about five percent of the staff responsible for scheduling lifer suitability hearings, discharge reviews and mentally disordered offender hearings; and the quality control and human resources units will each be reduced by half.

After full implementation of realignment on July 1, 2013, the board will continue with lifer parole suitability hearings; medical parole hearings; investigations for pardons, commutations, and other matters; mentally disordered offender reviews; and sexually violent predator screenings. (See Appendix A for a detailed breakdown of budgetary savings and staff reductions by year.)
ADMINISTRATION

The department’s core public safety mandate is to provide safe and effective custody and supervision of offenders, and rehabilitative services to prevent further criminal behavior upon release. The department has 22 offices statewide that provide administrative support to custody operations, including accounting, human resources, information technology, and facility management. While the department has taken significant reductions in its administrative operations in recent years, particularly with the 2011-12 workforce cap reduction plan, this plan further reduces administration by $68 million and about 200 positions in fiscal year 2012-13.

Some of these positions will be eliminated due to the declining offender populations under realignment. Ratio-driven positions such as personnel specialists or inmate trust accounting positions will be reduced accordingly. But many of the activities performed by administrative support staff will not decline due to the reduction in the offender populations. There will be the same number of information technology systems, a similar number of contracts and purchasing requests, albeit for smaller amounts, and an ongoing need for criminal intelligence analysis. Also, some offices have experienced increased activity associated with realignment, such as coordination with local law enforcement, labor negotiations associated with required operational changes, and human resources workload related to position and employee movement.

Much of the workload associated with administrative services and operations support is not directly related to the number of offenders or employees. However, a thorough review was conducted of these areas to determine the appropriate resource levels after realignment. This administrative review reconciled the budget, position, and contract need for fiscal year 2011-12 and developed a corresponding plan for fiscal year 2012-13. The evaluation determined whether adjustments were necessary based on projected population reductions or historical spending patterns and revisions were made accordingly.

The department will continually evaluate its administrative workload and make adjustments to appropriately align resources based on the level of support needed to adequately serve the department.
ACCOUNTABILITY

The department is committed to achieving an efficient and effective correctional system through the implementation of this plan. Transparency, programmatic oversight, and fiscal accountability will help achieve this goal.

This plan proposes the necessary statutory changes that will enable stakeholders to view the progress the department makes as it implements this plan. The department proposes to codify specific data and fiscal reporting requirements for correctional facilities and parole operations estimates. These requirements will ensure regular reporting of facility capacity and usage, the success of rehabilitative programming, and the comparison of budgeted resources to actual expenditures to ensure that savings are met. This standard format for periodic reporting through the budget process will enable ongoing evaluation of the department’s efforts to implement the operational changes required to more effectively supervise offenders in a fiscally responsible manner.

The department has worked closely with the Department of Finance to develop a thorough plan and identify the future fiscal projections based on the most current information. However, the dramatic fluctuation in resources combined with the significant operational changes limits the ability to rely on history for accurate trend information. Consequently, quarterly updates comparing budget authority, year-to-date expenditures and projections for the entire fiscal year will be provided so that the Administration can engage with the Legislature to recalibrate projections or address any changes that become necessary.

Because implementation of the plan requires a transition over time, it will be important to monitor the progress along the way. To provide independent oversight of the department, the Department of Finance’s Office of State Audits and Evaluations will monitor implementation and provide annual reports through fiscal year 2015-16. These reports will address whether resources are being used consistent with the plan, any variances from the plan, and the transition from current staffing and contract models to the models envisioned after full implementation of the plan. The combination of regular reporting and external monitoring will ensure that the Administration and the Legislature can exercise appropriate fiscal oversight and continue the successful and cost-efficient operation of California’s prison and parole systems.
In recent years, the federal courts have become increasingly involved in the management of California's prison system. Although there are currently several major lawsuits against the department, three of the most significant ones (*Plata*, *Coleman*, and *Perez*) directly challenge the adequacy of the department's health care system. The courts in these cases influence or direct much of the department's medical, mental health, and dental care systems. In addition, the United States Supreme Court has upheld an order by a three-judge panel that the department reduce its prison population to a specific level by June 2013. Finally, a fourth major class action challenges the access to services and programs for disabled inmates.

The court-imposed requirements in these cases restrict the department's ability to make decisions about how to allocate limited resources. Combined, these cases result in annual litigation costs of millions of dollars, including payments to teams of lawyers as well as court-appointed experts and monitors. The department also incurs significant costs as a result of court-mandated staffing and operational requirements.

*Plata v. Brown*, which was filed in 2001, challenges the constitutional adequacy of the department's medical care system. In 2007, the federal court appointed a Receiver to run the department's medical care system. Since then, the system has seen significant improvements. In January 2012, the court recognized the substantial progress and instructed the parties to begin discussing termination of the Receivership and returning the medical care system to the state. The parties are currently engaging in those negotiations. The planned construction of medical facilities and upgrades to existing facilities will help ensure that the department can maintain satisfactory facilities with appropriate office and treatment space to serve the inmate population.

*Coleman v. Brown*, which was filed in 1991, challenges the constitutional adequacy of the department's mental health care system. The court has ordered the department to add more beds dedicated to inmates in need of mental health care. The court has also ordered the department to comply with a detailed, all-encompassing set of requirements related to the department's mental health care system. Finally, the court has appointed a Special Master who, along with his team of experts and lawyers, continually monitors all aspects of the mental health system. This plan is designed to meet the court's demands for a constitutionally adequate mental health care system with satisfactory bed capacity.

In 2007, the federal courts in *Plata* and *Coleman* convened a three-judge panel to address the deleterious effect prison overcrowding was having on the department's provision of medical and mental health care. Ultimately, the three-judge panel ordered the department to reduce its inmate population to 137.5 percent of prison design capacity by June 27, 2013. The court imposed three
incremental population-reduction benchmarks at six-month intervals leading up to the final June 2013 benchmark. California appealed the order to the United States Supreme Court. But last year the Supreme Court upheld the order requiring the state to reduce its prison population in compliance with the court-imposed benchmarks.

Because of the shrinking prison population under realignment, the department met the first benchmark in December 2011, and has now met the June 2012 benchmark two months early. The department’s new spring projections also indicate the department will meet the December 2012 benchmark. But according to the projections, the department will fall a few percentage points short of meeting the final benchmark of 137.5 percent of prison design capacity in June 2013. By that time, the prison population is projected to drop to about 141 percent of design capacity. Assuming these projections hold true, additional measures will likely be needed to satisfy the Supreme Court’s order. This plan sets forth effective alternative measures that will allow the department to satisfy the court by demonstrating that it can maintain a satisfactory health care system for a higher density prison population than is dictated in the order.

In fact, the Supreme Court specifically contemplated that modifications to the order may be warranted. The Court explained that as the state implements the order, “time and experience” may reveal effective ways of ensuring adequate health care—other than through population reductions. The state “will be free to move the three-judge court for modification of its order on that basis, and these motions would be entitled to serious consideration.”

The reduced prison population has already aided the department’s ability to provide quality health care. And as the population continues to drop, the quality of prison health care will only improve. New health care facilities and enhanced treatment and office space at existing prisons will enable the department to provide a quality health care system to a higher density prison population than the 137.5 percent of design capacity originally set by the court. This plan will put the department in a strong position to demonstrate that the order should be modified to allow the department to maintain a prison population at or under 145 percent of design capacity. Obtaining this modification will allow the state to comply with the order without having to maintain expensive out-of-state prison beds or release inmates early.

*Armstrong v. Brown*, which was filed in 1994, concerns the department’s compliance with the Americans with Disabilities Act (ADA) for a class of inmates who have mobility, hearing, vision, or learning disabilities, or are on kidney dialysis. The court is still heavily involved in the department’s compliance with the many requirements of the ADA. Currently the litigation is focused on issues related to facility compliance with the ADA. The health care improvement projects will help meet ADA requirements. While realignment is expected to decrease the number of disabled inmates, the number of inmates with mobility, hearing, vision, and other
disabilities protected by the ADA are expected to increase as the inmate population ages over time. The approval and implementation of this plan will help ensure that these issues are managed in a more efficient and successful manner, leading to dismissal of the case.

*Perez v. Brown*, filed in 2005, challenges the constitutional adequacy of the department’s dental care system. The department is well on its way to resolving this case, and anticipates that all prisons will pass the audits by August 2012. To date, all 30 of 33 institutions have been reviewed by the experts and have satisfied all of the court-ordered mandates. *Perez* also has an important renovation related component, which has been approved and funded. The department anticipates that, with the approval and implementation of this plan, it will be able to seek termination of *Perez* in the coming year.
CONCLUSION

Realignment created a real opportunity to end federal court oversight of the correctional system, while saving Californians billions of dollars. The prison system has already reduced its population by more than 22,000 inmates. While this population reduction is laying the groundwork for sustainable solutions, it does not resolve all of the challenges facing the department.

This blueprint delineates a clear and comprehensive plan to satisfy the Supreme Court’s order, and allow California to regain and maintain control of the prison system for years to come. The population reduction brought on by realignment has improved the ability to provide quality health care, created the flexibility to implement new policies that will improve offender management, and increased opportunities for rehabilitative programming to reduce recidivism. To effectively implement these policies the department has reevaluated its entire operation, and set forth a plan to complete necessary facility improvements and redistribute resources to ensure safe operations.

Ultimately, the taxpayers benefit from realignment as California regains control of its prison system. The combined effect of the population reduction under realignment, new offender management policies, redistributing resources and reduced recidivism will be significant savings. The annual support budget will be reduced by $1.5 billion, and when compared to the alternative of building and operating new prisons, the savings exceed $3 billion annually. This blueprint represents a cost-effective strategy for California to ensure public safety and make available $30 billion for other critical services such as education and health care in the next decade.