

CORRECTIONS AND REHABILITATION

The California Department of Corrections and Rehabilitation (CDCR) incarcerates the most serious and violent felons, supervises them when they are released on parole, and provides rehabilitation programs to help them reintegrate into the community. CDCR provides safe and secure detention facilities and necessary support services to inmates, including food, clothing, academic and vocational training, as well as health care services.

The Budget proposes total funding of \$9 billion (\$8.7 billion General Fund and \$252 million other funds) for CDCR in 2013-14.

CONTINUED COMMITMENT TO IMPLEMENTATION OF REALIGNMENT

The Budget reflects the continued implementation of 2011 Public Safety Realignment, which, through Chapter 15, Statutes of 2011 (AB 109), created a community-based correctional program where lower-level offenders remain under local jurisdictions. Funding for those programs can be found in the 2011 Realignment Estimate display in Item 5196 of the Governor's Budget. The Administration continues to work collaboratively with counties and other stakeholders to address implementation issues associated with Realignment.

In April 2012, the Administration released its plan for the future of California's prison system (known as the Blueprint) to achieve significant General Fund savings, satisfy

court orders to relieve prison overcrowding, and provide a constitutionally required level of health care to inmates. The Administration continues to implement the Blueprint as approved by the Legislature, which includes key components such as reclassifying inmates based on the updated inmate classification system, improving access to rehabilitative programs, returning inmates housed in out-of-state contract facilities to California, standardizing staffing, and maintaining health care services.

- **Health Care Continues to Improve**—Inmates continue to receive mental health, medical and dental care that is consistent with the standards and scope of services appropriate within a custodial environment. At the request of the court appointed federal Receiver that oversees California’s prison medical care program, the Office of the Inspector General (OIG) evaluates and monitors the progress of medical care delivery to inmates in the institutions. Based on these inspections, the OIG issues a score rating each institution’s compliance with the various components of medical delivery. The OIG has reported significant improvements since it began its inspections in 2008, with the most recent round of monitoring resulting in an average score of 85 percent across the 20 institutions that have gone through the third round of monitoring, up from an average score of 79 percent from the second round of monitoring for all 33 institutions that was completed in December 2011. The federal court stated that it would remove the Receiver and return control to the state once the system is stable and provides for constitutionally adequate medical care. The improvements cited by OIG are an indication that the state is meeting federal court requirements and will assist the state in extricating itself from the class-action lawsuits that govern prison health care.
- **Monitoring Implementation of Plan**—The Blueprint also outlined a plan to improve transparency, and increase program oversight and fiscal accountability. The Department of Finance’s Office of State Audits and Evaluations and the OIG are monitoring CDCR’s implementation of the plan, including an assessment of inmate programs, position control, fiscal management, and overall adherence to the Blueprint. Annual reports will be submitted to the Legislature, with the first report being released in the spring of 2013.

While the adult inmate population continues to decline as a result of Realignment, new admissions are currently trending higher than the 2012 Budget Act projections. The Budget Act projected an adult inmate average daily population of 129,961 in the current year. The current year adult inmate population is projected to exceed Budget Act projections by 2,262 inmates, a 1.7-percent increase, for a total population of 132,223. The budget year adult inmate population is projected to be 128,605, a 2.7-percent

decrease of 3,618 inmates. The current projections also reflect a decrease in the parolee population of 4,052 in 2012-13 compared to Budget Act projections, for a total average daily population of 57,640. The parolee population is projected to be 42,958 in 2013-14, a decrease of 14,682.

THREE-JUDGE PANEL

In November 2006, plaintiffs filed a motion to convene a three-judge panel in the *Plata* lawsuit under the 1996 Prison Litigation Reform Act, claiming that overcrowded conditions in California's prisons resulted in unconstitutional medical care. The second lawsuit joined in the three-judge panel, *Coleman*, involves mental health services for inmates. Both lawsuits claim that care for inmates violates the Eighth Amendment of the U.S. Constitution, which prohibits cruel and unusual punishment of the incarcerated.

In 2007, a three-judge panel was convened to address claims that overcrowding in state prisons results in unconstitutional medical care. In 2009, the panel ordered the state to reduce its adult institution population to 137.5 percent of design capacity within two years, equivalent to a reduction of about 40,000 inmates. The state appealed this decision, but in 2011, the U.S. Supreme Court upheld the panel's finding.

Since 2007, California has taken numerous actions to reduce overcrowding. The most significant ongoing actions are realigning lower-level offenders and parole violators to local jurisdictions, and increasing prison health care bed and treatment capacity. These actions have been effective in reducing the prison population while maintaining public safety, eliminating the use of all non-traditional beds, and allowing CDCR to focus on providing rehabilitation programs to reduce recidivism.

The three-judge panel issued another order in October 2012 requiring the state to develop two plans to reduce the prison population to 137.5 percent of design capacity by June 27, 2013 and December 27, 2013. The plans were submitted to the Court on January 7, 2013, as ordered.

The Administration believes that implementation of the Blueprint will enable the state to deliver health care to inmates at a level that meets or exceeds constitutional standards and ultimately lead to the end of federal court oversight. As noted above, recent OIG reviews indicate that the medical delivery system is improving. In addition, 12 of the 20 institutions that have been inspected by the OIG in the third round of monitoring have population densities higher than 137.5 percent. These 12 institutions received an

average score of 84 percent, and half of them received a score of 85 percent or higher. An institution with a score of 85 percent or higher is designated by the OIG as having high adherence to policies and procedures.

DIVISION OF JUVENILE JUSTICE

The Division of Juvenile Justice's (DJJ) average daily ward population is decreasing when compared to the 2012 Budget Act projections. Specifically, the ward population is projected to decrease by 120 in 2012-13, for a total population of 871 in 2012-13 and 913 in 2013-14. The ward population has decreased significantly in recent years, due primarily to fewer parole violators being housed by DJJ as a result of Chapter 729, Statutes of 2010 (AB 1628), which shifted supervision responsibility for wards released from DJJ to the counties beginning in January 2011.

Pursuant to Chapter 41, Statutes of 2012 (SB 1021), juvenile parole ended on January 1, 2013 and all juveniles remaining on parole as of December 31, 2012 were discharged. Savings resulting from the elimination of juvenile parole will be realized in the Division of Adult Parole Operations, which assumed responsibility for juvenile parolees in 2011-12.