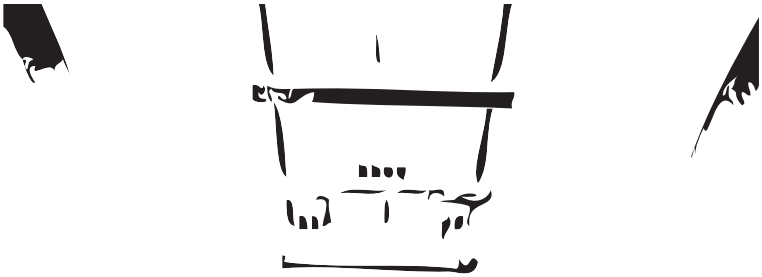
California Department of Corrections and Rehabilitation

Expert Panel on Adult Offender and Recidivism Reduction Programming

Report to the California State Legislature



A Roadmap for Effective Offender Programming in California

California Department of Corrections and Rehabilitation Expert Panel on Adult Offender Reentry and Recidivism Reduction Programs

Report to the California State Legislature: A Roadmap for Effective Offender Programming in California

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Points of view, recommendations, or findings stated in this document represent the consensus of the entire Expert Panel and do not necessarily represent the views of individual Expert Panel Members, nor do they represent the official positions or policies of the California Department of Corrections and Rehabilitation.

June 29, 2007
Sacramento, California

Report design by Paul Edward.

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Expert Panel and Sub-Committee Meeting Dates and Locations

Expert Panel Meetings
December 14-15, 2006
Delancey Street Foundation
San Francisco, California

February 1-2, 2007
Long Beach, California

April 25-27, 2007
Sacramento, California

Program Review Sub-Committee Meetings
February 1, 2007
Long Beach, California

March 29, 2007
Santa Monica, California

April 16, 2007
Santa Monica, California

Model Program Sub-Committee Meetings
January 15, 2007
Sacramento, California

January 25-26, 2007
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Program Review Support

The Expert Panel would like to thank these individuals for their invaluable assistance in completing the Nominated Recidivism Reduction Program Inventory and the CPAP Assessments:

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Executive Summary

Research shows that correctional programs reduce recidivism by changing offender behavior. However, research also shows that to achieve positive outcomes, correctional agencies must provide rehabilitation programs to the appropriate participants in a manner consistent with evidence-based programming design. California has been offering rehabilitation programs to its adult offenders for over 50 years; yet California's adult offender recidivism rate is one of the highest in the nation. Clearly something is wrong. Either something is preventing the programs from achieving their intended effects or something is wrong with the programs themselves.

The Panel believes that both explanations are true. First, a combination of various factors has caused these programs to be less effective than they should be in reducing criminal behavior. These factors, which must be resolved *before* California can have any hope of achieving rehabilitation programming success, include dangerous overcrowding (that makes prisons unsafe and reduces space to run programs) and lack of incentives for offenders to participate in rehabilitation programming. Second, the California Department of Corrections and Rehabilitation (CDCR) does not offer enough quality rehabilitation programs to its adult offenders, and it currently assigns offenders to programming in a way that all but ensures that most offenders will not get to the programs they really need.

The Panel

The CDCR created the Expert Panel on Adult Offender Reentry and Recidivism Reduction Programs (the Panel) in response to authorization language placed in the Budget Act of 2006-2007. The Legislature directed the CDCR to contract with correctional program experts to complete an assessment of California's adult prison and parole programs designed to reduce recidivism. Additionally, the CDCR tasked the Panel to provide it with recommendations for improving the programming in California's prison and parole system. This Panel of nationally recognized experts in the field of corrections includes experienced correctional agency administrators and leading academic researchers.

The Roadmap

This *Report to the California State Legislature: A Roadmap for Effective Offender Programming in California* provides an assessment of the state of correctional programming in California's adult prison and parole systems. This report also includes recommendations intended to guide California in creating a model rehabilitation programming *system*. The word *system* is emphasized to underscore the fact that the external environment plays an important role in determining the outcomes of rehabilitation programs. In other words, the activities that occur in the cellblocks, institutional common areas, parole offices, and communities either diminish or enhance the changes offenders make as a result of their rehabilitation programs.

The essential test for each of the Panel's recommendations is: *Is it evidence-based?* In the Panel's view, "evidence" comes from research and experience. The Panel presents recommendations based on research that represents a broad range of disciplines including rehabilitation, education, corrections administration, psychology, and organizational development. On the experience side, the Panel's recommendations include proposals that within the profession are regarded as best and promising practices and are being used by corrections agencies in other states that have faced situations and challenges similar to California's.

The target audience of this report is a mixture of policymakers in the legislative and executive branches of California government, as well as practitioners within and outside the CDCR. California's leaders will enhance the value of this report to the extent that they share it with the citizens of California, who are the true stakeholders for what happens in CDCR prisons and parole offices.

External Factors Preventing Programming Success

Beginning in 1976, with the passage of California's Determinate Sentencing Act (DSL), the state began a thirty-year cycle of increasingly stringent "tough on crime" laws. In fact, during this time frame, Californians enacted 80 sentencing laws (Little Hoover Commission, 2007). These laws, like California's "Three Strikes and You're Out" ballot initiative (Proposition 184), resulted in more and more people being sentenced to state prison terms for longer periods of time. In 2005, the California Department of Corrections (CDC) changed its mission to include rehabilitation and was renamed the California Department of Corrections and Rehabilitation (CDCR). But, by that time California's external legal environment had created two significant barriers to the CDCR's internal rehabilitation efforts:

- California's prisons are dangerously overcrowded.
- California treats offenders who complete rehabilitation programs nearly the same way it treats those who do not.

Dangerous Overcrowding

At the time of this report, the CDCR was housing 172,385 prisoners in facilities designed to hold 100,000. The CDCR was housing more than 18,000 of those prisoners in space designed for programming and other activities. The other side of the overcrowding coin is that when wardens implement security lockdowns, they usually shut down all programming in the affected areas. Not only is this disruptive to programming but, the Panel believes the number and duration of lockdowns in California prisons is excessive. (The Panel provides specific space and safety recommendations in Appendix F.) In parole offices, space is limited for programming. In some cases this requires the CDCR to offer programming in off-site facilities that are less accessible to parolees and are often crowded themselves.

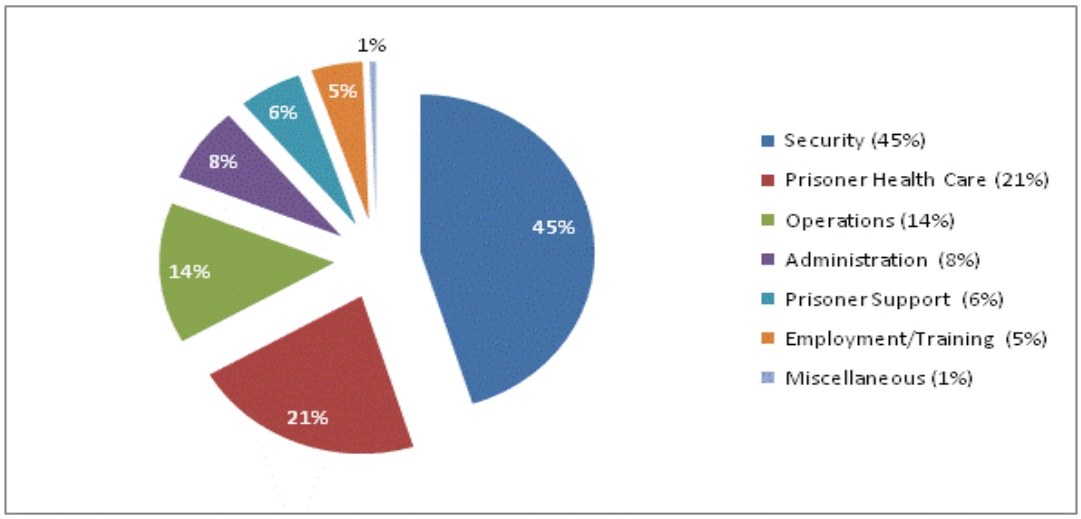
Recommendation 1—Reduce overcrowding in its prison facilities and parole offices.

The Panel recommends that California take the necessary measures to reduce overcrowding in its correctional facilities. Doing so will not solve California's recidivism problems, but it will give its adult offenders the ability to access much-needed rehabilitation programming, which is a "pre-condition" to success.

Lack of Incentives to Complete Programs

The Panel believes that California's correctional culture is oriented more towards control and punishment, than rehabilitation. This has resulted in offenders receiving few incentives to participate in rehabilitation programming. While the Panel agrees that control and safety within prison are essential, it also recognizes that the CDCR needs to balance its custody and rehabilitation missions. Additionally, California needs to reflect this balance in its allocation of correctional resources.

Figure A: California Annual Costs to Incarcerate a Prisoner



Source: California Legislative Analyst's Office, January 31, 2007

Figure A shows the current imbalance in the CDCR's resource allocations. According to the latest data from the California Legislative Analyst's Office (2007), of the $43,287 that California spends on each prisoner per year, 45% ($19,561) is spent on "Security" concerns, while only 5% ($2,053) is spent on programming ("Employment/Training").

The Panel believes that it is critical for California to institute a system of positive reinforcement of offender behavior that supports rehabilitation. One of the best ways to shape behavior is to provide positive rewards for people when they engage in positive activities. Other states like Pennsylvania, Washington, and Ohio have used such reinforcement systems to encourage positive behavior of offenders in their correctional systems. However, the Panel found that the CDCR does not have a system of sufficient incentives that rewards program completion for all of its programs. Thus the gains that prisoners make in their rehabilitative programming are diluted by a correctional environment that treats offenders who participate in these programs virtually the same as those who do not.

Recommendation 2—Enact legislation to expand its system of positive reinforcements for offenders who successfully complete their rehabilitation program requirements, comply with institutional rules in prison, and fulfill their parole obligations in the community.

The Panel recommends that California enact the necessary legislation to expand its system of positive reinforcements for program participation and good behavior for offenders in its prison and parole systems. AB 900, which was enacted in May 2007, directed the CDCR to develop incentives for offenders who complete academic and vocational education programs. The Panel believes that further legislation should be enacted that provides incentives for completing any of the evidence-based rehabilitation programs that the CDCR offers to its adult offenders.

Additionally, the Panel recommends that the CDCR implement those positive reinforcements that do not require legislation. For example: expanded visitation privileges, locating prisoners in prisons closer to their homes, providing long distance phone calls, and issuing

vouchers for the prison canteens.

Internal Factors Preventing Programming Success

The Panel's initial review of the CDCR's adult offender program offerings, using the California Program Assessment Process (CPAP) found that while there was some good news: a few programs in a few areas were operating well; overall, California has some work to do to improve the state of rehabilitation programming in the CDCR. Table A identifies the CPAP rating elements and notes how each of the 11 rated programs performed.

Table A: Summary of CPAP Assessments on 11 Rated Recidivism Reduction Programs

	Institution Programs					Parole/Community Programs					
	FFP	IYO	Reentry Education	SAP-SATF	TCMP-MHSCP	DRC	FOTEP	ICDTP	PEP	RMSC	STAR
Assesses risk and targets high-risk	◇	◇	◇	∞	◇	◇	◇	◇	◇	◇	◇
Assesses criminogenic needs and delivers services accordingly	●	◇	◇	●	●	●	◇	●	◇	◇	●
Theoretical model clearly articulated	●	●	◇	●	●	●	●	●	●	◇	●
Has program manual and/or curriculum	●	●	●	●	●	●	●	●	●	●	●
Uses cognitive-behavioral or social learning methods	●	◇	◇	●	●	●	●	●	◇	●	●
Enhances intrinsic motivation	●	◇	◇	●	◇	●	●	●	◇	◇	●
Continuum with other programs and community support networks	●	●	◇	●	●	●	●	●	∞	●	∞
Program dosage varies by risk level	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇
Responsive to learning style, motivation and culture of offenders	●	●	●	●	●	●	●	●	◇	●	◇
Uses positive reinforcement	●	◇	◇	●	◇	●	●	●	◇	●	●
Staff has undergraduate degrees	◇	∞	●	◇	●	●	◇	●	◇	●	◇
Staff has experience working with offenders	●	●	●	●	?	●	●	●	●	●	●
Staff recruitment and retention strategy	●	◇	◇	●	●	●	◇	●	◇	●	●
New staff training	●	●	●	●	●	●	●	●	◇	◇	●
Program director qualifications	∞	∞	∞	∞	∞	∞	●	●	∞	∞	●
Program data collected and analyzed	●	●	∞	●	∞	∞	●	●	∞	∞	∞
Rigor of evaluation studies	◇	◇	◇	●	●	●	●	∞	◇	∞	∞
Best practices and/or expert panel recommends	◇	◇	◇	●	◇	◇	◇	◇	◇	◇	◇
Evaluation study appeared in peer-reviewed publication	◇	◇	◇	●	◇	◇	◇	◇	◇	∞	∞
Extent and consistency of evaluation results	◇	◇	◇	∞	◇	◇	●	◇	◇	◇	◇

Legend: ● Meets criteria ∞ Partially meets criteria ◇ Does not meet criteria ? No data provided

FFP: *Family Foundations Program;* **IYO**: *Incarcerated Youth Offenders;* **SAP-SATF**: *Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F;* **TCMP-MHSCP**: *Transitional Case Management Program-Mental Health Services Continuum;* **DRC**: *Day Reporting Center;* **FOTEP**: *Female Offender Treatment and Employment Program;* **ICDTP**: *In-Custody Drug Treatment Program;* **PEP**: *Parolee Employment Program;* **RMSC**: *Residential Multi-Service Center;* **STAR**: *Substance Abuse Treatment and Recovery*

While the Panel is reluctant to generalize from the sample of programs it reviewed:

- the Panel found that most of the 11 programs that it reviewed contained program design elements that were in line with "what works" research for effective adult offender rehabilitation programming, and
- the Panel found that the CDCR does not match offender needs to program objectives when assigning offenders to programming.

The Panel believes that the CDCR needs to complete its program assessments and concurs with its decision to commission further research in this area.

The Need for Objective Assessments

Assessing offender risk levels and needs is a crucial component of effective programming. Doing so allows correctional agencies to assign offenders to the programs that will most likely benefit them. But the CDCR often assigns offenders to programming on a first-come, first-served, basis. This practice virtually ensures that offenders are not getting the rehabilitation programming that they need.

Recommendation 3—Select and utilize a risk assessment tool to assess offender risk to reoffend.

The CDCR has been using an objective risk assessment tool with its parole population for the past two years and has recently initiated use of the same tool with its prison population. The Panel recommends that the CDCR fully utilize this tool, or a similar tool to assess risk to reoffend levels of its adult offenders.

Recommendation 4—Determine offender rehabilitation programming based on the results of assessment tools that identify and measure criminogenic and other needs.

The Panel recommends that the CDCR adopt and utilize a needs assessment tool that would allow the CDCR to identify which offenders should be provided with rehabilitative treatment programming and which offenders should be placed in programming designed to improve their life skills and provide them with personal growth opportunities. The Panel further recommends that the CDCR develop a risk-needs matrix to assign offenders to programming based on their risk to reoffend levels and their assessed needs.

- For high and moderate risk to reoffend level prisoners and parolees, the CDCR should assess their criminogenic needs and assign them to the appropriate rehabilitation *treatment* programs and services.

- For low risk to reoffend prisoners and parolees, the CDCR should assess their basic skills (e.g., interpersonal, academic, and educational) and assign them to the appropriate programming.

Seven Criminogenic Needs Areas

Research has demonstrated that varied combinations of these seven criminogenic needs (dynamic risk factors) drive criminal behavior in male offenders:

1. Educational-vocational-financial deficits and achievement skills
2. Anti-social attitudes and beliefs
3. Anti-social and pro-criminal associates and isolation for pro-social others
4. Temperament and impulsiveness (weak self-control) factors
5. Familial-marital-dysfunctional relationship (lack of nurturance-caring and/or monitoring-supervision)
6. Alcohol and other drug disorders
7. Deviant sexual preferences and arousal patterns

The concept of criminogenic needs means that research shows that the offender population has a higher prevalence of these behaviors than does the general population. Therefore, the presence of these needs in a person may very well indicate a tendency toward criminal activity. The key to understanding the importance of these criminogenic needs is the fact that they represent a constellation of characteristics or circumstances. The mission, of course, is to divert the offender from adverse behaviors and to replace them with healthy alternatives.

Recommendation 5—Create and monitor a behavior management plan for each offender.

The Panel recommends that the CDCR create a behavior management (or case) plan for each of its adult offenders in prison and on parole. The CDCR should actively monitor these plans to keep track of the progress that offenders are making toward achieving their rehabilitation programming objectives. Behavior management plans are critical tools to ensure that offenders are assigned to the appropriate programs based on the relative strengths of their criminogenic needs.

Recommendation 6—Select and deliver in prison and in the community a core set of programs that covers the six major offender programming areas—(a) Academic, Vocational, and Financial; (b) Alcohol and other Drugs; (c) Aggression, Hostility, Anger, and Violence; (d) Criminal Thinking, Behaviors, and Associations; (e) Family, Marital, and Relationships; and (f) Sex Offending.

The Panel recommends that the CDCR select and deliver a core set of evidence-based rehabilitation programs that covers the six major offender programming areas. The effectiveness of rehabilitation services depends on the quality, quantity, and content of the programs.

Table B: CDCR Nominated Recidivism Reduction Programs and the Six Major Programming Areas

Six Major Offender Program Areas	# of CDCR Recidivism Reduction Programs
Academic, Vocational, and Financial	17
Alcohol and Other Drugs	12
Aggression, Hostility, Anger, and Violence	2
Criminal Thinking, Behaviors, and Associations	2
Family, Marital, and Relationships	3
Sex Offending	0

Table B shows that the CDCR currently offers a fair number of programs in the first two major programming areas, but offers relatively few programs in the last four, including no sex offending rehabilitation programs, since some sex offender programs do take place in hospital or civil commitment programs. The Panel feels that the CDCR needs to round out its program offerings and develop at least one evidence-based program for each of the program areas based on the assessed criminogenic needs of its prison and parole populations. Additionally, each of the programs offered should be standardized so that the content is consistent among prison facilities, parole offices, and community-based providers.

Recommendation 7—Develop systems and procedures to collect and utilize programming process and outcome measures.

The CDCR needs to develop information systems and operations procedures to ensure that it collects rehabilitation programming outcome data from each program it offers and each offender it assigns to programming. This information will allow the CDCR to determine (a) the effectiveness of the programs on participants, (b) why and how the programs are producing the results they are obtaining, and (c) how to improve the programs.

Recommendation 8—Continue to develop and strengthen its formal partnerships with community stakeholders.

The Panel recommends that the CDCR establish interagency steering committees at both the statewide and community levels to ensure the appropriate coordination of transition services for its adult offenders moving from prisons to their communities. For offenders to sustain the treatment gains they have achieved through their participation in CDCR programming, they require the assistance of their family members, friends, social service agencies, criminal justice professionals, and a host of other community stakeholders. This assistance also means including family members and other important support members in the offenders' actual programming.

Recommendation 9—Modify programs and services delivered in the community (parole supervision and community based programs and services) to ensure that those services: (a) target the criminogenic needs areas of high and moderate risk offenders; (b) assist all returning offenders maintain their sobriety, locate housing, and obtain employment; and (c) identify and reduce the risk factors within specific neighborhoods and communities.

The Panel recommends that the CDCR require all of its programs and services that are delivered in the community, including parole supervision, to capitalize on activities that will keep offenders from re-offending. Again, this is achieved by reducing their criminogenic and other needs by helping offenders avoid alcohol and other drugs, find suitable housing, and secure meaningful work. Additionally, the CDCR should assign its parole agents on a geographical basis and train them to identify and mitigate the risk factors related to the safety of places and victims within the community.

Recommendation 10: Develop the community as a protective factor against continuing involvement in the criminal justice system for offenders reentering the community on parole and-or in other correctional statuses (e.g., probation, diversion, etc.).

The Panel recommends that California develop a system of informal social controls in its communities that influence offenders' critical thinking, positive relationships, and healthy behaviors to reduce the likelihood that offenders will return to a life of crime.

Recommendation 11—Develop structured guidelines to respond to technical parole violations based on risk to re-offend level of the offender and the seriousness of the violation.

The Panel recommends that the CDCR develop and implement structured sanctions—based on the offenders' risk to reoffend and the seriousness of the violations—for offenders who violate parole conditions and incentives for offenders who do not.

Expected Positive Outcomes

The Panel believes that if California implements all of its recommendations, the state may significantly reduce the large number of parolees who are currently violating their parole conditions and being returned to prison. Further, by expanding its incentive system, the state will encourage prisoners and parolees to participate in and complete programs. This could lower California's projected prison population with no major increase to the parole population.

In this report, the Panel recommends strategies that would reduce the number of prison beds that California needs by 42,000 to 48,000 beds. The result would mean an annual savings of between $848 and $996 million. New investments in prison and community programming should cost between $628 million and $652 million a year. A significant portion of these costs, or $340 million a year, which the CDCR now spends on programs, could ultimately be used to offset these new expenditures. In total, all of these new strategies combined could save California between $561 million and $684 million a year. See

Appendix E for details concerning the Panel's estimates.

The Panel also believes that if California were to implement its recommendations, the state would establish an accountable and credible correctional system. The Panel believes that doing so could minimize the impact of the Federal judiciary in California's correctional operations.

Action Plan

The Panel provides a summary of the initial steps that California and the CDCR need to take to begin moving toward practices that will reduce recidivism. The Panel provides more details and expands upon its recommendations in Part I of this report. In Appendix K, the Panel provides the plan for implementing all of its recommendations over a two-year time period.

Pre-Conditions

- Resolve overcrowding—space and safety issues (see Part I and Appendices A and F for details).
- Expand incentives. Some states pay prisoners a nominal wage for program participation. Others tie sentence reductions to such involvement. California should adopt both of these practices to provide incentives to offenders for program participation and completion.

Programming Environment Improvements

- Adopt a risk to reoffend assessment tool. While implementing the COMPAS assessment tool in prison and using it on parole, begin piloting a static risk assessment tool using the data already collected on offenders when they enter the CDCR. (See Appendix D for examples.)
- Adopt a criminogenic needs assessment tool. Consider adopting an instrument such as the CSS-M to measure criminal thinking/associates, the HIQ to determine anger management needs, and the static 99 to identify sex offender needs. Also look at the TCU or ASI for determining substance abuse needs. (See Appendix D for examples.)
- Begin evaluating all new admissions using the adopted risk assessment tool.
- Assess offenders whose scores indicate moderate or high risk to reoffend levels using the selected criminogenic need instruments to determine specific program needs.
- Assess offenders whose scores indicate low risk to reoffend levels using work and life skills assessments to determine specific program needs.
- Develop an assessment matrix to determine program assignment based upon offender scores on the selected risk and need instruments.
- Develop policies and procedures to implement a behavior management plan for each offender.
- Assign offenders to programming based on the combination of their risks and needs.
- Develop policies that evaluate and assess the outcomes of every program delivered.

Programming Improvements

- Academic, Vocational and Financial. The CDCR has both academic and vocational programs which have been shown to reduce recidivism. The main need in this area is additional programming as need outweighs program availability. For a financial or money management program the CDCR should consider adopting the Federal Deposit Insurance Commission's MONEY SMART. There is no cost for this program.
- Substance Abuse. The CDCR offers a significant amount of substance abuse treatment. However, this still is not enough to address the offender need in this area. The CDCR should develop additional capacity focusing on intensive outpatient treatment programs as well as more therapeutic communities. These programs will provide treatment for those with less serious substance abuse problems at a lower cost. It will also allow for appropriate treatment based upon assessed need.
- Aggression, Hostility, Anger, and Violence. The CDCR should review the Conflict Anger Lifelong Management (CALM) program, which is in six institutions. (Appendix N provides additional information on the CALM program.) If the CDCR is satisfied with the quality and outcomes of the program, it should implement it in all of its prisons and community based facilities. Appendix D provides additional programs to consider.
- Criminal Thinking, Behavior, and Associations. The CDCR currently only offers one (1) community-based program that addresses this area. The CDCR should consider adopting the National Institute of Corrections' (NIC) "Thinking for a Change" program for its prison and parole populations. There is no cost for the program and NIC also provides complimentary staff training.
- Sex Offending. The CDCR currently offers no programming in its regular prison system for this group of offenders. The CDCR must develop programming in this area.

Conclusion

The Panel believes that this *Report to the California State Legislature: A Roadmap for Effective Offender Programming in California*, provides guidance to improve California's adult prisoner and parolee rehabilitation programming and to reduce its recidivism rate. The public deserves and the offenders need the opportunity to receive the rehabilitation programming and services necessary to help them achieve success on parole.

In this report the Panel advocates a system of identifying needed rehabilitative programming, implementing those programs, and measuring the fidelity of their implementation and outcomes in relation to their effectiveness. The Panel believes that California will realize two important benefits from a public policy perspective: (a) the CDCR will be more transparent and accountable for a mission that is more in line with the public's expectations, and (b) a significantly larger number of the several hundreds of thousands of prisoners who enter California prisons will return to their communities more prepared to be law abiding citizens.

Introduction

Research shows that effective correctional programs reduce recidivism by changing offender behavior. When correctional agencies provide rehabilitation programs to the appropriate participants in a manner consistent with evidence-based programming design, offenders change. Examples of the several kinds of rehabilitation programs that reduce recidivism[a] include:

- In-prison "therapeutic communities" for drug-involved offenders.[b]
- Vocational education for prisoners and parolees.[c]
- Cognitive behavioral treatment in prison and in the community.[d]
- Intensive community supervision programs that emphasize the delivery of rehabilitation treatment services, not just surveillance.[e]

Based on the reduced recidivism that offenders experience with these programs, other states, including Kansas, Michigan, Ohio, Oregon, Pennsylvania, and Washington, offer a full menu of rehabilitation programs and services to their offender populations.[f]

But California does not. Although the state spends hundreds of millions of dollars on adult offender programming, it does not offer its offenders a **full menu** of rehabilitative programs targeted toward reducing their recidivism. Perhaps this is why California's adult offender recidivism rate is one of the highest in the nation (Fisher, 2005).

We believe that there are several factors that contribute to the state's rehabilitation programming problems. Some of these factors have to do with the nature of the programs themselves, while others have to do with aspects external to the programming environment.

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a Aos, Miller, & Drake (2006); Petersilia (2005); MacKenzie (2006); and Friedman, Taxman, & Henderson (2007).

b Inciardi, Martin, & Butzin (2004); Harrison & Martin (2001); Taxman & Bouffard (2000); Martin, Butzin, Saum, & Inciardi, (1999); Simpson, Wexler, & Inciardi (1999a), (1999b); Inciardi, Martin, Butzin, Hooper, & Harrison (1997).

c Gerber & Fritsch (1994).

d Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen (1990); Andrews & Bonta (1998); Lipsey & Wilson (1993); Landenberger & Lipsey (2005); National Institute on Drug Abuse (NIDA) (2006); NIDA (1999); Simpson, Joe, & Broome (2002).

e Petersilia & Turner (1993a); (1993b); Taxman (2002); Marlowe (2003); Thanner & Taxman (2003).

f Werholtz (2007); Schrantz (2007).

A Summary of Our Findings

- **The state of overcrowding in CDCR prison facilities makes it difficult for offenders to access rehabilitation programs.** Because it does not have enough room to house its offenders, the CDCR uses previously intended program space as living space for prisoners. Additionally, frequent lockdowns cause program cancellations.
- **The CDCR treats offenders who successfully complete rehabilitation programs and positively manage their behaviors in roughly the same manner as those who do not.** The CDCR does not have sufficient positive reinforcements for offenders who successfully complete rehabilitation programming and who comply with prison rules and parole conditions.
- **The CDCR does not assign offenders to programs based on risk-needs assessments.** In most cases, the CDCR assigns offenders to rehabilitation programs on a first-come, first-served basis. The CDCR is currently piloting a risk-needs assessment tool with its prison population. The CDCR does use a risk-needs assessment tool with its parole population, and is currently in the process of validating the instrument.
- **The CDCR does not have automated behavior management (case) plans for each of its offenders.** Because it does not use risk-needs assessments to assign offenders to programs, the CDCR also has not developed an integrated behavior management plan for each of its offenders. Additionally, because the CDCR lacks an adequate technology infrastructure, even if it were to create case plans for each of its offenders, it would not be able to share the information between institutions and divisions in an automated fashion.
- **The CDCR does not offer a sufficient quantity of evidence-based rehabilitation programs designed to reduce recidivism to its adult offenders.** The CDCR does not offer a core set of rehabilitation programs to its adult offenders. The CDCR does offer a large amount of programs and activities to its adult offenders, but not enough of these are evidence-based rehabilitation programs.
- **The CDCR does not always measure the quality or effectiveness of its adult offender programs.** The CDCR does not always measure program outcomes. Additionally because it does not assess risks and needs for all incoming prisoners or exiting parolees it cannot measure program effectiveness in reducing recidivism.
- **The CDCR has begun to focus on offender reentry issues and initiatives, but it needs to expand those efforts.** The CDCR has recently created a $54 million dollar focus on reentry initiatives. The CDCR needs to expand this focus to include fortifying informal community support structures and increasing the role that family members and other support structure members play in offender programming.
- **The CDCR does not have a graduated parole sanctions policy to provide community-based alternatives to incarceration for parolees who violate their parole conditions.** California laws constrain the CDCR to incarcerate parole violators who may be better served by community-based sanctions. CDCR parole agents do not have structured guidance as to how to deal with parole violators.

California's Historical Perspective

The complexity of California's correctional problems mean that solving them will not be easy. Others have tried in California and met with mixed results. Since 1990, more than a dozen commissions and other groups have proposed solutions to the problems in California's adult correctional system.[g] Yet the problems persist. To understand why, it is helpful to examine certain aspects of California's recent correctional history. Figure 1 shows the record of California's recidivism rates from 1977 through 2004. In this figure, one can see that California's recidivism rates (measured as offenders returned-to-prison) have risen steadily since the late 70s.

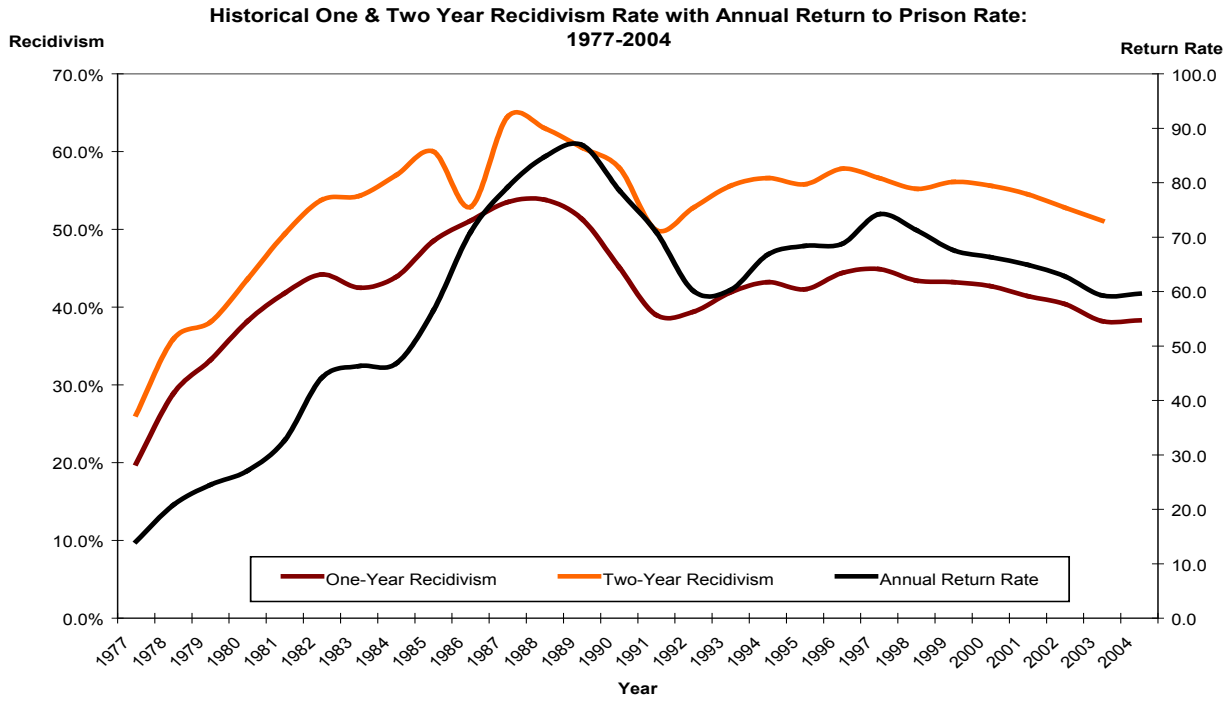


Figure 1: California Department of Corrections Historical Recidivism Rates, 1977-2004[h]

What does this mean? What has caused this dramatic increase in California's recidivism rate? To answer those questions, we first need to define what we mean by the term "recidivism rate." Recidivism rates are typically measured by tracking the activities of a group ("cohort") of prisoners who were released in a given period for several years after their releases. Traditionally, recidivism rates are based on three-year tracking periods. During these tracking periods if an offender is returned to correctional custody for any reason, he or she is considered to have recidivated. Returning to correctional custody includes (a) being sent back to state prison for violating a parole condition and (b) being arrested for a new crime and being sentenced to a new term in state prison. The recidivism rates in Figure 1 include both of these circumstances. For our purposes, we view offenders who have been returned to prison for parole violations differently than offenders returning to prison because they committed new crimes.

g See Appendix A.

h The recidivism rate shown in this chart is based on "first releases to parole." This means that the cohort consists of prisoners who were experiencing their first release to parole and does not include parole violators who were being re-released. Excluding parole violators decreases the overall return-to-prison rate.

We believe that most accurate measure of recidivism is defined is ex-offenders being returned to state prison because they have been convicted of committing new crimes. As we will discuss later in the report, we believe that offenders who violate parole or probation conditions should be considered or treated differently than those who commit new crimes.

Having defined recidivism both in terms of how it has been measured in Figure 1, and how we believe it should be measured, ***we believe that the greatest contributor to California's high adult offender recidivism rate has been California's shifting public sentiment***. California's voting public and lawmakers have been chiefly responsible for creating the correctional crisis that California is now experiencing.

This is not to excuse the offenders. These men and women have been found guilty of violating the laws of the state. They have been convicted of offenses ranging from burglary to drug possession to homicide. They have destroyed the lives of many of their victims, their victims' families, their own families, and, of course, themselves. They are responsible for their actions and the consequences of those actions. While offenders must be held accountable for their actions, they are not responsible for determining the consequences of those actions. The state correctional system is. And the state correctional system is a political construct, meaning that ultimately California's citizens determine the consequences of crime in the state. They also determine, through the political process, what resources the state will spend in dealing with the consequences of crime.

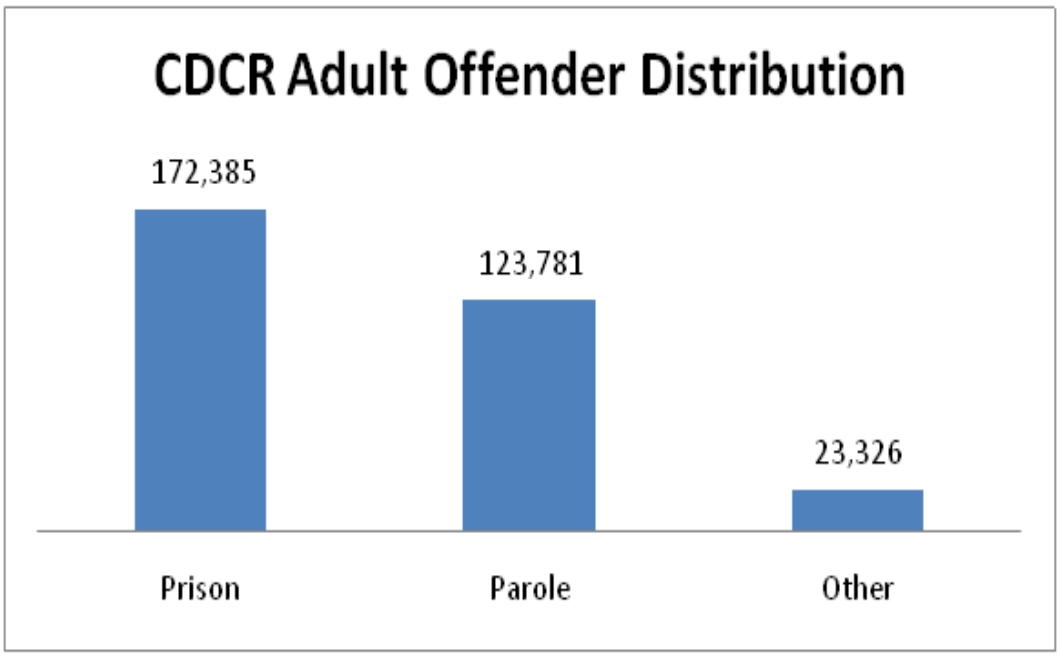
In the late 1970s, California began to "get tough on crime," which led to the passage of its current Determinate Sentencing Act (DSL) in 1976. This law eliminated much of the discretion in sentencing and has led to more offenders being locked up for longer periods of time. Continuing in the get tough on crime theme, in 1994, Californians approved the "Three Strikes and You're Out" ballot initiative (Proposition 184), which changed the law so that offenders convicted of three felonies would effectually be sentenced to life imprisonment, resulting in more offenders being locked up for longer periods of time. In fact, between the passage of the DSL in 1976 and 2007, California has passed 80 additional laws resulting in "tougher" sentences (Little Hoover Commission, 2007). These laws have led to more offenders being locked up for longer periods of time.

California's Determinate Sentencing Act (DSL)

Perhaps one of the most significant long-term causes of California's explosive growth in its prison population was the passage of California's Determinate Sentencing Act (DSL) in 1976, whereby offenders sentenced to state prison would receive a set term from the judge and would not be subject to release by a parole board. As a result of this change, prisoners were no longer provided with incentives to manage their behaviors and complete their rehabilitation programs to earn earlier releases. Instead they were required to serve their entire sentences, minus any time they received as credit for participation in work incentive programs. This change in law was intended to address the ineffective prison rehabilitation programs and claims of disparate treatment lodged by some of California's prisoners. But after several decades of experience under this law, the evidence shows that the DSL has not achieved its desired effect, as sentencing patterns show great variation by county and even courtroom (Little Hoover Commission, 2007). No longer able to earn early releases from a parole board for good behavior, offenders stopped managing their behavior positively, which led to increased incidences of violence in prisons, which led to an increased number of lockdowns, which led to less access to rehabilitation programming for prisoners. Additionally, as offenders were no longer eligible to earn early release credits for participation in rehabilitation programs, they stopped attending them. As offenders stopped attending programs and California's budget priorities changed, California's elected officials began cutting funding for rehabilitations in prisons.

California's correctional agency responded to the public's get tough on crime sentiment (and their lawmaker's directions) by building more and larger prisons to "warehouse" the ever increasing numbers of offenders being sentenced under California's tougher crime laws. As Figure 2 shows, the CDCR is currently responsible for providing services to 319,492 adult offenders in its prison and parole systems—172,385 (54%) are located in the CDCR prisons, 123,781 (39%) are on parole supervision, and 23,326 (7%) are in other populations, including non-CDCR facilities or programs (e.g., Federal prison or jail).

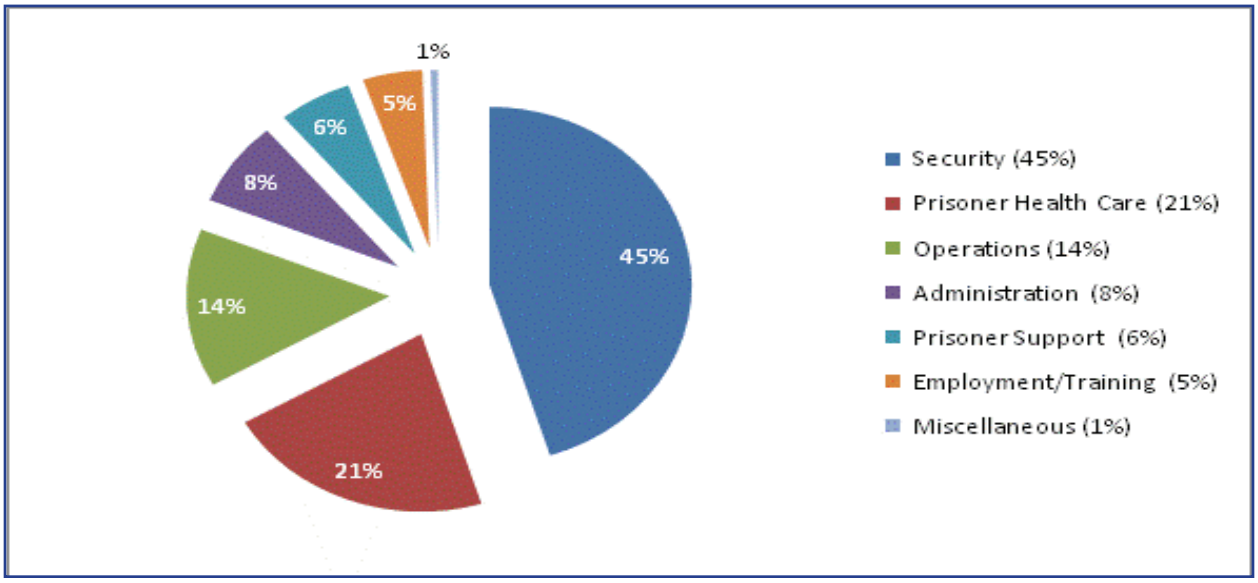
Figure 2: California's Adult Offender Population



Source: CDCR (Weekly Population Report, April 23, 2007)

Californians got tough on crime and more and more offenders went to prison. During this time period, the public spent more on incarcerating offenders and less on rehabilitating them. As Figure 3, shows, the percentage of money spent on rehabilitation programming ("Employment/Training") for prisoners is 5%, compared to the 45% that is spent on "Security."

Figure 3: California Annual Costs to Incarcerate a Prisoner



Source: California Legislative Analyst's Office, January 31, 2007

Putting the "R" into CDC-R

Research shows that public sentiment is now moving in a different direction. The voting public is clearly in favor of a move away from the "punishment only" model that dominated California sentencing and corrections polices for more than a generation. For example, a poll commissioned by the National Council on Crime and Delinquency (NCCD) and conducted by the Field Research Corporation found that most Californians (63%) favored using state funds to rehabilitate non-violent offenders both during their incarceration periods and after they were released (Krisberg, Craine, and Marchionna, 2004). By contrast, only 8% of those surveyed preferred a system based solely on punishing offenders. A clear majority (59%) felt that the experience of prisons increased recidivism and 67% believed that the lack of appropriate life skills is the major factor in the continued criminal behavior of parolees. A more recent national poll by NCCD and Zogby International found results similar to those from the California survey (Krisberg and Marchionna, 2006). A national sample of likely voters felt that it is very important to provide prisoner reentry programs that emphasized job training (81%), drug treatment (79%), mental health services (70%), and access to affordable housing (59%).

In both polls, the public expressed interest in *expanding* rehabilitation programming for offenders. Citizens now believe that rehabilitation programs for offenders can make communities safer and will cost less in the long term.

In response to the change in public sentiment and shifting legislative priorities, in 2005, California changed the name of its correctional agency from the California Department of Corrections (CDC) to the California Department of Corrections and Rehabilitation (CDCR). Along with the new name came a new mission statement: *"To improve public safety through evidence-based crime prevention and recidivism reduction strategies."*

At long last, it appeared that California was back in the business of providing rehabilitation programming to its adult offenders. But, as Table 1 shows, nearly 50% of all California prisoners, who were released in 2006, were not assigned to **any** rehabilitation program, which might improve their behaviors, or **any** job assignments, which might improve their life skills, during their most recent prison sentences.

Table 1: Number of Program and-or Job Assignments for 2006 Releases

# of Assignments	% of Offenders
0	49.3
1	21.5
2	16.3
3	8.2
4	3.5
5+	1.1
Source: CDCR	

Table 1 illustrates that despite the change in public sentiment and despite the new mission of the CDCR; almost half of adult prisoners in the California state prison system were completely *idle* during their latest prison incarcerations.

The Panel and Its Report

In response to the public's desire for offenders to be rehabilitated, the Governor, the Legislature, and the Judiciary have called for improvements in the quantity and quality of rehabilitation programs available to California's adult offenders. This will require doing things differently in *all* areas where adult offenders are concerned—the CDCR, the Legislature, the Judiciary, Law Enforcement, and the Community. It will also require a correctional climate change—from primarily custodial only to a more balanced perspective that incorporates "rehabilitation" into its mission.

In November 2004, the CDCR developed a two-phase strategic plan to reform the agency. Phase 1, which was completed in July 2005, consisted of a major restructuring of the entire agency, including the integration of the former California Youth Authority into the CDCR. Phase 2, which is currently in process, includes providing greater staff training, continuing to seek out community partnerships, and using evidence-based measures and national standards to evaluate the relative strengths or weakness of specific programs.

The CDCR created the Expert Panel on Adult Offender Reentry and Recidivism Reduction (the Panel) to assist with the phase 2 initiatives, specifically to:

1. Review the current programs being offered by the CDCR to its adult offenders and comment on their effectiveness for reducing recidivism, and
2. Make recommendations as to how the CDCR could improve its program offerings, *as well as the organizational culture and environment of the system in which they operate*, to better reduce California's adult offender recidivism rate.

The Panel was established by the CDCR under the legislative authorization found in the Budget Act of 2006-2007, and is composed of nationally recognized experts in the field of corrections and includes experienced correctional agency administrators and leading academic researchers.

The Panel created two sub-committees: the *Program Review Sub-Committee*—to review the current program offerings, and the *Model Program Sub-Committee*—to provide

recommendations on improving the current program offerings and the system in which these programs would operate. Our *Report to the California State Legislature: A Roadmap for Effective Offender Programming in California,* is made up of two parts:

- **Part I: The Roadmap**, begins with a discussion of the barriers that must be dealt with, e.g., overcrowding and the prevalent "custodial" culture. It then provides several recommendations for improving the quality and quantity of the programs being offered to California state prisoners and parolees, as well as the measures that need to be taken to improve the system in which these programs operate.
- **Part II: The Program Reviews**, provides our high-level review of 11 of the 34 programs that the CDCR believes are designed to rehabilitate offenders and reduce recidivism. This section begins with a baseline inventory of all adult offender programs that the CDCR is currently operating and concludes with a review of 11 specific CDCR-nominated recidivism reduction (or rehabilitation) programs.

In the Roadmap, we present recommendations based on research that represents a broad range of disciplines including rehabilitation, education, corrections, and organizational development. We also include proposals that within the profession are regarded as best practices and are being used by corrections agencies in other states that have faced situations and challenges similar to California's.

In the Program Reviews, we used the California Program Assessment Process (CPAP)[i] to rate the 11 programs against scales that measured whether or not they possessed the elements that would indicate the *likelihood* of their being able to reduce recidivism.

We believe this report reflects the best of current correctional thinking and practice.

i In 2005, Dr. Ryken Grattet, Professor of Sociology at the University of California, Davis, who served during 2005-06, as acting Assistant Secretary, Office of Research, CDCR, Jesse Jannetta, M.P.P., and Dr. Jeff Lin, researchers from the University of California, Irvine's Center for Evidence-Based Corrections developed the CPAP.

Part I—The Roadmap

In this section of the report, we provide detailed explanations of our findings and recommend solutions to the problems that we have identified. We begin with the factors external to the programming environment that are contributing to California's programming problems and conclude with the internal factors.

Factors External to the Programming Environment

> *Finding—The state of overcrowding in CDCR prison facilities makes it difficult for offenders to access rehabilitation programs.*

The first aspect of programming that we examined was the physical context. Physical context includes such issues as program space (e.g., treatment beds, classroom seats, etc.) and institutional safety (of program providers, CDCR staff, and offender participants). CDCR facilities were built to hold 100,000 prisoners; however, at the time of this report, the CDCR was currently housing 172,385 prisoners in its prison institutions—California prisons are operating at 172% capacity.

According to the CDCR, 18,000 prisoners are being housed in spaces designed for programs (Hysen, 2007). This is consistent with what we observed when we visited California's prisons and what we were told by the administrators and staff members working at these facilities.

Not only does overcrowding have a negative impact on programming but, according to documents provided to the court by CDCR Chief Deputy Secretary Scott Kernan (2007), "housing inmates in non-traditional quarters presents serious safety concerns for both inmates and correctional staff. The overcrowding of CDCR facilities has led to increased numbers [of] infectious disease outbreaks and riots and disturbances system-wide."

These incidences of violence and other negative consequences of overcrowding degrade the CDCR's ability to consistently operate rehabilitation programs in the prison environment. While lockdowns and controlled movements allow the CDCR to increase the safety of its correctional officers and prisoners, when wardens enact these security measures, they cancel all programming in the affected prison areas. Table 2 provides a summary of the CDCR's adult prison lockdowns in 2006. We provide a detailed list of prison safety improvement recommendations in Appendix F.

Table 2: CDCR Adult Institution Lockdown Summary, 2006

Mission-Based, Facility Type*	Number of Lockdowns-Controlled Movements	Average Days in Lockdown	Events over 60 Days
Calendar Year 2006			
General Population Levels II & III	169	12	6
General Population Levels III & IV	114	18	5
High Security & Transition Housing	134	7	17
Female Institutions	32	3	0

Source: CDCR
**Does not include Reception Centers*

On the parole side, a legacy of budget and policy decisions has created a situation where parole agents have unmanageable case loads of parolees to supervise and community-based program providers have more offenders needing treatment than they can treat. As Petersilia (2005) has shown, fully two-thirds of more than 120,000 California parolees only see their parole agents once every six weeks. This infrequent visitation schedule causes us to wonder how effective this system is at reducing recidivism.

Recommendation 1—Reduce overcrowding in its prison facilities and parole offices.

We recommend that the CDCR reduce overcrowding in its prison facilities to make it easier for offenders to access rehabilitation programming. This will also create a safer environment for correctional officers, program providers, and prisoners. On the parole side, California needs to either reduce the numbers of parolees to which it provides services or increase the funding to the CDCR Parole Division and community-based program and service providers.

We do not believe the only answer to reducing overcrowding is to build more prisons. Experience from other states demonstrates that at some point those responsible for authorizing and funding adult institutions come to the conclusion that they can no longer afford to keep building more prisons. The expenditures become too costly and can force states to the margins of bankruptcy. With California already spending more than $10 billion a year on its correctional system, we believe that it is only a matter of time before this state is forced to consider alternatives besides prison building to solve its overcrowding problem. Solving the overcrowding problem is not the mission of this Panel. To that end, we direct the reader to Appendix A for specific recommendations provided by other groups as to how California may potentially reduce its correctional system overcrowding. Nonetheless, some of the evidence-based programming recommendations that we make will potentially reduce the numbers of prisoners in California prisons. We provide a detailed discussion in Appendix E.

Finding—The CDCR treats offenders who successfully complete rehabilitation programs and positively manage their behaviors in roughly the same manner as those who do not.

One of the best ways to shape behavior is to provide positive rewards for people when they engage in positive activities. In the correctional context this means that if California wants its offenders to participate in rehabilitation programming, it must motivate them to complete rehabilitation programs and positively manage their behaviors.

We believe that the CDCR's current culture is focused primarily on control and punishment and secondarily on rehabilitation. While control and punishment are understandably very important in a correctional setting, correctional agencies need to balance the different aspects of their missions. They need to focus an appropriate amount of attention on the security and order of the prison, as well as rehabilitation.

In the case of the CDCR, we spoke to several wardens who were interested in providing more rehabilitation programs to their prisoners. However, because of California's tough on crime laws, including its Determinate Sentencing Act (DSL), California's adult offenders are minimally motivated to participate in and complete rehabilitation programs. In fact, some legislative features actually *discourage* prisoners from program participation. For example, California does not pay its prisoners who are enrolled in rehabilitation programs (e.g., substance abuse, education), but it does pay its prisoners who have work assignments. Prison hourly pay ranges from $0.08 (prison laborer) to $0.95 (Prison Industries lead worker). Several other states (e.g., Pennsylvania and Ohio) pay prisoners for participating in *either* rehabilitation programs *or* work assignments.

Recommendation 2—Enact legislation to expand its system of positive reinforcements for offenders who successfully complete their rehabilitation program requirements, comply with institutional rules in prison, and fulfill their parole obligations in the community.

On May 2, 2007, California enacted AB 900, the Public Safety and Offender Rehabilitation Services Act of 2007. This legislation requires the CDCR to "determine and implement a system of incentives to increase inmate participation in, and completion of, academic and vocational education [programming]." We believe that with this legislation, California is moving in the right direction toward improving its state of correctional rehabilitation. Additionally, California enacted Senate Bill 1453 in 2006. This legislation allows the CDCR to discharge offenders after they successfully complete in-prison drug treatment followed by 150 days of residential drug treatment in the community. We recommend that California enact the necessary legislation to *expand* its correctional incentive system to include *all* of the rehabilitation programs that the CDCR offers to its offenders in prison and on parole.

In accordance with the directives of AB 900, we recommend that the CDCR implement those positive reinforcements that do not require additional legislation. For example, the CDCR could expand visitation privileges, locate prisoners in prisons closer to their homes, provide long distance phone calls, and issue vouchers for the prison canteens. Parole offices could offer similar reinforcements to parolees who successfully complete rehabilitation programming in the community. Positive reinforcements increase motivation levels, build morale, and improve behaviors. If the CDCR incorporates these kinds of reinforcements into its culture and programs, it will accelerate the integration of rehabilitation into its systems.

Research by Wright, Caspi, Moffitt, and Paternoster (2004) and Taxman, Soule, and Gelb (1999) determined that punishment, particularly severe punishment, does not deter behavior and that it might actually cause offenders to be more defiant. Defiant offenders do not willingly participate in the rehabilitation programming that they need. According to Andrews and Bonta (1998) to effectively influence behavior there must be a ratio of four rewards to one consequence, since rewards serve to "shape" responses to positive actions.

At the correctional system level, if correctional agencies do not motivate offenders to complete rehabilitation programs, fewer offenders will be willing to participate in those programs. At the program level, those programs that do not have positive reinforcement structures or capacities will not effectively shape offender behaviors.

2a. Award earned credits to offenders who complete any rehabilitation program in prison and on parole. While California currently provides earned credits to offenders: (a) who the CDCR assigns to conservation camps to fight fires and perform other public service tasks (the California Work Incentive Program or WIP) and (b) offenders who participate in the Bridging Educational Program, offenders who complete other rehabilitation programs do not receive earned credits. With the enactment of AB 900, we anticipate that the CDCR will soon award earned credits for offenders who complete academic and vocational education programs. We recommend, therefore, that California enact laws that would allow the CDCR to award earned credits to offenders who complete *any* rehabilitation program, such as substance abuse treatment or life skills development, in accordance with the terms of their behavior management plans. These earned credits would provide motivation for offenders to participate in and successfully complete their assigned rehabilitation programs to earn reduced sentences. Offenders who participate in quality evidence-based prison programming have lower recidivism rates. We believe that the public safety benefits of adopting this recommendation will be a vast improvement over California's current practice of releasing offenders who have not completed rehabilitation programming.

2b. Replace Work Incentive Program (WIP) credits with statutorily-based good time incentive credits. Most prisoners in the CDCR are serving sentences that were handed down under California's Determinate Sentencing Act (DSL). California's DSL allows offenders to earn, with some exceptions, as much as a day-for-day "good time" rate (50% reduction), *but only if they are able to receive WIP credits*. While most offenders (with the exception of those serving 3- and 2-Strike sentences, life sentences, and those convicted of violent crimes) are eligible to receive the day-for-day WIP credits, because of program capacity limits, they cannot *access* the WIP-specific programs. In most cases, offenders are assigned to WIP-specific programs on a first-come, first-served basis, which is contrary to the tenet of assigning the right offender to the right program. We recommend, therefore, that the Legislature pass a law that would allow the CDCR to grant good time credits to those offenders who comply with institutional rules in prison. These good time credits would provide motivation for prisoners to manage their behaviors in prison to earn reduced sentences.

2c. Implement an earned discharge parole supervision strategy for all parolees released from prison after serving a period of incarceration for an offense other than those listed as serious and violent under CPC 1192.7(c) and 667.5(c) criteria. We recommend that California enact the necessary laws that authorize the CDCR to award parolees earned discharge credits according to the following schedule and criteria:

- Low risk to reoffend, non-violent parolees could reduce six months off their periods of parole supervision if they actively engaged in community services, remained violation-free, and completed all payments of victim restitution.
- Moderate risk to reoffend, non-violent parolees could be discharged from supervision if, at the end of 12 months, they have achieved stability in housing and employment; successfully completed all treatment requirements addressing their criminogenic needs, have maintained continuous violation-free parole, and have completed all payments of victim restitution.
- Higher risk to reoffend, non-violent parolees who are complying with their treatment requirements and who remain arrest-free for the first year could earn one month off their total parole supervision periods for each arrest-free month they have in the second year.

An earned discharge parole system provides an incentive system that rewards desired behavior and encourages parolees to earn early discharges from parole. The earned discharge strategy is an evidence-based practice that reduces recidivism. Ultimately, agencies that implement earned discharge parole strategies motivate their parolees to participate in their own supervision successes. This strategy will help reduce prison overcrowding as fewer parolees return to prison for parole violations or new criminal convictions.

Please refer to Appendix E for our estimates of the costs and benefits associated with implementing these recommendations.

Clearing the Road for Rehabilitation

Before addressing the internal factors, we provide preparatory steps that California must take to make it possible to improve rehabilitation programming in its adult offender correctional system.

Take an Integrated "Systems" Approach

Changing the way corrections agencies do business is no easy task. Improving rehabilitation programs to reduce recidivism is not simply a matter of identifying those evidence-based programs that produce results. Rather, the greater challenge lies in changing existing *systems* to support the programs so that they can be effectively implemented.[j] This requires energetic leadership that is willing to place equal focus on:

- Evidence-based principles in program and service delivery,
- Organizational re-engineering, and
- Collaboration within and between organizations.

These three essential components are an integrated systems model for correctional agency reform. First, evidence-based principles form the basis for effectively managing and delivering quality rehabilitation programs and services. Next, political and correctional agency leaders must engage in several organizational re-engineering tasks to successfully move from traditional warehousing or custodial practices to evidence-based rehabilitation principles and practices. And finally, collaboration with stakeholders creates more comprehensive and continuous systems changes at both the state and community levels.[k]

We were pleased to see that the CDCR leadership team has already incorporated some elements of all three of these focus areas into its strategic plan. The CDCR has (a) made a commitment to use evidence-based measures and national standards in its programming, (b) begun re-organizing its departments and re-engineering its processes, and (c) made a commitment to seek out and expand its community partnerships. Our intention is to help the CDCR move to the next level of rehabilitation as it considers its missions and values; gains new knowledge and skills; adjusts its infrastructures to support the new ways of doing business; and transforms its staff and organizational culture.

Consider Three Important Concepts

The person reading this report should keep these things in mind:

- Change in organizations takes time to effect (2-5 years).
- Correctional agencies are part of larger communities.
- Only qualified and appropriately trained staff members should deliver programs.

j Taxman (1998); Sachwald & Tesluk (2205); Friedmann, Taxman, & Henderson (2007); Simpson & Flynn (in press); Simpson (2002).

k Young, Taxman, & Byrne (2003); Byrne, Taxman, & Young (2003).

Correctional Change Takes Time

Because correctional change involves often competing (or at least differing) stakeholders—citizens, administrators, offenders, corrections officers, parole officers, families, legislators, etc.—it often takes a long time, at least two to five years, for agencies to achieve consistent and sustainable results. Part of this is due to the amount of time needed to build consensus among all parties. But an even greater contributor to the extended time factor is that rehabilitation involves influencing human behavior. Because of this, correctional agencies need to be deliberate and careful when introducing new rehabilitation programs to their offender populations or when modifying existing programs.

Many correctional programs yield poor results not because of program design flaws or targeting mistakes, but because these programs were implemented without a concurrent commitment to measuring and maintaining the quality of these programs. It takes time to continuously measure and improve the quality and delivery of programs. But we believe this is time well-spent. Such an approach makes it easier for offenders to achieve the desired programming outcomes—reduced reoffending rates—and prevents correctional programming from deviating from the evidence-based principles that are effective.

Correctional Agencies Are Part of the Community

Most people forget that (except for those serving life without parole or death penalty sentences) all offenders come from and will one day return to the community. One needs to view corrections through the lens of prisoner reentry to understand the importance of rehabilitation programming. As Jeremy Travis (2005) has reminded us, "they all come back." In 2006, the CDCR admitted nearly 142,000 persons to prison and released nearly the same number—134,000. The average prison sentence served in California is 25 months. The fact that the majority of prisoners go back to their communities relatively quickly means that public safety is the responsibility of all community members, not just the correctional agency. When correctional agencies deliver appropriate rehabilitation *treatment* programs in prison and then follow those programs up with aftercare programs and services in the community, they are more likely to reduce recidivism two to three times more than when delivering prison-based programs alone.[l] Other research shows that correctional agencies can enhance the effectiveness of their rehabilitation programming by actively collaborating with communities.[m] Additionally, research by Bloom, Owen, and Covington (2003) shows that female offenders need the assistance of their family members, friends, and community support agencies (e.g., substance abuse, mental health, housing, etc.) if they are to sustain the treatment gains they achieved through participating in rehabilitation programming in prison.

To become productive and contributing members of society, ex-offenders must stay sober, find work, and have safe places to live. An individual who is high, out of work, and living on the streets is not likely to succeed. California must make a financial commitment to help previously incarcerated persons obtain access to and pay for the services they need to be clean, sober, and employable. Without this investment in offenders' survival issues, investments in prison and parole programming alone will not produce the desired recidivism reduction outcomes.

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l Aos et. al. (2006); Simpson et. al. (1999a); (1999b); Taxman, Young, & Byrne (2004); Byrne & Taxman (2006).

m Sampson & Laub (1993); Taxman et. al. (2004).

Qualified Staff Matters

Often the difference between success and failure in a program is determined by the staff. In correctional settings there are two general and sometimes overlapping types of staff: (a) security-supervision staff and (b) rehabilitation treatment-programming staff. ***Both staff types must come to respect the role the other plays in the delivery of effective rehabilitation interventions. And, both staff types must work together to ensure that both security-safety and rehabilitation programming objectives are accomplished in a manner that appears seamless to the offender.*** Most agencies need to train their staff members to accomplish these cross-objectives tasks, as they are not normally part of agency traditions or cultures. However, doing so will have a big impact on further aligning the organization's mission to its daily operational practices.

Another important issue is staff qualifications. To be an effective teacher, mental health counselor-clinician, vocational educator, or substance abuse counselor-clinician, the staff member must meet the minimum requirements of state certification for providing these vital services. Correctional agencies cannot allow any shortcuts in this area. Requiring staff members to obtain appropriate certifications helps agencies ensure that their staff members learn the techniques that will assist offenders in progressing through their rehabilitation programs. The CDCR must ensure that it hires high-caliber professionals, who are capable of delivering quality rehabilitation programs and services in the demanding environments of prisons and parole.

Agencies that are committed to rehabilitating offenders continuously develop the technical and organizational development skills of their staff members. We cannot emphasize enough the importance of continuous staff development as a best practice in the corrections industry. Staff members are the delivery agents of rehabilitation programs and services, and, therefore, are critical to programming success.

Develop Gender and Age Responsivity

Researchers recognize that "generic one size fits all" programming does not achieve uniform recidivism reduction results across special populations. Correctional agencies need to pay more attention to these populations, such as female and youthful offenders, to improve the rehabilitation *treatment* results of these groups.

Correctional agencies have paid minimal attention to female offenders in the areas of predicting their risks to reoffend or the criminogenic needs related to their criminal behaviors. With female offenders representing only 7% of the U.S. prison population, prevailing correctional policies tend to be based on assessment instruments and rehabilitation programs that are geared towards male offenders. For example, the risk assessment tools used by most corrections agencies are largely based on male theories of crime (e.g., social learning and control theories). Bloom et. al. (2003) found that these tools generally ignore the context of female criminality and disregard female-specific risks to reoffend and those factors related to female criminal behaviors.

The same is true for youthful offenders (18-25 year olds). Correctional agencies have geared their assessment instruments and rehabilitation programming offerings primarily toward males in their mid-30s. While less information is readily available on the youthful offender population, California will need to pay more attention to this group as it moves towards a model of reducing recidivism through effective rehabilitation programming.

Gender-Responsive Programming

Gender-responsive approaches are multidimensional and based on theoretical perspectives that acknowledge explicitly female offender pathways into the criminal justice system. These approaches address social and cultural factors, as well as therapeutic interventions and provide the foundation for gender-responsive policies and practices (Bloom et. al).

Profile of California's Female Offenders

The average female offender in California is in her late thirties. She is likely to have been a victim of physical or sexual abuse early in life. She is addicted to drugs, often has mental health issues, and most likely was sent to prison for using drugs or stealing to support a drug habit. She also is likely to be a mother and frequently the primary caregiver of young children (Little Hoover Commission, 2004).

The following CDCR data provide an overview of female offenders in California:

- At year end (12/20/06), 11,492 adult females were incarcerated in CDCR facilities.
- The majority (65% or almost 7,000) of all offenders were convicted of non-violent offenses (property and drug violations). Another 35% percent were convicted of property crimes, with drug crimes representing 30% of the female population.
- Less than 15% of the female prison population are second or third strikers, indicating a shorter criminal career. As of December 2006, only 80 women were serving third strike sentences.
- While in custody, female prisoners continue to be non-violent, with the majority (68%) of all offenders classified in Level I-II designations. Another 41% percent are classified as Level I, with 27% classified as Level II.
- The median time served in prison by incarcerated women is 13 months.
- The recidivism rate for female felons within two years after release onto parole was 39% as compared with 52% for male felons.

The current generation of criminogenic needs assessment instruments that correctional agencies in California use does not adequately measure female offenders' needs. The emerging research on gender-responsive strategies for female offenders provides strong support for correctional agencies to develop assessment instruments that include gender-specific needs. Since female offenders' pathways differ from male offenders, female offenders have additional needs that correctional programming should address to provide female offenders with the means to become and remain productive citizens. These needs include: treatment for abuse, violence, trauma, family relationships, substance abuse, and co-occurring disorders. Our references to "criminogenic needs" in our programming improvement recommendations do not refer comprehensively to the specific needs of female offenders.

A great deal of work has been and is being done within the CDCR to bring its programming of female offenders in line with the new theoretical perspectives and research findings in this area. Appendix G highlights the significant efforts the CDCR is making to continuously improve the assessment and programming of female offenders under its jurisdiction.

For the most part, the recommendations in this report apply equally to male and female offender populations. However, in those cases where research indicates the need to treat female offenders differently, we propose separate recommendations.

Age Responsive Programming

Young adults—18-25 years old—present certain challenges for any correctional system. Many of these youthful offenders have previously been in the juvenile justice system, and many of them do not have strong, pro-social support systems in the community. Developmentally, they are in the period of their lives where they have not fully matured psychologically, sociologically, or biologically. This immaturity negatively affects their decision-making, executive functioning, and responses to rehabilitation programming efforts. Because of their previous involvements in the juvenile and-or adult justice systems, they often have not been exposed to the resources in life that tend to guide individuals, such as strong familial relationships, education and-or work, and long-term goals.

Neither California, nor any other state in the nation has devoted much attention to this age group. The average age of offenders participating in rehabilitation programs nationally is 35, which criminologists have acknowledged is towards the end of an offender's active years of criminal behavior. Assessment instruments in existence are not sensitive to the characteristics of this age group, nor have many correctional agencies developed rehabilitation programming for them. To be effective in turning the tide and keeping these youthful offenders from returning to prison, California needs to examine, develop, and enhance its programming for the approximately 21,000 youthful offenders that are admitted to the CDCR every year.

Factors Internal to the Programming Environment

In this section of the report, we provide several recommendations that address the internal causes of California's rehabilitation programming problems. We base our recommendations on eight key evidence-based principles and practices (Figure 4). Our recommendations operationalize these principles and practices so that California can deliver a core set of effective rehabilitation programs to its adult offenders.

Figure 4: Eight Evidence-Based Principles and Practices

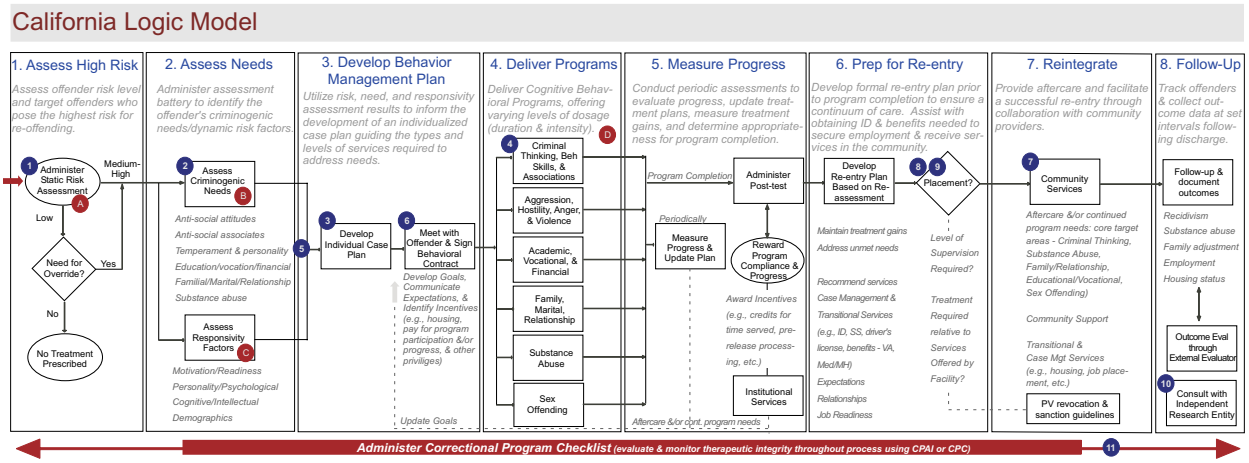
1. **Target Highest Risk Offenders.** Correctional agencies should provide rehabilitation treatment programming to their highest risk to reoffend prisoners and parolees first. Provide other types of programs to low risk to reoffend prisoners or parolees.
2. **Assess Offenders Needs.** Correctional agencies should assess the criminogenic needs (dynamic risk factors) of their offenders using research-based instruments. The goal of programming should be to diminish needs.
3. **Design Responsivity into Programming.** Programming should account for individual offender characteristics that interfere with or facilitate an offender's ability and motivation to learn.
4. **Develop Behavior Management Plans.** Individual programming should occur in the context of a larger behavior management plan developed for each offender, which will include the priority and sequence of treatment programs, the means for measuring treatment gains, and the goals for a crime-free lifestyle.
5. **Deliver Treatment Programs using Cognitive-Based Strategies.** Research has consistently determined that cognitive-behavioral treatments are more effective than any other form of correctional intervention because these treatment types address criminal thinking and behaviors in offenders. The therapeutic community treatment model, which uses cognitive-based treatment strategies, is a highly effective method for treating alcohol and other drug dependencies.
6. **Motivate and Shape Offender Behaviors.** Programming should include structure or capacity for rewarding positive behavior in addition to punishing negative behavior.
7. **Engender the Community as a Protective Factor Against Recidivism and Use the Community to Support Offender Reentry and Reintegration.** Programming should involve the offender's immediate family members and the social service agencies in the community to which the offender will be returning. The state should empower the community—families, neighborhoods, religious and cultural institutions, businesses—to reduce crime through deliberate efforts that assist offenders under correctional control and provide support to reduce criminal behavior.
8. **Identify Outcomes and Measure Progress.** All programs should have identified outcomes and integrated methods for measuring progress toward objectives. The system should use performance measures to evaluate progress and inform improvements.

We reiterate that rehabilitation programming alone is not the solution to California's correctional crisis. California must adopt the rehabilitation programming improvement recommendations that we provide in conjunction with the other measures we have proposed, if it is to reduce recidivism and increase public safety.

The California Logic Model

Figure 5 is a visual representation of the eight evidence-based principles and practices, which we call our California Logic Model.[n] We refer to this model as we provide our remaining recommendations so that the reader can conceptualize where each recommendation fits in the overall process.

Figure 5. California Logic Model



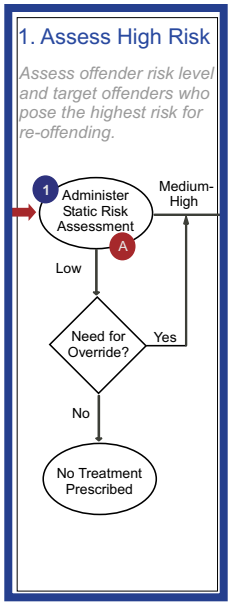
The California Logic Model is a detailed, sequential description of how California should apply the eight evidence-based principles and practices and what effective rehabilitation programming (including treatment) would look like if California were to implement our recommendations. We provide a full-sized version of the California Logic Model in Appendix B.

n Special thanks to Heather Yates at the Pennsylvania Department of Corrections for working with the Expert Panel to create the California Logic Model.

Finding— The CDCR does not assign offenders to programs based on risk-needs assessments.

Research shows that offenders with different levels of risk to reoffend respond differently to rehabilitation programming. Yet, the CDCR is not currently using a risk-based assessment tool to assign offenders to rehabilitation programming. We found that in many instances, the CDCR assigned offenders to programs on a first-come, first-served basis, regardless of risk level. The probability of the right offenders receiving the right programs using this approach is extremely low. Research also shows that programs that target appropriate offenders are more likely to reduce recidivism.[o]

Recommendation 3—Select and utilize a risk assessment tool to assess offender risk to reoffend.



We recommend that the CDCR select and utilize an objective tool to assess offenders' risk to reoffend levels, in both the prison and parole systems. Such an instrument would allow the CDCR to identify which offenders should be assigned to rehabilitation programming.

o Lowenkamp & Latessa (2005); Lowenkamp, Latessa, & Hoslinger (2006).

3a. Adopt a risk assessment instrument for the prison population. In June 2007, the CDCR implemented a pilot of the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) instrument in 4 of its 12 Prison Reception Centers to assess the risk to reoffend levels of it incoming prisoners. The COMPAS is an objective risk and needs assessment instrument.[p] We commend the CDCR for taking this step to assess the risk to reoffend levels of its offenders, however, we recognize the difficulty of implementing a complex risk to reoffend assessment tool like the COMPAS in the prison population, especially considering the lack of networked computer resources in the CDCR's prison facilities. Therefore, we recommend that the CDCR also pilot a static risk factor instrument in four additional prisons. The CDCR could develop this instrument fairly quickly by using most of the data it is already collecting. We provide examples of several static risk assessment instruments in Appendix D.

3b. Utilize the COMPAS or similar assessment tool for the parole population. In 2005, the CDCR began to use the COMPAS assessment tool to determine the risk to reoffend among its parole population and is currently validating the results. We recommend that the CDCR adopt the COMPAS if it is valid and the CDCR staff find it useful.

> Drs. David Farabee, UCLA, and Sheldon Zhang, San Diego State University, were awarded a contract from the CDCR to help validate the COMPAS instrument and make it more user-friendly and better suited for use in the CDCR setting. The CDCR anticipates receiving the COMPAS validation study preliminary results in fall of 2007.

3c. Develop a risk assessment tool normed for the female prisoner and parolee populations. Research shows that when correctional agencies assess female offenders with instruments designed to assess the risk to reoffend levels for male offenders, they often receive invalid results. We recommend, therefore, that the CDCR adopt an instrument that it then norms and validates for female offenders to assess their risk to reoffend levels.

> Dr. Pat Van Voorhis has been working with the CDCR to develop a gender responsive trailer to the COMPAS and plans to provide it to the CDCR by mid-July 2007.

3d. Develop a risk assessment tool normed for the young adult prisoner and parolee populations. Currently the risks-needs assessments tools have not been normed or validated for youthful offenders (18-25 years old) that have unique characteristics. As with the female offender population, the CDCR needs to pay more attention to this population and develop a normed and valid instrument for these offenders.

3e. Norm and validate all the selected risk assessment instruments for the CDCR's adult offender population and validate these tools at least once every five years. To ensure that it is accurately predicting outcomes, we recommend that the CDCR validate and norm its risk to reoffend assessment tools on the California offender population at least once every five years using a standard research-based methodology that compares projected outcomes to actual results.

p Details of COMPAS can be found at http://www.northpointeinc.com/.

3f. When assigning rehabilitation treatment programming slots, give highest priority to those offenders with high and moderate risk to reoffend scores. The first principle of evidence-based rehabilitation programming is: target the highest risk offenders. This is because research shows that ***high and moderate risk to reoffend prisoners and parolees achieve the greatest gains in recidivism reduction***.[q] The explanation for this is that high and moderate risk to reoffend prisoners and parolees have greater deficits in pro-social skills and criminal thinking and achieve higher levels of improvement from rehabilitation *treatment* programs. Additionally high and moderate risk to reoffend prisoners and parolees have higher base rates of offending, so increasing their pro-social skills and reducing their criminal thinking produces greater returns, or "bang-for-the buck." Because rehabilitation *treatment* resources are often limited, we recommend that the CDCR allocate its rehabilitation *treatment* programming slots first to its high and moderate risk to reoffend prisoners and parolees.

3g. Provide low risk offenders with rehabilitation programs that focus on work, life skills, and personal growth rather than rehabilitation treatment programs. Low risk to reoffend prisoners and parolees have low base rates of offending behavior, fewer criminogenic needs, and generally stronger support systems (Andrews and Bonta, 1998), which means that their needs for more expensive rehabilitation *treatment* programs are minimal or nonexistent. In fact, the largest known test of the "target the highest risk" principle found that when corrections agencies provided intensive rehabilitation treatment programs to higher-risk offenders, those offenders experienced significant recidivism reductions, but when the agencies provided those same intensive rehabilitation treatment programs to low-risk offenders, those offenders experienced either a very minimal reduction or even an increase in recidivism (Lowenkamp et. al., 2006). Therefore, we recommend that the CDCR provide its low risk offenders, who have such needs, with rehabilitation programs that focus on work, life skills, and personal growth, such as vocational or educational programming, but not rehabilitation *treatment* programming.

3h. Provide short-term prisoners with reentry services and reintegration skills training rather than rehabilitation treatment programs. Most credible rehabilitation treatment programs require the offender to participate for at least 6 months to gain any measurable and sustainable benefit from the program. (Hubbard et al., 1989; Hser et al., 2001; Simpson, Joe, and Brown, 1997.) However, as Table 3 shows, there are nearly 70,000 "short-term" prisoners who spend only a few weeks or months in prison before the CDCR releases them. Regardless of risk to reoffend level, these prisoners simply do not have the time to participate in or benefit from rehabilitation *treatment* programs. This group of short-term prisoners needs a different kind of rehabilitation programming. We recommend that the CDCR offer this group of prisoners rehabilitation programs and services that develop their community reintegration and reentry skills. The CDCR can conduct most of these types of programs within a 30-60 day time frame, and the offenders can continue them, if appropriate, in their communities.[r] The CDCR may also want to consider a fast-track rehabilitation program such as the one used by the Arizona Department of Corrections (see Appendix H). This would be another way for the CDCR to match the right offender to the right rehabilitation program—based on the offender's length of stay.

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q Andrews & Bonta (1998); Latessa, Cullen, & Gendreau (2002); Taxman (2006).

r In the treatment literature, researchers generally recognize that individuals could benefit from short periods of motivational readiness to prepare for treatment (NIDA, 1999; Knight, Hiller, Broom, & Simspon, 2000).

Table 3: CDCR Admissions and Lengths of Stay by Admit Type

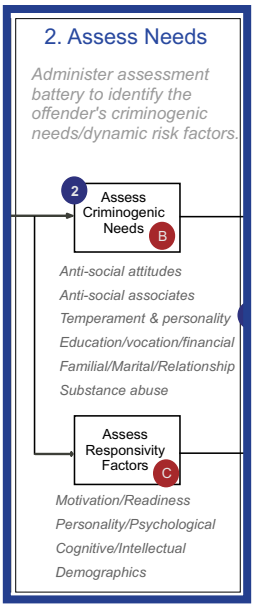
Admission Type	N	%	Current Average Length of Stay (ALOS)
Total Admissions	141,881	100%	11.4 mos
New Court Felony Conviction	50,708	36%	18.3 mos
No Probation Violation	36,176	26%	23.0 mos
Probation Violation	14,532	10%	8.6 mos
Parole Violators – Total	91,173	64%	8.7 mos
New Court –Felony Conviction	21,936	16%	19.5 mos
Technical Violators	57,728	41%	4.0 mos
Technical Violators Reinstated	11,509	8%	0.6 mos
Other Key Groups	18,752	13%	
Two Strikes	17,280	12%	56 mos
Three Strikes	334	0%	240 mos
Life Sentences – No 2 or 3 Strikes	1,138	1%	Life
Source: CDCR Admissions and Release Data, CY 2006, CDCR Office of Research			

Short-Term Prisoners

Finding— The CDCR does not assign offenders to programs based on risk-needs assessments.

Objective, standardized instruments, rather than subjective judgments alone, are the most effective methods for determining the programming needs that should be targeted for each offender.[s] By using objective risks-needs assessment instruments, CDCR personnel can determine the strength or "level" of each need in an offender. The CDCR can use this information to match the right offender to the right rehabilitation program and also determine the offender's rehabilitation program sequence. Ideally, the CDCR should assign high to moderate risk to reoffend offenders to the programs that target their primary, or strongest, criminogenic need areas first. Effective programs target multiple, specific factors (Lowenkamp and Latessa, 2005). ***The more criminogenic needs that a program targets in an offender, the greater the rate of recidivism reduction he or she experiences.***

Recommendation 4—Determine offender rehabilitation treatment programming based on the results of assessment tools that identify and measure criminogenic and other needs.



We recommend that the CDCR assess the criminogenic needs of high to moderate risk to reoffend prisoners and parolees and the life skills and personal development needs of low risk to reoffend offenders. (Figure 6 lists the seven criminogenic needs areas.) After identifying the risk to reoffend levels of its adult offender population, the CDCR should select and begin using a battery of criminogenic, self-administered needs assessment tools to

s Grove & Meehl (1996); Andrews & Bonta (1998); Latessa et. al. (2002); Taxman, Crospey, Young, & Wexler (2007).

determine the criminogenic needs levels of high to moderate risk to reoffend prisoners and parolees: (a) when they enter prison, (b) after they complete rehabilitation programming, (c) when they are assigned to parole supervision, and (d) periodically during their time in the correctional system. Measuring the criminogenic needs levels of offenders at these times will allow the CDCR to determine if the programs are effectively reducing those needs. The CDCR also needs to select non-criminogenic needs instruments to identify and measure the other needs of its low risk offenders. The CDCR should develop a risks-needs matrix to provide its staff with standard rehabilitation programming recommendations guidelines. We provide a list of recommended criminogenic needs assessment tools in Appendix D.

Figure 6: Seven Criminogenic Needs Areas

Research has demonstrated that varied combinations of these seven criminogenic needs (dynamic risk factors) drive criminal behavior in male offenders:

1. Educational-vocational-financial deficits and achievement skills
2. Anti-social attitudes and beliefs
3. Anti-social and pro-criminal associates and isolation for pro-social others
4. Temperament and impulsiveness (weak self-control) factors
5. Familial-marital-dysfunctional relationship (lack of nurturance-caring and/or monitoring-supervision)
6. Alcohol and other drug disorders
7. Deviant sexual preferences and arousal patterns

The concept of criminogenic needs means that research shows that the offender population has a higher prevalence of these behaviors than does the general population. Therefore, the presence of these needs in a person may very well indicate a tendency toward criminal activity. The key to understanding the importance of these criminogenic needs is the fact that they represent a constellation of characteristics or circumstances. The mission, of course, is to divert the offender from adverse behaviors and to replace them with healthy alternatives.

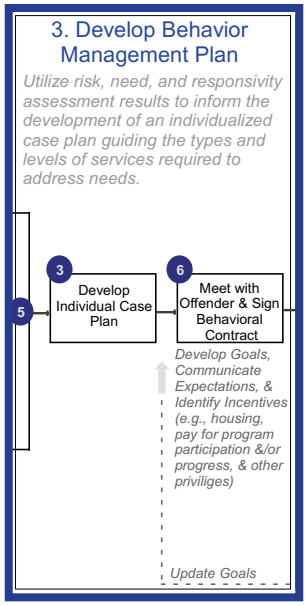
4a. Do not assess the criminogenic needs of low risk to reoffend offenders (identified using the tools in recommendation #3). As mentioned in recommendation 3g, low risk to reoffend prisoners and parolees are not likely to have criminogenic needs and are not positively affected. In fact, many are negatively affected by participation in rehabilitation *treatment* programs. We recommend that the CDCR not use its limited resources to assess the criminogenic needs of low risk offenders. Instead, these CDCR should select needs instruments that identify and measure the work, life skills, personal growth, and other programming needs of this population and assign them to rehabilitation programs based on those assessments.

4b. Utilize additional evidence-based tools to supplement criminogenic needs assessments. General risk assessment instruments (e.g., LSIR) don't make distinctions between kinds of behavior assessed. This becomes especially important when dealing with special populations—e.g., violent offenders and sex offenders. Therefore, we recommend that the CDCR investigate and then utilize additional evidence-based tools to supplement the criminogenic needs assessments given to its high and moderate risk to reoffend prisoners and parolees. We provide examples of these additional tools in Appendix D.

Finding—The CDCR does not have automated behavior management (case) plans for each of its offenders.

The behavior management planning process is an important evidence-based practice and is an integral step in matching the right offender to the right program *in the right order*. The behavior management plan links the assessment process to rehabilitation programming and ensures continuity of rehabilitation programs and services between the prison, parole system, and other community-based providers. At the heart of a behavior management plan is a behavioral contract, which is a dynamic tool that provides for continuous and seamless measurement of program and service delivery to prisoners and parolees. Risk-based assignments to rehabilitation programming require behavioral contracts to ensure that offenders and correctional agency staff agree to the desired offender outcomes.

Recommendation 5—Create and monitor a behavior management plan for each offender.



We recommend that the CDCR create a behavior management (or case) plan for each of its adult offenders in prison and on parole. The CDCR should actively monitor these plans to keep track of the progress that offenders are making toward achieving their rehabilitation programming objectives. The CDCR should design these behavior management plans to identify and change the criminal behavior patterns of the offenders.

Behavior management planning includes these major tasks:

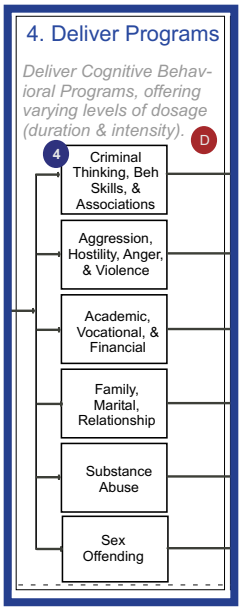
1. Administer the objective risk-needs assessment tools at the prison Reception Center to identify the programming needs of the prisoners while in prison or at the parole office to identify the programming needs of parolees being released to parole supervision.
2. Develop a behavior management plan based on the risks and needs levels identified in step 1.
3. For prisoners: Update the behavior management plan as the prisoner (a) completes assigned programming in prison, (b) fails to comply with the plan requirements, or (c) periodically completes a new risk-needs assessment.
4. As prisoner prepares to transition to the community (parole), update existing behavior management plan to include additional programming required for the offender's successful reentry into the community
5. For parolees: Update the behavior management plan as the parolee (a) completes assigned programming in the community, (b) fails to comply with the plan requirements, or (c) periodically completes a new risk-needs assessment

CDCR staff and program managers (in prison and in the community) who actively review the behavior management plans of their offenders, as well as pre- and post-program tests and risk-needs assessments, will be able to measure treatment gains and update or modify rehabilitation program requirements as needed. Behavior management plans provide the CDCR with the ability to keep track of prisoners and parolees as they complete their assigned rehabilitation programs, comply with institutional rules, and fulfill their parole obligations.

Finding—The CDCR does not offer a sufficient quantity of evidence-based rehabilitation programs designed to reduce recidivism to its adult offenders.

The effectiveness of rehabilitation services depends on the quality, quantity, and content of the programs. Each program should have written manuals and curricula that outline each session. Studies have found that such programs are better managed and achieve better outcomes (NIDA, 2006). Focusing on a small set of programs allows correctional agencies to establish quality programs, put in place quality assurance procedures to measure program outcomes, and hire and train qualified staff to deliver the programs effectively. Research on a national and international basis concludes that programs focused on the six major offender programming areas, when implemented appropriately, do reduce recidivism. An example of that research is the Washington State study by Aos, et al. on page 31.[t]

Recommendation 6—Select and deliver in prison and in the community a core set of programs that covers the six major offender programming areas—(a) Academic, Vocational, and Financial; (b) Alcohol and other Drugs; (c) Aggression, Hostility, Anger, and Violence; (d) Criminal Thinking, Behaviors, and Associations; (e) Family, Marital, and Relationships; and (f) Sex Offending.



We recommend that the CDCR select and deliver a core set of evidence-based rehabilitation programs that covers the six major offender programming areas.

t While we have identified those programs that work based on research, there are also "promising" programs that are showing evidence to be working, but have not yet accumulated a sufficient body of rigorous research.

These programs should:

1. Be directed at reducing the seven criminogenic factors listed in Figure 6 that were identified in high and moderate risk to reoffend prisoners and parolees during the criminogenic needs assessment process;
2. Be directed at addressing the other needs of low risk to reoffend, female, and short-term prisoners and parolees; and
3. Be cognitive behavioral-based,[u] where appropriate, including the use of the therapeutic community model for substance abuse rehabilitation programs.

Because the introduction of evidence-based programming is a complex objective, we recommend the following approach:

1. Initially put in place one core program from each of the six major offender programming areas (see Appendix D, for examples of programs being operated in other states).
2. Measure processes and outcomes and revise programs to achieve program fidelity.
3. Once fidelity has been achieved in one program from each of the six major offender programming areas, make adjustments to those programs to create at least two levels of programming based on responsivity factors, such as:
   a. Match offender to programming based on responsivity factors (e.g., assign lower cognitive level offender to behaviorally-driven group, rather than higher functioning, cognitive based group).
   b. Match offender to staff based on responsivity considerations (e.g., Spanish speaking, gender, cognitive level, interests, etc.).
   c. Match staff to programs that they are most suited to deliver (e.g., training, education, personality, interests, skills, strengths-weaknesses, etc.).
4. Measure processes and outcomes of programs with added responsivity levels and revise programs to achieve program fidelity.
5. Put in place additional programs from each of the six major offending programming areas.
6. Measure processes and outcomes of additional programs and revise programs to achieve program fidelity.

u Based on the research (Andrews & Bonta, 1998; NIDA, 1999, 2006; Lipsey & Landenberger, 2006; Landenberg & Lipsey, 2005), corrections agencies should use cognitive-behavioral (CBT) strategies in most of their rehabilitation treatment programs. The well-respected Therapeutic Communities program model now adopts CBT within its therapeutic setting to help offenders learn new skills and behaviors.

Washington State Case Study

The recent work done by the Washington State Institute for Public Policy, a research arm of the Washington State Legislature, reinforces the recommendations in this report. The Institute was asked to determine if there were evidence-based policy options to reduce future prison construction. The Institute reported that in the area of correctional programming, effective correctional programming reduces crime and saves money. Table 4 shows selected results.

Table 4: Effects of Evidence-Based Programming on Criminal Recidivism and Net Costs

Adult Offender Programs	Effect on Recidivism Rate	Benefits Minus Costs (per participant)
Cognitive/behavioral skills training in prison or community.	-6.3%	$10,299
Drug treatment in prison.	-5.7%	$7,835
Drug treatment in the community.	-9.3%	$10,054
Sex offender treatment in prison with aftercare.	-7.0%	-$3,258
General education in prison (basic education or post secondary).	-7.0%	$10,669
Vocational education in prison.	-9.0%	$13,738
Employment and job training in the community.	-4.3%	$4,359
Source: Aos et al.		

Note: This table reflects average effects based on multiple studies in each program type. "Effect on recidivism rate" considers criminal measures such as arrests and convictions but does not include technical violations (personal communication with Steve Aos, May 25, 2007). The effect on recidivism rate may be higher if technical violations were included. The effect on recidivism is measured as the percent change in re-arrests and re-convictions for program participants in the experimental group relative to a comparison (control) group that did not receive the treatment. "Benefits Minus Costs" is calculated as the sum of the benefits to crime victims plus the benefits to taxpayers minus the marginal costs of the program compared to the cost of the alternative program. Benefits to crime victims account for between 48% and 69% of total benefits. See Exhibit 4 in Aos et al. for more details.

As Table 4 shows, research demonstrates that effective programming reduced recidivism and saved money. The one exception, from a cost benefit perspective, is sex offender treatment in prison with aftercare. Because of the intensity of the treatment, sex offender programs cost more than other programs, which means that they cost more than they save. Policy makers have to ask themselves, is the 7% crime reduction worth the added cost to offer such programming? Washington State policy makers concluded that it was and continue to provide cognitive-based sex offender treatment to its offenders in prison and in the community. The positive reductions in recidivism rates shown in the Table 3 are not additive. Offenders who have completed several rehabilitative programs are not likely to have reduced rates that are the accumulation of each program's estimated reductions. More importantly the programs **must demonstrate fidelity to the evidence-based principles to achieve the desired outcomes**. Maintaining quality standards in the implementation and ongoing operations of these types of programs is key to achieving the desired outcomes.

Besides the studies conducted by the Washington State Institute for Public Policy, other evidence-based research and guidelines show that correctional institutions can achieve even stronger results when they INTEGRATE all of these core risk reduction programs AND (a) automate their behavior management plan systems, (b) use sound cognitive protocols, and (c) systemically reinforce planned outcomes through a system-wide offender earned incentive system (Taxman, Shepardson, and Byrne, 2004).

Because of the measurable results that correctional organizations are achieving when implementing these programs, correctional institutions in Arizona, Iowa, Illinois, Maine, Missouri, Oregon, Pennsylvania, Washington, and Wisconsin, to name just a few, are incorporating these active elements into their next generation of correctional programming.

Overview:Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a type of psychotherapy derived from behavioral and cognitive psychological models of human behavior:

- Behavior therapy is based on the clinical application of theories of behavior such as learning theory; people learn how to change behavior with such therapy.
- Cognitive therapy is based on the clinical application of the role of cognition, or the process of perceiving, interpreting and attributing meaning to events, in emotional disorders. Cognitive therapy focuses on thoughts, assumptions and beliefs.

CBT draws from both models and it is based on the idea that people's thoughts cause feelings, not external things, like people, situations and events. Its aim is to modify everyday thoughts and behaviors to positively influence emotions. CBT is considered an effective evidence-based treatment widely used to treat mental disorders. CBT has been demonstrated as effective in over 375 studies for the treatment of mental health issues such as: anxiety disorders, generalized anxiety, panic, phobias, obsessive-compulsive disorder, post traumatic stress disorder, bulimia, depression, and marital distress. It is also used to treat more severe and enduring conditions such as: psychosis, schizophrenia, anger control, pain, adjustment to physical health problems, insomnia, and organic syndromes such as early stage dementia. CBT is used with groups of people as well as individuals.

CBT's role in prison and parole populations is sometimes as a component of substance abuse and mental health treatment programs although many other programs include substance abuse problems, sex offenses and unstable mental illness in the exclusion criteria. Wilson, Bouffard, and Mackenzie's (2005) review of quantitative empirical evidence regarding cognitive behavioral programs in correctional settings found cognitive behavioral programs to be effective at reducing recidivism. Landenberger and Lipsey (2006) provide details on the specific elements or combination of elements necessary for a successful cognitive behavioral program which includes programs that focus on high risk offenders, tend to have outside researchers involved in the work, and use a specific manual or approach. These programs fare well in reducing recidivism.

Overview: Therapeutic Communities

The therapeutic community (TC) treatment model consists of a therapeutic milieu that addresses the criminal thinking and antisocial behavior of the offender through a combination of social structure (from the residential setting) and the therapy. The TC model provides a holistic approach to assisting offenders to learn new behaviors, values, and attitudes that affect their substance abuse and criminal conduct behaviors. The client-base for TCs is typically those offenders with drug abuse problems as well as social and psychological issues. The design of the TC, originally targeted to address drug addiction, is to treat the whole person through the peer community, and it has evolved to include a variety of additional services relating to family, education, vocational training, and medical and mental health. The residential setting provides a forum for the offender to learn, adopt, and practice pro-social values.

The TC perspective views the substance abuse disorder as a disorder of the whole person, and clients typically either have histories indicating problems with socialization, emotional and cognitive skills, and psychological development or have eroded such skills through drug-addicted lifestyles. Recovery is seen as a process of rehabilitation and relearning or re-establishing healthy functioning, skills, and values, as well as regaining physical and emotional health. For those who never had such skills, the TC offers "habilitation," or learning the skills and values necessary for productive, socialized living.

The TC model for prison environments operates much like those models in the outside community, but tends to be constrained by prison-specific rules and regulations. A dedicated TC unit is usually one in which participants are isolated from the rest of the prison population. Staff are often ex-offenders and frequently graduates of the program themselves. Typically, correctional TCs are comprised of prisoners with substance abuse problems as well as psychological disturbances, especially those demonstrating persistent anti-social behavior. Those with acute psychiatric illness are usually considered unsuitable, as a major tenet of TC is that members must take responsibility for their actions.

Evaluations of in-prison drug treatment TCs in the U.S. show that intensive treatment followed up by after-care is associated with reduced criminality and drug use. DeLeon, Kressel, and Melnick (1997) notes that, based on various experiences with correctional systems, programs, and correction-based drug treatment, a continuum of services is the best strategy for effective TC intervention. The three-tiered process involving TCs through incarceration, work release, and parole are most successful at reducing recidivism and drug use. However, limitations in many TC studies are self-selection and the lack of rigorous experimental designs.

6a. Develop and offer rehabilitation treatment programs to those offenders with high and moderate risk-to-reoffend scores and lengths of stay (LOS) of six months or more. As we explained before, high and moderate risk to reoffend offenders achieve the greatest gains in recidivism reduction, because these offenders have greater deficits to overcome in areas of pro-social skills, substance abuse, and criminal thinking. Additionally, as discussed in recommendation 3h, to benefit from rehabilitation *treatment* programming, these offenders would need to participate for at least six months in the program, (Hubbard, et al, 1989), although more ingrained criminal behaviors require at least twelve months of care (Simpson et. al., 1999a and DeLeon et. al., 1997). Therefore, we recommend that the CDCR develop and offer evidence-based, rehabilitation treatment programs only to high and moderate risk to reoffend prisoners and parolees who have lengths of stay of six months or more. Treatment for offenders serving life sentences needs to be assigned based on their release dates.

6b. Develop and offer rehabilitation programs focused on work, life skills, and personal growth for all low risk to reoffend prisoners and parolees who have LOS of six months or more. As we mentioned earlier, several studies show that assigning low risk offenders to rehabilitation treatment programs and services increases their recidivism rates. For this reason, we recommend that the CDCR develop and offer rehabilitation programs focused on work, life skills, and personal growth programming for its low risk to reoffend prisoners who have more than a six-month LOS.

6c. Develop and offer reentry programming for all offenders who have LOS less than six months. As in the case of the low risk to reoffend prisoners, there are a sizeable number of prisoners admitted to the CDCR through new court convictions who receive relatively short sentences and will spend a short period of time in the CDCR before being released. Typically, any prisoner with a sentence of 16 months or less, who enters prison with three to five months of jail credit, and is able to earn day-for-day work credits, will serve less than six months in prison. These offenders are unlikely to have sufficient time to enter and complete a six-month rehabilitation *treatment* program by the time they complete their reception processing and arrive at their assigned prison facilities. We recommend, therefore, that the CDCR develop and offer reentry programming for this offender population and prepare them for reintegrating into their families and communities. Reentry programming should include access to services that will assist offenders in maintaining sobriety, locating housing, and obtaining employment. As previously noted, the CDCR may want to consider a fast-track program such as used in the Arizona Department of Corrections for this population (see Appendix H).

6d. Develop and offer "booster" programs before reentry and within the community to maintain treatment gains. We recommend the CDCR develop and offer "booster" programs to maintain treatment gains. The CDCR should deliver these programs to its higher risk to reoffend prisoners before releasing them from prison. The CDCR should stack these programs on top of core programs (e.g., refreshers on skills acquired during formal phases of treatment) in each of the major offender programming areas. Booster programs should also focus on providing offenders with skills to prevent criminal behavior relapses—i.e., avoiding high risk situations, responding differently, identifying behavioral triggers, etc.

6e. Assign offenders to programs based on responsivity factors relating to their motivation and readiness; personality and psychological factors; cognitive—intellectual levels; and demographics. We recommend that the CDCR assign offenders to programs and program providers based on identified responsivity factors and match the offenders to appropriate treatment groups and program facilitators. Research demonstrates that effective rehabilitation programs identify and account for individual differences in motivational and readiness levels, personality and psychological traits, levels of cognitive and intellectual functioning, and demographic variables. Where needed, the CDCR should create and deliver front-end, pre-rehabilitation treatment programs to address motivation and readiness factors in its offender population. Researchers recognize that treatment readiness is a critical area of improving offender outcomes (Finney, Noyes, Coutts, and Moos, 1998; Moos, Finney, Quimett, and Suchansky, 1999; Sia, Dansereau, and Cruchry, 2000; Blakenship, Dansereau, and Simpson, 1999).

6f. Develop and offer a core set of programs that is responsive to the specific needs of female offenders. Research demonstrates that female offenders have different rehabilitation programming needs than their male counterparts. We recommend, therefore, that the CDCR develop rehabilitation programming for female offenders that responds to their particular needs.

6g. Develop and offer a core set of programs that is responsive to the specific needs of youthful offenders. As previously discussed, youthful offenders have different programming needs that their older counterparts. We recommend, therefore, that the CDCR develop rehabilitation programming for youthful offenders that responds to their particular needs.

In Table 5 we sort the 34 CDCR Nominated Recidivism Reductions Programs into the Six Major Programming Areas to show the progress the CDCR is making toward delivering a full menu of programs to its adult offenders.

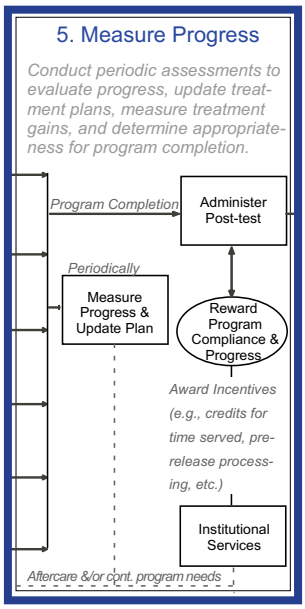
Table 5: CDCR Nominated Recidivism Reduction Programs and the Six Major Programming Areas

Six Major Offender Program Areas	CDCR Recidivism Reduction Program
Academic, Vocational, and Financial	Academic Courses
	Computerized Literacy Learning Centers (CLLC)
	Elementary Secondary Education Act (ESEA)
	Bridging Education Program (BEP)
	Re-Entry Education
	Community-Based Coalition (CBC)
	Community Re-Entry Partnerships (CRP)
	Employment Development Department (EDD)
	Incarcerated Youthful Offenders (IYO)
	Offender Employment Continuum (OEC)
	Parolee Employment Program (PEP)
	Vocational Education
	Inmate Employability Program (IEP)
	Employment Re-Entry Partnership (ERP)
	Carpentry Pre-Apprenticeship Program
Alcohol and other Drugs	Parolee Service Centers (PSC)
	Residential Multi-Service Center (RMSC)
	Drug Treatment Furlough (DTF)
	In-Custody Drug Treatment Program (ICDTP)
	Parolee Services Network (PSN)
	Parolee Substance Abuse Program (PSAP)
	Substance Abuse Program (SAP)
	Substance Abuse Service Coordinating Agency (SASCA)
	Substance Abuse Treatment and Recovery (STAR)
	Transitional Treatment Program (TTP)
	Transitional Case Management Program-HIV (TCMP-HIV)
	Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP)
Aggression, Hostility, Anger, and Violence	Conflict Anger Lifelong Management (CALM)
	STAND UP
Criminal Thinking, Behaviors, and Associations	Day Reporting Center (DRC)
	SB618
Family, Marital, and Relationships	Community Prisoner Mother Program (CPMP)
	Family Foundations Program (FFP)
	Female Offender Treatment and Employment Program (FOTEP)
Sex Offending	*Currently the CDCR has no sex offender programs for prisoners. Parolees attend parole outpatient clinics. The CDCR has recently established the Sex Offender Management Board to review best practices and develop recommendations to improve management practices for sex offenders.*

Finding—The CDCR does not always measure the quality or effectiveness of its adult offender programs.

A commitment to evidence-based rehabilitation programming that works includes determining whether or not the programming being delivered is achieving its stated objectives. This requires correctional agencies to collect programming data from every program delivered and every offender assigned to programming in an automated, systematic, and consistent fashion (Rossi, Freeman, and Lipsey, 1999). This also means that every program that correctional agencies deliver to their adult offender populations (in prison and the community) must have clearly defined outcomes—in other words, each program provider and offender participant should know, before the program begins, what a successful outcome from participating in the program would look like and what they need to do to achieve it. The CDCR has recently reestablished its Research Division and is expanding its program evaluation capability.

Recommendation 7—Develop systems and procedures to collect and utilize programming process and outcome measures.



If California adopts our rehabilitation programming improvement recommendations, it will be able to offer evidence-based rehabilitation programming to those offenders who would most likely benefit from such programs. But that is just the beginning. To fully benefit from these recommendations, the CDCR will need to develop information systems and operations procedures to ensure that it collects rehabilitation programming outcome data from each program it offers and each offender it assigns to programming. Therefore, we recommend that the CDCR require rigorous outcome and process evaluations from all of its rehabilitation programs to determine (a) the effectiveness of the programs on participants, (b) why and how the programs are producing the results they are obtaining, and (c) how it might improve the programs.

7a. The CDCR should develop a system to measure and improve quality in its adult offender programming. We recommend that the CDCR use its programming process and outcome measures data to: (a) determine the effectiveness of its programming as it relates to reducing recidivism or any other stated objective, (b) modify programming that is not achieving desired outcomes; and (c) provide research data for future correctional research projects. This will allow the CDCR to develop a quality assurance system for its offender programming.

7b. The CDCR should develop the capability to conduct internal research and evaluation that measures and makes recommendations to improve the quality of its programming. We recommend that the CDCR continue to fund and expand its Office of Research to give it the internal capability of conducting research projects of varying complexity levels. This will give the CDCR the ability to internally measure and improve the quality of its rehabilitation programming by collecting and assessing benchmark data.

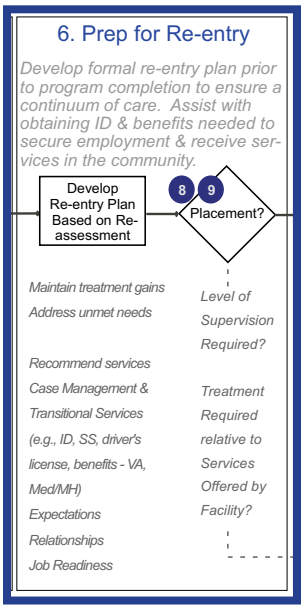
7c. The Legislature should create an independent capability to assist with developing and monitoring the CDCR's quality assurance system. We recommend that the California State Legislature permanently fund an independent research entity to assist the CDCR Office of Research in: (a) establishing performance measures and outcome objectives for all adult offender programs, (b) analyzing outcome data to measure the effectiveness of all adult offender programming, and (c) recommending cancellation, modification, or addition of programming based on outcome results and current research and best practices. We believe that this is one of the best ways to assure quality assurance in rehabilitation programming. *Such an entity currently exists with the Center for Evidence-Based Corrections at UC Irvine*.

The independent Washington State Institute assisted the Washington State Legislature and Washington Department of Corrections in identifying and adopting sound correctional policies and programming based on evidence-based research. It recently published a report on which correctional policies and programs were likely to reduce Washington's prison population. See page 31 for more details.

Finding—The CDCR has begun to focus on offender reentry issues and initiatives, but it needs to expand those efforts.

Public safety in our communities is the responsibility of all citizens. It is not just the responsibility of the correctional and other justice agencies. Research and experience in recent years helped us realize that the transition from prison to the community is difficult and filled with many obstacles.[v] And, continuity of care is necessary for reducing recidivism.[w] In particular we know that individuals are at higher risks to return to prison shortly after their releases. Offenders require the assistance of their family members, friends, local support systems, and broader communities to sustain the treatment gains they have achieved through their participation in correctional programming.[x] When correctional agencies partner with these support systems in the community, it greatly enhances the ability of offenders to maintain their positive behavioral changes. These partnerships are even more important in light of current research that indicates that ***when offenders participate in treatment in the community after treatment in prison, the results are likely to be two to three times greater than if the person participated only in prison-based programs.***[y]

Recommendation 8—Continue to develop and strengthen its formal partnerships with community stakeholders.



v Petersilia (2003); Maruna (2001); Visher & Courtney (2006); Visher & Farrell (2005), Visher, Kachnowski, LaVaigne, & Travis (2004); Visher, LaVaigne, & Farrell (2003); Wilson & Davis (2006).
w Taxman (1998); Taxman et. al. (2004); NIDA (2006); Butzin, Scarpitti, Nielsen, Martin, & Inciardi (1999); Martin, Butzin, Saum, & Inciardi (1999).
x Sampson & Laub (2001); Taxman, Byrne, & Young (2002); Byrne & Taxman (2006).
y Butzin, Scarpetti, Nielsen, Martin, & Inciardi (1999); Harrison & Martin (2001); Martin, Butzin, Saum, & Inciardi, (1999); Simpson et. al. (1999a), (1999b).

We recommend that the CDCR establish interagency steering committees at both the statewide and community levels to ensure the appropriate coordination of transition services for its adult offenders moving from prisons to their communities.

In addition to coordinating transition services, these steering committees should be responsible for:

1. Ensuring that prisoners returning to the community receive access to programs and services that will help them obtain meaningful employment, find suitable housing, support their families, and participate in needed counseling.
2. Creating formal mechanisms and procedures that will assist with and improve information exchange between agencies.
3. Developing formal protocols that will allow agencies to share programming outcomes and offender behavior management program progress amongst themselves.
4. Creating training curricula that will ensure that all program providers and CDCR parole staff are cross-trained.
5. Developing a strategy to educate the public and others (e.g., employers, service providers, and educational institutions) about the importance of being involved in the reentry process of offenders.

8a. Develop formal reentry plans for those offenders with high and moderate risk-to-reoffend scores. We recommend that the CDCR develop formal reentry plans (the Ohio Department of Rehabilitation and Correction refers to these documents as Reentry Accountability Plans, or "RAPs" that are administered by Reentry Management Teams or "RMTs"; Washington State's Department of Corrections refers to these documents as Offender Accountability Plans) for all of its high and moderate risk to reoffend prisoners. This reentry plan should addresses specific issues including housing, employment, and aftercare treatment related to their rehabilitation *treatment* programs in prison.[z]

8b. Provide offenders who have high risks to reoffend with intensive transition services for at least their first 90 days on parole. In addition to a formal reentry plan, we also recommend that the CDCR provide all of its high risk to reoffend offenders with intensive transition services for a minimum of 90 days after they are released from prison.

8c. Ensure that transition and reentry programming includes family member participation and addresses family unit integration skills development. Because healthy family relationships and dynamics are an important aspect of treatment programs designed to reduce reoffending, we recommend that CDCR transition and reentry programming include programs designed to provide offenders with the skills to successfully integrate with their families upon release from prison. These programs should include the participation of the offenders' family members whenever possible.

8d. Ensure that parole programming and transition services respond to the specific needs of female offenders. Female offenders face specific challenges as they reenter the community from prison. In addition to the female offender stigma, they may carry additional burdens such as single motherhood, decreased economic potential, lack of services and programs targeted for women, responsibilities to multiple agencies, and a general lack of community support. We recommend that the CDCR ensure that its own internal transition programming, as well as those programs and services delivered by community-based partners are responsive to the specific needs of female offenders.

z Taxman, Byrne, & Young (2003).

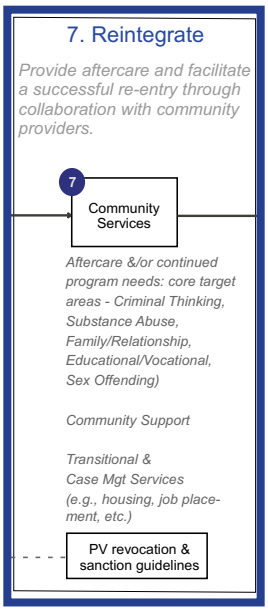
Finding—The CDCR has begun to focus on offender reentry issues and initiatives, but it needs to expand those efforts.

It is important to note that as offenders transition from prison to their communities, reducing their risk to reoffend levels not only involves changing the characteristics and motivations of the offenders, but also involves making changes in the communities—reducing the opportunities for them to commit crimes (Byrne and Taxman, 2005). These scholars note:

> The recent development of offender reentry initiatives has renewed interest in initiatives that target both at-risk offenders and at-risk communities. It is becoming increasingly clear that only incremental, short-term changes in offender behavior should be expected from the full implementation of evidence-based practices in both adult and community corrections. In large part, this is because the treatment research highlighted in these evidence-based reviews focused on individual-level change strategies. If we are interested in long-term offender change, we need to focus our attention on the community context of offender behavior, focusing on such factors as community involvement in crime prevention (Pattavina, Byrne, and Garcia, 2006), collective efficacy (Sampson, Raudenbush, and Earls, 1997), community risk level (e.g., communities with higher proportions of first-generation immigrants, particularly Latinos, will have lower violence levels) and community culture. Our basic premise is supported by a review of the research we cite here: we must develop intervention strategies that recognize the importance of person-environment interactions in the desistance process and incorporate both individual and community change into the model. (Byrne and Taxman, 2005)

Therefore, offender programming in the community must include programs designed to continue to reduce offender risk to reoffend levels, as well as reduce offender opportunities for committing crimes. Parole supervision must include a focus on those opportunities to commit crimes that exist in communities where certain neighborhoods or places present unique risks to safety and access to specific victim pools.

Recommendation 9—Modify programs and services delivered in the community (parole supervision and community based programs and services) to ensure that those services: (a) target the criminogenic needs areas of high and moderate risk offenders; (b) assist all returning offenders maintain their sobriety, locate housing, and obtain employment; and (c) identify and reduce the risk factors within specific neighborhoods and communities.



Currently in the CDCR, parole supervision is based on surveillance and monitoring. Community-based programs and services do not target the factors related to reoffending. We recommend, therefore, the CDCR require that all of its programs and services delivered in the community, including parole supervision, include those activities that will keep offenders from re-offending. These activities include: reducing offender criminogenic needs, helping offenders stay sober, assisting offenders with finding housing and jobs, and reducing the criminal toxicity of offender neighborhoods. Most importantly, the CDCR should focus its parole supervision reducing risk by incorporating behavioral management principles that target behaviors that contribute to criminal conduct (Taxman, Sheperdson, and Byrne, 2004).

9a. Based on a normed and validated instrument assessing risk to reoffend, release low-risk, non-violent, non-sex registrants from prison without placing them on parole supervision. We recommend that instead of placing low-risk to reoffend, non-violent, non-sex registrant offenders on parole supervision, the CDCR should develop a "stabilization track" for these offenders. This stabilization track would provide low-risk offenders the opportunity to receive voluntary services in relation to housing, job placement, and referrals to other needed social services. The offenders on this stabilization track would no longer be under the legal authority of the Parole Division, and as such would not be subject to having their parole revoked. California will have to consider how to fund this group, because they will need assistance to obtain the services they need to stay out of prison.

Several studies show that imposing supervision conditions on those who are not likely to reoffend actually increases their recidivism rates. Table 6 shows the results of several studies of the relative effects of parole supervision on offenders by risk level.

Table 6: Summary Results of the Effects of Treatment and Parole Supervision on Recidivism Rates by Risk Level

Study	Risk to Reoffend Level	Level of Treatment and Supervision	
		Minimal	Intensive
O'Donnell et al (1971)	Low	16%	22%
	High	78%	56%
Baird et al (1979)	Low	3%	10%
	High	37%	18%
Andrews & Kiessling (1980)	Low	12%	17%
	High	58%	31%
Bonta et al (2000)	Low	15%	32%
	High	51%	32%
Source: Andrews and Bonta (2003)			

As Table 6 shows, placing low risk offenders on parole supervision has the opposite of its intended effect—instead of recidivism rates decreasing, they increase.

Such an effort is not new to the CDCR. Back in the early 1990s, the then California Department of Corrections conducted an experiment to lower the rate of technical violations by providing incentives to the parole regions. It was highly successful. Within two years the revocation rate dropped from 58 per 100 parolees to 35.5 per 100 parolees. Further, the disparity in return rates between parole offices and parole regions was dramatically reduced by 48% and 67% respectively. A key component of this model was to redirect part of the avoided prison expenses to parolee support services (Holt, 1995).

9b. Focus programs and services on the highest criminogenic needs. Successful parole strategies must include specific steps directed at reducing the dynamic risk factors related to the criminal behaviors of offenders and those risk factors associated with public safety in the community. We, therefore, recommend that the CDCR targets its parole programming on the criminogenic needs of its high and moderate risk parolees, from highest needs to lowest, based on their objective risk assessments.

9c. Ensure that community-based providers develop and deliver programming that addresses criminal thinking for male offenders. Current experience shows that most community-based programs do not address the criminal thinking patterns of offenders. We recommend that the CDCR require all of its community-based service providers to develop and deliver cognitive-behavioral based programming to address these needs.

9d. Train parole agents how to deal with unmotivated and resistant offenders. Successful parole programming is enhanced by trained supervision agents. We recommend that the CDCR include courses on how to deal with unmotivated and resistant offenders in its training program for parole agents. This training should include motivational interviewing and engagement skills.

9e. Train parole agents how to mitigate the community risk factors. Routine activity theory research indicates that identifying and addressing factors related to the safety of places and access to victims are important considerations for reducing crime. Some geographic locations are criminogenic by virtue of (a) what activities are occurring there, (b) who is congregating there, and (c) what is not be doing there to make those places safe. Therefore, it is extremely important that parole agents become aware of how offenders might access victim pools related to their criminal behavior patterns. We recommend, therefore, that the CDCR train its parole agents in strategies that will help them to identify and mitigate the risk factors in the communities. A great deal of research has been done in this field; please see Appendix I for a summary.

California Penal Code Section 3001 Compliance

California Penal Code (CPC) Section 3001 addresses the statutory requirements to consider prior to discharge from parole. Specifically, parolees initially released from prison after serving a period of incarceration for a non-violent offense, described as a conviction not noted in CPC Section 667.5 (c), (e.g., violent crimes) and who have been on parole continuously for one year since their release, shall be discharged the 30th day after their first year, unless the recommendation to retain them on parole has been made to, and approved by the Board of Parole Hearings (BPH).

Additionally, parolees initially released from prison after serving a period of incarceration for a violent offense, as defined by CPC Section 667.5, and who have been on parole continuously for two years since their release, shall be discharged the 30th day after their second year, unless the recommendation to retain them on parole has been made to, and approved by the BPH.

Continuous parole is defined as a parole period with no interruptions as a result of previous actions taken by the BPH. Previous actions taken by the BPH constitute an assessment of revocation time, credit for time served, suspension of parole with reinstatement with time loss, and retention on parole. Those offenders who are eligible for discharge will be allowed to discharge at the field unit level.

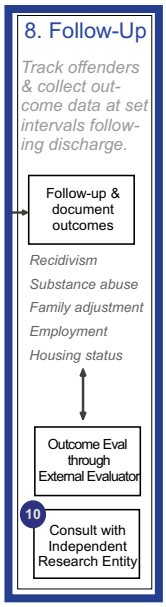
In May of 2007, the CDCR Division of Adult Parole Operations (DAPO) issued a statewide memorandum dictating that field units comply with this mandate and added administrative oversight at the field administrator level for review of all cases that were recommended to be retained for final review before forwarding to the BPH.

Finding—The CDCR has begun to focus on offender reentry issues and initiatives, but it needs to expand those efforts.

States needs to strengthen their communities. Communities provide networks of informal social controls that can prevent offenders from repeating their criminal behaviors. Research emphasizes that informal social controls are more powerful in controlling behavior than formal social control agencies such as corrections, law enforcement, welfare, etc. Informal social controls include families, non-criminally involved peers-associates, communities, religious institutions, civic organizations, etc. (Laub, Sampson, and Allen, 2001).

The families, communities, and religious institutions that define neighborhoods are a critical, but often neglected part of the overall plan to reduce recidivism. The research clearly suggests that solid intervention strategies must recognize the importance of person-to-environment interactions to aid in stopping the cycle of recidivism and to incorporate both individual and community changes into the process (Byrne and Taxman, 2005).

Recommendation 10: Develop the community as a protective factor against continuing involvement in the criminal justice system for offenders reentering the community on parole and-or in other correctional statuses (e.g., probation, diversion, etc.).



Most of the recommendations in this report are directed at assisting the correctional system to provide better rehabilitation programs and services that are directed at the individual offender level of change. However, our research over the last several decades reinforces the importance of the community and familial supports as sources of informal social controls. We recommend that California take the lead in developing a system of informal social controls in its communities that thwarts criminal values and activities, minimizes victimization, addresses the offenders' criminogenic needs, and ensures that offenders are engaged in services and controls appropriate to those needs (Burke, 2000).

Open Drug Market Interventions

For example, a new gang and drug marketing reduction effort that Professor David Kennedy has ongoing in six communities in the U.S. (High Point, Winston-Salem, Greensboro, and Raleigh, North Carolina; Newburgh, New York; and Providence, Rhode Island) illustrates the strengths in informal social controls. Dr. Kennedy installed a program where law enforcement partners with families of drug dealers and leaders in communities (e.g., religious leaders, civic, businesses, etc.) to address the problem of open drug markets in these communities. The law enforcement agencies and prosecutors assemble a dossier on the offenders' criminal behaviors, including issuing arrest warrants. At an arranged meeting with law enforcement personnel and the offenders' family members, the drug dealers are given a choice, which is reinforced by the families—to stop their criminal behavior or have the warrant served. The families provide support that the offender is a welcome member of the community. In several cities, they have noted the closing of long-standing drug markets because the community is behind the offenders efforts to engage in law-abiding activities. (Kennedy, 2007)

This pilot is one of many across the nation that illustrates the power in the community in reducing, controlling, and eradicating criminal behavior. This is the direction that California should take to strengthen the communities that offenders are most likely to return to. It will serve the general good to improve the social functioning in these communities, which should serve overall to reduce crime in California.

10a. Develop a strategy for ensuring that the community is able to provide the necessary health and social services to prisoners and parolees after they are discharged from the criminal justice system. By default, in most states, the correctional system has become the largest provider of health services for many communities. Offender populations have significantly higher incidences of substance abuse, mental health concerns, and other debilitating diseases than the general population.[aa] Yet, some of these services are not universally available to the offender when they are released. We recommend that California develop a strategy for providing released offenders with various services that address their health and social needs and reduce their risk of further involvement in criminal behavior.

Table 7 shows which services are available to the offender depending on his or her correctional status. Once the offender leaves the correctional system, then he or she must obtain these services in the community, if they exist. In the cases where the needed services do exist, released offenders often don't have the resources required to obtain them. This leads to the offender become physically or mentally destabilized and often results in him or her being returned to prison after being convicted of committing a new crime or violating one or more parole conditions. We believe that it would be in the best interest of California to ensure that released offenders have access to the medications they need to manage their mental health disorders and-or physical ailments, as well as access to housing and job assistance services.

aa Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2006a); James & Glaze (2006); Maruschak (2004); Hammett, Harmon, & Rhodes (2002); Hammett (2001); Hammett, Harmon, & Maruschak (1999); Beck & Maruschak (2004)

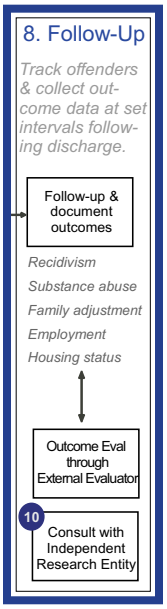
Table 7: Services Available to Offenders, Based on Status

	In Prison	On Parole	After Parole Release
Medical Care for TB-HIV-AIDS	X	In the community, if available	In the community, if available
Medical Care for Asthma-STDs-Diabetes	X	In the community, if available	In the community, if available
Assessment for Mental Health Disorders	X	Referral or by CDCR	In the community, if available
Mental Health Counseling	X	In the community, if available	In the community, if available
Medications for Mental Health Disorders	X	In the community, if available	In the community, if available
Assessment for Substance Abuse Needs	X	Referral or by CDCR	In the community, if available
Substance Abuse Treatment	X	Referral or by CDCR	In the community, if available
Vocational Education Assessment	X	Referral or by CDCR	In the community, if available
Vocational Educational Training	X	Referral or by CDCR	In the community, if available
Assessment for Family Issues	In the community, if available	In the community, if available	In the community, if available
Family Assistance	In the community, if available	In the community, if available	In the community, if available
Housing Assistance	In the community, if available	In the community, if available	In the community, if available
Child Care	In the community, if available	In the community, if available	In the community, if available

Finding—The CDCR does not have a graduated parole sanctions policy to provide community-based alternatives to incarceration for parolees who violate their parole conditions.

The ultimate goal of parole supervision is successful completion of parole with no new crimes committed. Compliance with parole conditions is intended to produce reductions in crime by reducing the offender's risk to reoffend. However, there is no evidence to support that the current practice of locking up offenders for technical parole violations (not related to their criminal behavior patterns and/or criminogenic needs) reduces crime. Incarceration is a destabilizing factor for the offender, family, and community, and therefore even short-term interruptions contribute to more negative behaviors in the community,[ab] such as unplanned pregnancies and higher rates of sexually transmitted diseases. Anything that contributes to the removal of individuals from the community has a negative impact, some of which is not measurable. But, Maruna (2001) has shown how difficulties in reintegration are only exacerbated by repeated incarceration periods.

Recommendation 11—Develop structured guidelines to respond to technical parole violations based on risk to reoffend level of the offender and the seriousness of the violation.



ab Thomas & Torrone (2006); Rose & Clear (1998); Kubrin & Stewart (2006); Thomas & Sampson (2005); Clear, Rose, Waring, & Scully (2003)

Table 8: Summary of Graduated Responses Concepts, Relevant Research, and Sanctions

Concept	Relevant Research Findings	Sanction Features
Certainty	Increased perceived certainty of punishment deters future deviance (Grasmack and Bryjak 1980; Paternoster 1989; Nochols and Ross 1990).	Defined Infractions Behavioral contract & Written Notification Structured Sanction Menu
Celerity	Reduction in violations by reducing the interval between violation and sanction (Rhine 1993). Delaying response increases perception that response is unfair or questionable.	Swift Process to Respond
Consistency	Similar decisions made for similar situations increases compliance due to positive experience (Paternoster et al. 1997).	Behavioral contract Structured Sanction Menu
Parsimony	No punishment should be imposed that is more intrusive or restrictive than necessary (Tonry 1996).	Structured Sanction Menu
Proportionality	Level of punishment should be commensurate with severity of the criminal behavior (von Hirsch 1993).	Structured Sanction Menu
Progressiveness	Continued violations result in increasing stringent responses (Altschuler and Armstrong 1994).	Structured Sanction Menu
Neutrality	Responses must be viewed as impartial and consistent with rules, ethics, and logic (Burke 1997).	Defined Infractions Behavioral Contract

11a. Restrict the use of total confinement for parole violations to only certain violations.
We recommend that California enact legislation that restricts the use of total confinement (e.g., prison) for technical parole violations to only those violations that are: (a) new felony convictions or (b) technical parole violations that are directly related to the offender's criminal behavior patterns, specific dynamic risk factors, and that also threaten public safety. All other parole violations should result in intermediate, community-based sanctions other than prison.

The most recent data from the US Department of Justice shows that for most states, new prison admissions consists of 71% new felony court convictions and 29% parole violators.[ac] California's new prison admissions, however, consists of 36% new felony court convictions and 64% parole violators, which is nearly the exact opposite of most other states. As mentioned before, part of the disparity between California and other states has to do with the sentencing laws that have been passed in California. For example, in California when a parolee absconds from parole, although it is considered a technical parole violation, state law mandates that serious and violent parolees be referred to the state Board of Parole Hearings (Petersilia, 2006). In 2006, the CDCR admitted nearly 70,000 parole violators to prison. If California were to begin diverting some percentage of less serious (based on an empirical risk assessment) parolees to community-based sanctions instead of prison, it would have less need for prison beds.

ac Bureau of Justice Statistics, National Prisoner Statistics Series, August 2, 2000.

Currently in California, sanctions for technical parole violations are determined by three entities: (a) California state law, (b) the California Board of Parole Hearings (BPH), and (c) the CDCR Division of Adult Parole Operations. All three of these entities base their parole violation sanctions on the seriousness of the violation, but not on the risk to reoffend level of the violator. We recommend that California develop and implement structured sanctions—based on seriousness of the violation and offender risk to reoffend—for technical parole violators. The sanctions should address the offenders' criminogenic needs and ensure that offenders are engaged in services and controls appropriate to those needs (Burke, 2000).

11b. Develop a parole sanctions matrix that will provide parole agents with guidelines for determining sanctions for parole violations. The CDCR Division of Adult Parole Operations (DAPO) determines sanctions for approximately 18,000 (24%) of the CDCR's 75,000 total parole violators. Nearly 16,500 of these are non-technical parole violators and the remaining 1,500 are technical parole violators. We recommend that the CDCR create a matrix that incorporates graduated responses in the parole supervision process that support supervision goals and facilitate successful reentry. Having agency guidelines for responding to parole violations serves multiple purposes. Establishing structured parole guidelines will:

- Allow responses to violations to be more fair and consistent throughout the agency, based on a common set of guidelines that provide a set of options appropriate to offender risk level and the seriousness of the violation. While each individual case must be assessed, responses to violations should be viewed as impartial and consistent with rules, ethics, and logic. Similar decisions made for similar situations increases compliance of parolees, whereas dramatically different responses from officer to officer undermine trust and legitimacy of the system.
- Provide parolees with clear supervision expectations and consequences for violations.
- Hold offenders accountable by responding swiftly and certainly to all violations.
- Support maintaining treatment in the community and pro-social activities when feasible.
- Structure efficient use of time, resources, and delegation of authority.
- Allow the delegation of authority and informed decision-making at all levels of the agency.
- Support the agency and staff working together toward a common purpose.
- Facilitate performance measurement and quality assurance.

The graduated responses approach emphasizes using incentives to shape behavior and is based on the concepts in Table 8.

By law, Washington State law does not confine its parole (community custody) violators in prison. Consistent with the principle of just deserts, if parolees commit crimes while on supervision, the state prosecutes them. For non-criminal violations of parole supervision, the Washington DOC created a prescriptive sanctioning grid that specified what punishment was allowed for a range of violations. The grid allows parole officers to return to custody only those high and moderate risk offenders who have committed violations directly related to their criminogenic needs. The WA DOC, through a separate administrative hearing unit, imposes parole sanctions.

Summary of Findings and Recommendations

Finding	Recommendation
The state of overcrowding in CDCR prison facilities makes it difficult for offenders to access rehabilitation programs.	Recommendation 1—The CDCR must reduce overcrowding in its prison facilities to make it easier for offenders to access rehabilitation programming.
The CDCR treats offenders who successfully complete rehabilitation programs and positively manage their behaviors in the same manner as those who do not.	Recommendation 2—California must enact legislation that creates a system that motivates its offenders to successfully complete their rehabilitation program requirements, comply with institutional rules in prison, and fulfill their parole obligations in the community.
The CDCR does not assign offenders to programs based on risk-needs assessments.	Recommendation 3—Select and utilize a risk assessment tool to assess offender risk to reoffend.
	Recommendation 4—Determine offender rehabilitation treatment programming based on the results of objective assessment tools that identify and measure criminogenic and other needs.
The CDCR does not have automated behavior management (case) plans for each of its offenders.	Recommendation 5—Create and monitor a behavior management plan for each offender.
The CDCR does not offer a sufficient quantity of evidence-based rehabilitation programs designed to reduce recidivism to its adult offenders.	Recommendation 6—Select and deliver in prison and in the community a core set of programs that covers the six major offender programming areas—(a) Academic, Vocational, and Financial; (b) Alcohol and other Drugs; (c) Aggression, Hostility, Anger, and Violence; (d) Criminal Thinking, Behaviors, and Associations; (e) Family, Marital, and Relationships; and (f) Sex Offending.
The CDCR does not always measure the quality or effectiveness of its adult offender programs.	Recommendation 7—Develop systems and procedures to collect and utilize programming process and outcome measures.
The CDCR has begun to focus on offender reentry issues and initiatives, but it needs to expand those efforts.	Recommendation 8—Continue to develop and strengthen its formal partnerships with community stakeholders.
	Recommendation 9—Modify programs and services delivered in the community (parole supervision and community based programs and services) to ensure that those services: (a) target the criminogenic needs areas of high and moderate risk offenders; (b) assist all returning offenders maintain their sobriety, locate housing, and obtain employment; and (c) identify and reduce the risk factors within specific neighborhoods and communities.
	Recommendation 10: Develop the community as a protective factor against continuing involvement in the criminal justice system for offenders reentering the community on parole and-or in other correctional statuses (e.g., probation, diversion, etc.).
The CDCR does not have a graduated parole sanctions policy to provide community-based alternatives to incarceration for parolees who violate their parole conditions.	Recommendation 11—Develop structured guidelines to respond to technical parole violations based on risk to re-offend level of the offender and the seriousness of the violation.

Making it Work in California

The road to correctional reform is littered with thousands of pages of reports written by well-meaning people with good intentions. These reports often present good information, solid support, and well-developed conclusions, but fall short in the area of implementation. We recognized this common pitfall and devoted a considerable amount of time to making sure that this report is different.

Identified Barriers

The first step that we took to make this report useful was to identify several barriers that we believe will either prevent or hinder our recommendations from being fully implemented in California. We provide a complete list of those barriers in Appendix J—Implementation Requirements, but provide a summary here.

Essentially, the barriers we identified can be classified into four categories: (a) legislative, (b) structural, (c) cultural, and (d) societal (or community).

Legislatively, California must change the laws that contribute to offenders' lack of access to and motivation for participating in rehabilitation programming. Unless California reduces overcrowding, offenders will not have the space or safe environment they need to participate in the rehabilitation programs. And, until California provides its offenders with motivation to become involved in and successfully complete rehabilitation programs, they will continue to "do their time," likely getting worse, but certainly not getting better.

Structurally, the CDCR must take the necessary steps to improve the alignment of its organizational infrastructure to its stated mission. It must redraw its organizational chart to centralize programming policy, while making it easier for unit-level leaders to make decisions. It must tear down the silos between departments and create cross-functional teams that work together to solve the organization's challenges. It must also enhance and build up its technology infrastructure to support offender information sharing, automated behavior plan (case) management, and computer-based programming delivery.

Culturally, the CDCR must develop its employees to ensure that they are qualified to deliver and support adult offender rehabilitation programming. The CDCR must also train them to identify and manage the prisoners and parolees based on the assessment of risk and needs, in the context of a behavior management plan. It must ensure that all staff, correctional and programming, are working together to provide rehabilitation programs and services to offenders so that those offenders, when released, are less likely to return.

From a societal perspective, the CDCR must continue to foster, nurture, and expand partnerships with local governments and community-based organizations to provide seamless delivery of programming and services between prison- and community-based providers. And communities must realize that they can be either part of the solution to California's correctional crisis or part of the problem.

Expected Positive Outcomes

Is it possible to quantify the benefits of implementing our recommendations?

The simple answer to that question is *it depends*.

As anyone familiar with estimating potential impacts will state, quantifying potential benefits (or costs) depends largely on the extent to which the interventions are fully implemented. We have proposed a comprehensive package of recommendations, some of which California can implement faster than others. On one side of the implementation spectrum are those recommendations that organizational development consultants refer to as "low-hanging fruit"—those policy and practice changes that the CDCR can implement relatively quickly. Included in this group are activities like: piloting a static risk assessment, continuing to develop internal and external research capability, and developing a parole sanctions matrix. On the other side of the spectrum are those recommendations that will take longer to implement—recommendations that require labor contract negotiations or the enactment of new laws. Included in this group are activities like adopting and validating a criminogenic needs assessment instrument, enacting legislation to expand the system of positive reinforcements for program participation, and measuring program outcomes to improve program fidelity. California will realize the benefits of implementing our recommendations in direct relationship to the speed in which it puts them into practice.

In addition to the implementation factor, another variable that will influence the impact of our recommendations is the public sentiment that we have alluded to throughout this report. Although research shows that the voting public now feels that the CDCR should be rehabilitating its offenders, recent California legislation, like AB 900, which provides for $7 billion dollars to be spent on constructing additional prisons over the next several years, belies that sentiment. History shows that public sentiment on crime policy changes with the prevailing winds. The unfortunate truth about correctional policy is that oftentimes it is driven more by newspaper headlines than rigorous research. One only has to consider how the Willie Horton story in 1986, torpedoed rehabilitation reform to understand the importance of public sentiment on correctional policy. Some of our recommendations propose diverting some prisoners who are now sent to prison to community sanctions and others propose no longer supervising some parolees who are now being monitored by parole agents. Correctional experts and criminologists say that these are the right measures to take. But the most important questions are: *Is the public ready for these offenders to return? Would California's political leaders have the collective resolve to continue reforming its correctional system should even one of these diverted parolees or no longer supervised "ex-parolees" commit a headline grabbing crime?* We cannot answer those questions.

However, having provided those caveats, we believe that if California were to implement all of our recommendations, it would reduce the number of prison beds that it needs, thereby reducing the amount of money it spends on corrections. Table 9 summarizes our estimates. We provide details of these estimates in Appendix E.

Table 9: Total Costs and Savings of Proposed Programming and Population Reduction Strategies

		Costs	Dollar Savings	Bed Savings
Costs	Cost of Prison Programs	$120,637,519 - $124,236,131		
	Cost of Parole-Community Corrections	$450,000,000 - $468,750,000		
	Total Costs	*$570,637,519 - $592,986,131*		
	+ 10% increased CA costs*	$57,063,752 - $59,298,613		
	Net Costs	*$627,701,271 - $652,284,744*		
Bed Reduction Savings	Prison Bed Savings		$803,283,000 - $906,268,000	
	Recidivism Savings		$45,181,579 - $90,379,636	
	Total Bed Reduction Savings		*$848,464,579 - $996,647,636*	
Offsets	Current Budget Funding for Prison and Parole Programming		$340 000,000	
	Total Current Spending		*$340,000,000*	
	Total Savings		*$1,188,464,579 – $1,336,647,636*	
	Net Savings		**$560,763,308 - $684,362,892**	
	Beds saved through population reduction			*38,000 – 44,000*
	Beds saved through recidivism reduction			*2,200 – 4,400*
	Overall Bed Savings			**41,200 – 48,400**

*A preliminary estimate of the increased costs for funding correctional programs in California compared to the rest of the country. See Gordon et. al. (2007).

Overall, our recommended strategies would reduce the number of prison beds that California needs by 42,000 to 48,000 beds per year. The result would mean an annual savings of between $848 and $996 million. New investments in prison and community programming should cost between $628 and $652 million a year. A significant portion of these costs, or $340 million a year, which the CDCR now spends on programs, could ultimately be used to offset these new expenditures. In total, all these new strategies could save California between $561 and $684 million a year.

We also believe that if California implements our recommendations, it will establish an accountable and credible correctional system. It is no secret that the Federal judiciary is giving serious consideration to appointing a Federal Receiver to run California's correctional system, as it already has with the states' correctional healthcare system. By adopting and implementing our recommendations, California will demonstrate by its actions, not just its words, that it is capable of resolving its current correctional crisis on its own. We have provided solutions to California's correctional problems that are evidence- and experience-based. We have provided a roadmap that other states have used to (a) improve their correctional cultures; (b) reduce the overcrowding and violence in their prisons; and (c)

provide their offenders with viable rehabilitation programs and services. Consequently, as prisoners receive more and better rehabilitative and treatment services prison security also improves. When custody challenges are minimized the prison becomes a safer environment for all corrections personnel.

Incremental Implementation

As we close the first part of this report, we believe that the keyword to keep in mind is incremental. We recognize the natural desire of people to want to fix things rapidly and we urge speed where speed is called for. But we also urge caution when venturing into uncharted territories for the organization. The CDCR is the nation's largest correctional agency. It has many internal parts and external stakeholders; its information systems are not networked in most cases, making the sharing of offender information problematic at best; and it has two large employee labor unions with several thousand members each, which adds complexity to changing work assignments or expanding existing roles. The CDCR has a great deal of work to do to explain to its staff throughout the organization why these reforms are needed. If staff members do not understand why it is important for them to do what is required and how doing so will make them more effective, the CDCR will not be able to implement most of these recommendations. In light of these considerations, pilots should be used whenever possible to work out the flaws and engender buy-in when launching new initiatives. Using pilots means going slower than we are sure some would like, but experience teaches us that when attempting to transform organizations, leaders really only get one time to get it right. It is worth taking the time to get it right.

In terms of risk assessment, while piloting the COMPAS in prison, the CDCR could also quickly develop and begin piloting a static risk factor instrument to determine the risk to reoffend levels of all of its prisoners using existing data, and supplementing it as needed. This would provide the CDCR with an alternative method of obtaining a much-needed risk assessment tool, while at the same time giving it more time to validate and customize the COMPAS tool for its future expanded use. In terms of needs assessment, in Appendix D, we identify a few possible instruments that the CDCR could initially adopt, for example the CSS-M to measure criminal thinking/associates, HIQ to determine anger management needs, the static 99 to evaluate sex offender needs, and the TCU or ASI for determining substance abuse needs.

In Appendix K—Implementation Timeline, we provide a rational timeline for implementing all of the Panel's Reform Recommendations over a two-year period of time. We provide here a summary of the major tasks from that timeline.

Major Tasks:

1. Adopt Expert Panel Plan and Recommendations
2. Craft and Pass Legislation and Change Policies to Create Access to and Incentives for Program Participation
3. Develop or Adopt and Implement Risk to Reoffend Assessment Instrument
4. Select and Implement Offender Needs Assessment Instrument
5. Begin Assigning Offenders to Appropriate Services Based on Risk and Needs
6. Pilot New Programs

Part II—The Program Reviews

In this part of the report, we provide the results of our review of 34 programs that the CDCR has identified as being designed to reduce recidivism.

Where California Now Stands

Tables 10 and 11 present an overview of the prison and parole programs and activities that the CDCR offers its adult offender population. In Appendix M we provide more information and analysis regarding these programs.

Table 10: CDCR Adult Offender Prison Program and Activity Participation

Activity-Program Type	Number of Prisoners Participating	% of Released Prisoners (n=134,148)
Support Services	50,019	37.3%
Bridging Program	27,791	20.7%
Academic Education	24,505	18.3%
Substance Abuse Treatment	9,772	7.3%
Vocational Educational	8,736	6.5%
Industries	4,033	3.0%
Forestry Training	3,608	2.7%
Camp	3,589	2.7%
Community Work Crews	748	0.6%
Reception Center Permanent Work Crews	181	0.1%
Joint Venture	40	0.0%
Source: CDCR, 2006		

Table 10 shows the numbers of prisoners who participated in a CDCR-sponsored program or activity at any time before their release dates in 2006. The largest percentage of prisoners participated in the Support Services activity. The CDCR assigns prisoners to Support Services to offer them the opportunity to learn skills through on-the-job or vocational training. Support Services assignments enable the prison to operate more efficiently and include positions like porter, food server, and yard crew worker.

Table 11: CDCR Adult Offender Parole Program and Activity Participation

Program Type	Releases	% of all releases (n=113,839)
Police and Corrections Team (PACT)	38,261	33.6%
Substance Abuse Treatment and Recovery (STAR)	6,205	5.5%
Substance Abuse Services Coordinating Agencies (SASCA)	4,440	3.9%
Parolee Employment Program (PEP)	4,071	3.6%
Employment Development Department (EDD)	3,452	3.0%
Parolee Service Centers (PSC)	3,061	2.7%
Computerized Literacy Learning Centers (CLLC)	2,496	2.2%
Parole Services Network (PSN)	1,485	1.3%
Bay Area Service Network (BASN)	1,386	1.2%
Residential Multi-Service Centers (RMSC)	943	0.8%
In-Custody Drug Treatment Program (ICDTP)	181	0.2%
Source: CDCR, 2005		

Table 11 shows the numbers and types of programs in which parolees participate. The Police and Corrections Team (PACT) is the program that has the largest parolee participation. The PACT creates partnerships between local law enforcement and social services agencies to provide parolees with assistance in obtaining substance abuse treatment, transitional living accommodations, employment services, subsistence services, and educational-vocational training.

The data in Tables 10 and 11 provides a baseline for California to begin the discussions about increasing the quantity of programs that the CDCR offers, as well as increasing the numbers of offenders who participate in rehabilitation programs. This is especially important in light of the rehabilitation program requirements required in the recently passed AB 900.

Identifying Recidivism Reduction Programs

The CDCR operates more than just recidivism reduction programs and activities, and we provide an in-depth description of those programs and activities in Appendix M. Our mission was focused on rehabilitation programming, which means that we had to develop a means of specifically identifying recidivism reduction programs. To meet our definition of a recidivism reduction program, the programs had to satisfy all three of these criteria:

1. It must conform to our definition of a program. A program is a set of structured services designed to achieve specific goals and objectives for specific individuals over a specific period of time. Programs are typically targeted towards particular problems such as substance abuse or criminal thinking.[ad]
2. It must be a recidivism reduction program, intended to reduce risks to reoffend levels and criminogenic needs scores of offenders—making offenders less likely to commit further crimes. Recidivism reduction programs are those programs that would be judged successful based on their having a positive impact on recidivism by participants.
3. It must be a CDCR-operated or funded program. The CDCR must operate the program directly through its staff or indirectly through a contract provider.

The CDCR Office of Research submitted the initial roster of recidivism reduction programs that they wished us to consider. We gave that roster, along with our filtering criteria, to a group of CDCR managers (adult programs, adult institutions, adult parole, substance abuse treatment, and correctional education). We asked them to review the roster that the Office of Research had submitted to us in light of our filtering criteria and to nominate those programs that should be included in the Nominated Recidivism Reduction Program Inventory (NRRPI). The CDCR managers nominated 34 programs that they felt met the criteria to be included in the NRRPI.[ae] Table 12 shows the results of this exercise.

ad We used the Pennsylvania Department of Corrections Program Analysis: A Description of PA DOC Programs and an Evaluation of their Effectiveness report for our definition of "program."

ae The Prisoner Reentry Initiative (PRI) was originally on the list of programs that the CDCR managers nominated for the NRRPI. But the PRI program representatives did not respond in time for us to include the program's information in this report.

Table 12: CDCR-Nominated Recidivism Reduction Program Inventory

Prison Programs
Academic Courses
Bridging Education Program (BEP)
Carpentry Pre-Apprenticeship Program
Community Prisoner Mother Program (CPMP)
Conflict Anger Lifelong Management (CALM)
Drug Treatment Furlough (DTF)
Elementary Secondary Education Act (ESEA)
Family Foundations Program (FFP)*
Inmate Employability Program (IEP)
Offender Employment Continuum (OEC)
Re-Entry Education
S.T.A.N.D. U.P. (Successful Transitions and New Directions Utilizing Partnerships)
Substance Abuse Program (SAP)
Transitional Treatment Program (TTP)
Vocational Education
Parole Programs
Community Reentry Partnerships (CRP)
Community-Based Coalition (CBC)
Computerized Literacy Learning Centers (CLLC)
Day Reporting Center (DRC)
Employment Development Department (EDD)
Female Offender Treatment and Employment Program (FOTEP)
In-Custody Drug Treatment Program (ICDTP)
Parolee Employment Program (PEP)
Parolee Service Centers (PSC)
Parolee Services Network (PSN)
Parolee Substance Abuse Program (PSAP)
Residential Multi-Service Center (RMSC)
Substance Abuse Service Coordinating Agency (SASCA)
Substance Abuse Treatment and Recovery (STAR)
Prison & Parole Programs
Employment Re-Entry Partnership (ERP)
Incarcerated Youthful Offenders (IYO)
SB 618
Transitional Case Management Program-HIV (TCMP-HIV)
Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP)
**Alternative to incarceration.*

Methodology for Surveying Inventory Programs

The Program Review sub-committee worked with a team of researchers from the Center for Evidence-Based Corrections (CEBC) to develop a survey instrument to collect information on each of the 34 programs that the CDCR managers nominated for the NRRPI. (See Appendix N for a copy of the survey.) We designed the survey to gather program information on program characteristics using the approach taken by the Pennsylvania Department of Corrections (2003), as well as to identify the five key program development elements (context, identification, intervention, goals, and linkages) that Krisberg (1980) outlined.

In most cases, if the CDCR was operating a program at multiple sites with multiple providers, then CDCR program management staff nominated the program sites they wanted us to survey. They nominated the sites they believed represented the most "pure" program models. However, for the in-prison Substance Abuse Program (SAP), we surveyed each of the six providers.

We distributed surveys to the program directors, by email and by mail. We included a cover letter from Marisela Montes, Chair of the Expert Panel, with each survey. The cover letters contained instructions for completing the surveys and a list of supporting materials that we wanted the program directors to submit to us along with the survey. The supporting materials included: copies of program manuals, training materials, curriculum materials, and other documentation that would support their responses to the survey items.

The CEBC used the program directors' responses and supporting materials to create the NRRPI. The NRRPI is a comprehensive catalog of pertinent information for each of the 34 nominated recidivism reduction programs. Because of its size, we have placed it in Appendix N of this report. We encourage the reader to review the NRRPI to get an overview of the kinds of rehabilitation programs the CDCR offers its adult offenders.

Evaluating Recidivism Reduction Programs

The NRRPI contained 34 programs. We conducted a high-level review of 11 of those programs to determine their fidelity to evidence-based programming principles and practices. This review provides information as to whether or not these programs have a high *probability* of producing good program outcomes.

Selecting a Rating Instrument

We decided to review the 11 programs using the California Program Assessment Process (CPAP). The CPAP is a tool for rating rehabilitative programs according to their conformity with the findings of behavioral research on effective correctional interventions.

A CPAP rating provides two kinds of information on program quality. First, the Effective Interventions Scale assesses the degree to which a program's design incorporates elements that reduce recidivism. Second, the Research Basis Scale assesses the extent and the quality of the research supporting the program's design. This combination of ratings allowed us to determine whether these CDCR programs reflected or were out of step with the eight evidence-based rehabilitation programming practices and principles.

Selecting the Programs to Review

The CEBC staff used these criteria to determine which of the 34 programs it would review first:

- Balance between institutional and parole/community programs
- Inclusion of programs specifically for female offenders
- Diversity of program types (substance abuse, life skills, vocational/employment, etc.)
- CDCR program practitioner sense of which programs are the most promising in terms of recidivism-reduction potential

Table 13 shows the 11 programs that we selected to review first and the locations at which they are operated.

Table 13: 11 Programs Selected for CPAP Review

	Program	Site
Institutions Programs	Incarcerated Youthful Offender (IYO)	Centrally administered
	Substance Abuse Program (SAP)	SATF-Yard F
	Family Foundations Program (FFP)	Santa Fe Springs
	Re-Entry Education	Centrally administered
	Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP)*	Centrally administered
Parole-Community Programs	Female Offender Treatment Employment Program (FOTEP)	San Diego
	Substance Abuse Treatment and Recovery (STAR)	Centrally administered
	Parolee Employment Program (PEP)	San Diego
	Residential Multi-Service Centers (RMSC)	Stockton
	In-Custody Drug Treatment Program (ICDTP)	Centrally administered
	Day Reporting Center (DRC)	Fresno

** TCMP-MHSCP was classified as an institutional program in the initial roster of programs prepared by the CDCR Office of Research. It has elements that occur both in the prisons and in the community.*

CPAP Assessments Methodology

To prepare for the program reviews, the CEBC and CDCR Research staff members, who were assigned to perform the ratings, attended a full day of training conducted by Dr. Ryken Grattet and Jesse Jannetta. The trainers presented the raters with a copy of the CPAP and other instructional materials; informed the raters of the theoretical basis of the CPAP; and conducted a mock rating of a CDCR operated program to familiarize the raters with the process.

After completing the training, Dr. Grattet and Jesse Jannetta organized the raters into five teams of two. One rater was from the CDCR Office of Research and the other was from the Center for Evidence-Based Corrections (CEBC). Dr. Grattet and Jesse Janetta gave each of the teams two or three programs to review.

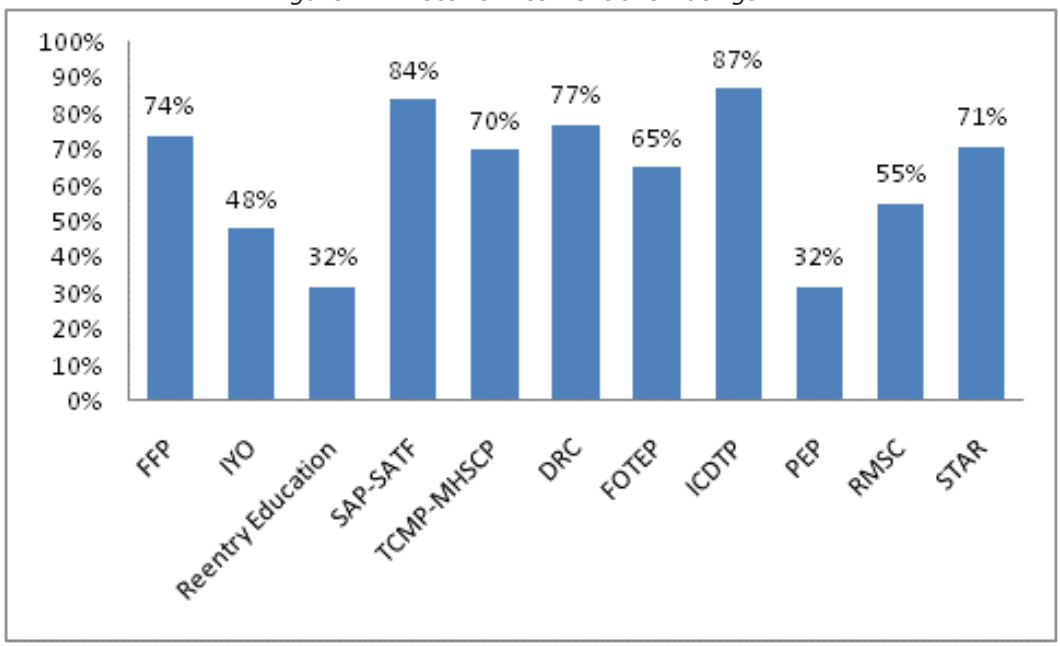
The raters then reviewed their assigned programs. The raters used a scoring sheet (which can be found in Appendix N) to rate and document assessment scoring decisions. First they reviewed the information contained in the surveys and supporting material that the program directors had submitted and made an initial, independent assessment of the program. Team members then compared their assessment scores and created a list of follow up questions for the program representative. The teams then contacted the program representative via email or by telephone to gather any missing information and to clarify any areas of uncertainty. The teams documented all email communications and transcribed all phone conversations to ensure information accuracy.

Ratings for each program represent the consensus of both members of the rating team. In the event that team members were unable to achieve consensus, Dr. Grattet and Jesse Jannetta mediated scoring disagreements. The teams submitted their final CPAP assessments with corresponding documentation. We reviewed and concurred with their assessments and included that information in this report.

Effective Interventions Ratings

Figure 7 summarizes each program's score on the CPAP *Effective Interventions Scale*, as a percentage of possible points. Six of eleven programs that we rated received 70% or more of the possible points, indicating that many of the CDCR programs were designed with the principles of effective intervention. This is a promising sign that California is moving toward evidence-based practices in its rehabilitation program design. However, the fact that three of the eleven programs rated received less than 50% of the possible points also suggests that there are areas in which the CDCR can improve its program designs to make them more effective.

Figure 7: Effective Interventions Ratings

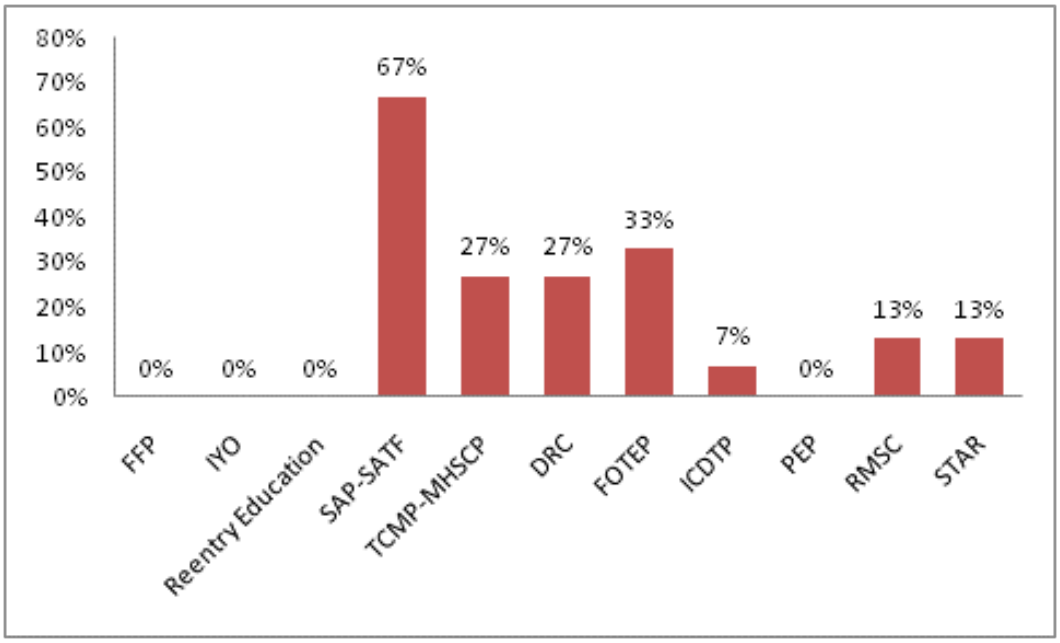


FFP: Family Foundations Program; IYO: Incarcerated Youth Offenders; SAP-SATF: Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F; TCMP-MHSCP: Transitional Case Management Program-Mental Health Services Continuum; DRC: Day Reporting Center; FOTEP: Female Offender Treatment and Employment Program; ICDTP: In-Custody Drug Treatment Program; PEP: Parolee Employment Program; RMSC: Residential Multi-Service Center; STAR: Substance Abuse Treatment and Recovery

Research Basis Ratings

Figure 8 summarizes each program's score on the CPAP *Research Basis Scale*, as a percentage of possible points. We gave zero points to four of the eleven programs that we reviewed because they did not have any internal evaluation requirements or methods. When we reviewed the remaining seven programs, only four of those programs scored higher than 27% and the other three scored 13% or lower. This indicates that CDCR programs are not delivered in accordance with evidence-based principles and practices.

Figure 8: Research Basis Ratings



FFP: Family Foundations Program; IYO: Incarcerated Youth Offenders; SAP-SATF: Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F; TCMP-MHSCP: Transitional Case Management Program-Mental Health Services Continuum; DRC: Day Reporting Center; FOTEP: Female Offender Treatment and Employment Program; ICDTP: In-Custody Drug Treatment Program; PEP: Parolee Employment Program; RMSC: Residential Multi-Service Center; STAR: Substance Abuse Treatment and Recovery

CPAP Assessments Summary

Table 14 summarizes the results of the combined program ratings from the *Effective Interventions* and *Research Basis Scales.* We list the CPAP rating element from each scale on the left side of the chart.

Table 14: Summary of CPAP Assessments on 11 Rated Recidivism Reduction Programs

	Institution Programs					Parole/Community Programs					
	FFP	IYO	Reentry Education	SAP-SATF	TCMP-MHSCP	DRC	FOTEP	ICDTP	PEP	RMSC	STAR
Assesses risk and targets high-risk	◇	◇	◇	∞	◇	◇	◇	◇	◇	◇	◇
Assesses criminogenic needs and delivers services accordingly	●	◇	◇	●	●	●	◇	●	◇	◇	●
Theoretical model clearly articulated	●	●	◇	●	●	●	●	●	●	◇	●
Has program manual and/or curriculum	●	●	●	●	●	●	●	●	●	●	●
Uses cognitive-behavioral or social learning methods	●	◇	◇	●	●	●	●	●	◇	●	●
Enhances intrinsic motivation	●	◇	◇	●	◇	●	●	●	◇	◇	●
Continuum with other programs and community support networks	●	●	◇	●	●	●	●	●	∞	●	∞
Program dosage varies by risk level	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇
Responsive to learning style, motivation and culture of offenders	●	●	●	●	●	●	●	●	◇	●	◇
Uses positive reinforcement	●	◇	◇	●	◇	●	●	●	◇	●	●
Staff has undergraduate degrees	◇	∞	●	◇	●	●	◇	●	◇	●	◇
Staff has experience working with offenders	●	●	●	●	?	●	●	●	●	●	●
Staff recruitment and retention strategy	●	◇	◇	●	●	●	◇	●	◇	●	●
New staff training	●	●	●	●	●	●	●	●	◇	◇	●
Program director qualifications	∞	∞	∞	∞	∞	∞	●	●	∞	∞	●
Program data collected and analyzed	●	●	∞	●	∞	∞	●	●	∞	∞	∞
Rigor of evaluation studies	◇	◇	◇	●	●	●	●	∞	◇	∞	∞
Best practices and/or expert panel recommends	◇	◇	◇	●	◇	◇	◇	◇	◇	◇	◇
Evaluation study appeared in peer-reviewed publication	◇	◇	◇	●	◇	◇	◇	◇	◇	∞	∞
Extent and consistency of evaluation results	◇	◇	◇	∞	◇	◇	●	◇	◇	◇	◇

Legend: ● Meets criteria ∞ Partially meets criteria ◇ Does not meet criteria ? No data provided

FFP: *Family Foundations Program;* **IYO**: *Incarcerated Youth Offenders;* **SAP-SATF**: *Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F;* **TCMP-MHSCP**: *Transitional Case Management Program-Mental Health Services Continuum;* **DRC**: *Day Reporting Center;* **FOTEP**: *Female Offender Treatment and Employment Program;* **ICDTP**: *In-Custody Drug Treatment Program;* **PEP**: *Parolee Employment Program;* **RMSC**: *Residential Multi-Service Center;* **STAR**: *Substance Abuse Treatment and Recovery*

CPAP Assessments Details

In this section of the report we provide an explanation of the evidence-based practice or principle behind each of the CPAP rating elements. Then, in italics, we provide a summary of the performance of the eleven programs relative to each element.

Assesses Risk and Targets High-Risk

The most effective recidivism reduction programs conform to the risk principle, which states: "Programs should target offenders who are the greatest risk to reoffend." By targeting the highest risk to reoffend offenders, the CDCR can allocate its resources to offenders who present the greatest risk to the public and who are likely to require the most intensive program interventions to prevent recidivism. To receive credit on this rating element, programs must assess offender risk by means of a validated risk assessment instrument, and target program services to the highest risk offenders.

Only one of the eleven programs assessed with the CPAP conducted or utilized a validated risk assessment instrument. That program, the Substance Abuse Program at the California Substance Abuse Treatment Facility-Yard F, utilizes the CDCR institutional classification score, which is valid for predicting risk of violence within CDCR institutions, although not post-release risk. That program did not use the instrument for the purpose of targeting higher risk offenders. Both within the CPAP programs assessed and in the Inventory generally, informal predictors of potential risk (such as convictions for violent offenses) were usually used to disqualify offenders from programs, rather than to target them for programming interventions. Generally, when CDCR programs target offenders by risk level, it is for the purpose of restricting a program to low-risk offenders. High risk offenders are served only by programs that do not consider risk level at all. The result is a programming environment that offers more programming to low-risk offenders than to high-risk offenders, in direct contradiction to the risk principle.

Assesses Criminogenic Needs and Delivers Services Accordingly

The most effective recidivism reduction programs conform to the needs principle, which states: "Programs should address criminogenic needs." Criminogenic needs are the deficits an offender faces that have contributed to past offending behavior and are likely to lead to future offending unless they are addressed. These needs are dynamic risk to re-offend factors, ones that are possible to change through effective intervention. To receive credit on this rating element, programs must use a validated needs assessment instrument to determine the criminogenic needs of participants and use that assessment to determine the delivery of services and treatment.

Needs assessment was more common than was risk assessment among the programs assessed with the CPAP. Six of the eleven programs assessed conduct needs assessments using a validated instrument for the purpose of determining how services should be delivered. The six programs used a variety of instruments, often dictated by the specific program type, such as the Wechsler Adult Intelligence Scale-III and Minnesota Multi-Phasic Personality Inventory-2 mental health assessments utilized by the Transitional Case Management Program-Mental Health Services Continuum. The Contra Costa County Office of Education, which runs both the Substance Abuse Treatment and Recovery program and the In-Custody Drug Treatment Program, developed its own needs assessment instrument, and retained a psychometrician to conduct validation tests for it. Their instrument was the only instrument utilized by more than one of the programs assessed.

Among the five programs that did not utilize a valid needs assessment instrument, each used some kind of intake form or checklist to identify offender needs. In the absence of validation, it was not possible to determine how consistent these instruments were, or how accurately and effectively they identified offender needs. The variety of validated and non-validated needs assessment tools in use across these programs is in part the result of the lack of a CDCR-wide needs assessment protocol for offenders, which forces each program to adapt its own approach to assessing needs. These program-specific needs assessments were used primarily to determine how a program should be delivered to participants once they were admitted to a program, rather than to screen eligible participants to determine which of them should be in the program.

Clearly Articulates a Theoretical Model

A program's theoretical model posits a cause and effect relationship between the program activities and a reduced likelihood or recidivism. To receive credit on this rating element, the program model must identify a criminogenic need, and it must link the program intervention to addressing that need. Programs do not receive credit for this element if they address only non-criminogenic needs (although they may address such needs alongside criminogenic needs), or if program content does not have a clear relationship to that need.

Clearly articulated theoretical models were the norm among the eleven programs assessed. Only the Residential Multi-Service Center and the Reentry Education programs did not clearly articulate their theoretical models. Both deliver services or curricula intended to address a variety of potential criminogenic needs, but neither drew a clear relationship between those services and their participant population. Significantly, neither program conducts a needs assessment, contributing to a lack of clarity about the relationship between program intervention and participant need.

Has Program Manual and/or Curriculum

Written program manuals and curricula are important means by which the program's theory and content is transmitted consistently to program staff. Programs receive credit for having this material in writing.

All eleven programs assessed had written program manuals and/or curriculum materials.

Uses Cognitive-Behavioral or Social Learning Methods

Cognitive behavioral and social learning approaches have a track record of success in programs to reduce re-offending. Cognitive-behavioral theory posits that offending behavior is the result of patterns of thought that are conducive to criminal behavior. Addressing these criminal thought patterns requires social learning techniques in which the offenders are not only taught different ways of thinking, but how to model them. Pro-social attitudes and behaviors are positively reinforced by program staff. Cognitive-behavioral and social learning methods stress the importance of structure, organized values, roles, rules, responsibilities, and of accountability. A program receives credit for utilizing cognitive-behavioral or social learning methods.

Eight of eleven programs assessed received credit for employing cognitive-behavioral and/or social learning methods, and a ninth (Reentry Education) employs elements of a cognitively-based curriculum, but the overall program framework does not operationalize the methods sufficiently to receive credit. Based on the programs assessed, it appears that the value of these methods is understood within the CDCR program provider community. It is likely that the quality and the extent of the use of these methods in practice vary considerably

across programs. Determining the degree to which this is the case was beyond the scope of this CPAP assessment project, but devoting resources to doing so would provide valuable additional insight into the quality of cognitive-behavioral and social learning programming in the CDCR.

Enhances Intrinsic Motivation

A degree of intrinsic motivation is necessary for an offender to realize lasting behavioral change. Offender motivation for change is likely to fluctuate over the course of program participation and the offender may experience substantial ambivalence about abandoning long-held patterns of thinking. Program staff can play a powerful supporting role in enhancing the motivation of prisoners to change, using a technique called "motivational interviewing." Motivational interviewing is a directive, goal-oriented counseling style intended to elicit offender ambivalence about change in order to effectively resolve it. Programs receive credit if they utilize motivational interviewing techniques.

Six of the eleven programs assessed reported training staff on motivational interviewing techniques and requiring their use. The more intensive programs in the group, such as residential and therapeutic community programs, were particularly likely to use motivational interviewing.

Has Continuities with other Programs and Community Support Networks

Many successful program interventions recruit and use offender family members, community programs and other sources of pro-social support to positively reinforce desirable behaviors. Engaging such support networks can extend the reach, and therefore the effectiveness, of programs in both time and space. Programs receive credit for continuities with community support networks, offender families and other programs.

All the programs assessed with the exception of Reentry Education received at least partial credit for continuities. Family Foundations Program (FFP), Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F (SATF SAP), Day Reporting Center (DRC), Female Offender Treatment and Employment Program (FOTEP), and Residential Multi-Service Center (RMSC) engage participant family members. The SATF SAP, FFP, Incarcerated Youthful Offenders, In-Custody Drug Treatment Program, and Substance Abuse Treatment and Recovery programs interface with other programs to provide aftercare or follow-up services for program completers. FFP, DRC, FOTEP, Parolee Employment Program, RMSC, and Transitional Case Management Program-Mental Health Services Continuum programs connect clients with community resources such as AA/NA meetings or transitional housing providers. The Reentry Education program funds community liaisons in three cities, which is too limited relative to the entire participant population to receive credit as part of the overall program design, but indicates recognition of the importance of these continuities. Based on this group of programs, the CDCR and its program providers consistently seek to build continuities with other programs and community support networks into their program models.

Varies Program Dosages by Risk Level

Dosage refers to the total program exposure, generally measured in hours. The effectiveness of good programs can be diluted when the program is delivered at a low intensity. As a general principle, a higher dosage of programs should be delivered to higher risk to re-offend offenders. Programs receive credit for delivering the program at a higher dosage to higher-risk offenders.

Since none of the programs assessed risk, we did not give any of the programs credit for this item.

Responds to Offender Learning Style, Motivation and Culture

The most effective recidivism reduction programs conform to the responsivity principle, which states: "Programs should be responsive to the temperament, learning style, motivation and culture of offenders." These offender attributes can act in two ways important for program effectiveness. First, attributes such as offender motivation may determine whether an offender is "ready" for the program. An unready offender may be best excluded from a program, despite having the risk profile and criminogenic needs appropriate for participation. Second, once an offender is included in a program, the program will enhance its effectiveness by matching delivery to the different learning styles, temperaments and cultural backgrounds of the participants. While taking all of these factors into account is a tall order for any program, "one size fits all" approaches are less effective than those that have responsivity elements built into their design. Programs do not receive credit if the program is delivered to all offenders in the same manner.

Nine of the eleven programs assessed received credit for incorporating responsivity elements into their program design. Of the nine, only Incarcerated Youthful Offenders (IYO) appears to evaluate offender readiness for the program. The other programs that incorporate responsivity elements modify program delivery in response to relevant differences among offenders. In other words, the programs assessed generally considered responsivity factors for participants once they were in the program, not whether they should be in the program.

Uses Positive Reinforcement

Programs should use positive incentives. The current research consensus is that positive reinforcement should be applied more than negative reinforcement when trying to effect behavior change. Programs receive credit for building positive reinforcement structures into their program design.

Seven of the eleven programs assessed had explicit use of positive reinforcement built into their program designs. Examples of positive reinforcement for behavior change included earned privilege systems, added trips or extracurricular activities, or regular verbal praise and encouragement as a performance requirement of program staff. IYO and Reentry Education use graduation ceremonies as positive reinforcements.

Employs Qualified Staff Members

Formal education is particularly important given that many of the elements of effective interventions that have proven effective (such as motivational interviewing and cognitive behavioral methods) have specialized technical content. Prior experience working with offenders is also valuable, as working with offenders to change their behavior presents unique challenges. Programs receive credit if 75% of staff delivering program services to offenders have undergraduate degrees, if 75% of those degrees are in helping professions, and if 75% of staff have two years of experience working with offenders.

Seventy-five percent of staff delivering program services had undergraduate degrees in six of eleven programs surveyed. In five of those six programs, 75% of staff degrees were in a helping profession. 75% of the staff had at least two years of experience working with offenders in all ten of the programs that were rated on this item. (Transitional Case Management Program-Mental Health Services Continuum could not provide the information necessary to rate this item.) There was no program that failed to meet both the undergraduate degree and the experience working with offenders criteria. It appears that the CDCR program division values experience with offenders more than formal education.

Has a Staff Recruitment and Retention Strategy

Programs will be much more effective in recruiting a staff that meets CDCR's preferred standard if they have an explicit strategy for recruiting individuals with the desired qualifications. A staff retention strategy to keep staff members in the program is also important. Heavy staff turnover interferes with the consistency of program delivery and can cause deterioration in quality of even the best-designed programs. Programs receive credit for having an explicit strategy to recruit and/or retain staff.

Seven of the eleven programs assessed had a strategy for either staff recruitment, staff retention, or both. Retention strategies were more common than recruitment strategies, and many of the recruitment strategies put forth by programs seemed to be standard hiring processes.

Trains New Staff

Staff training is vital for the consistent delivery of program services in accordance with the program model and is particularly important for new staff members. Written training materials facilitate the translation of the program model into practice. Conversely, the absence of such material raises red flags regarding the quality of staff training. Programs receive credit for providing training for new staff that includes written training materials.

All but two of the programs assessed received credit for new staff training. In the two programs that did not receive credit, there was no distinct training for new staff. Instead, new staff receive their training by attending regularly held training sessions with the staff already in place.

Employs Qualified Program Directors

The qualifications and degree of involvement of a program director impacts the likelihood of program effectiveness. Programs receive credit if the program director was involved in the development of the program, which provides him or her with greater knowledge of the program model, if the program director has experience working with offenders, and if the program director has a degree in social work or a related field.

Three of the programs assessed had program directors who met all three criteria, and another four had program directors who met two of the three criteria. No program had a director who did not meet any of the criteria. For the five programs with program directors who met only one of the three criteria, that criterion was experience working with offenders.

Collects and Analyzes Program Data

Evidence-based practice requires not only evaluating evidence collected in other contexts when deciding what program approach to adopt, but collecting and using evidence once a program is in place. Programs should measure performance and use that information for continuous improvement. Effective measurement must be built into a program from the start in order to produce the most accurate and useful data for program evaluation and improvement.

Programs receive credit if they:

1. Collect data to monitor program performance.
2. Include individual level data on participation.
3. Identify the program eligible population.
4. Forward data for analysis by a non-program entity.

Five of the eleven programs assessed met all four of the criteria. Substance Abuse Treatment and Recovery (STAR), Parolee Employment Program, and Day Reporting Center (DRC) were able to meet all criteria except for identifying the program eligible population, which was not possible due to the way in which participants are referred to them. Residential Multi-Service Center (RMSC) met all criteria except the forwarding a data for analysis by a non-program entity. Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP) does not gather data to monitor program performance, nor does it collect individual-level data. Reentry Education met only the first of the criteria.

Bases Programs on Research

There are two ways of looking at the strength of the research basis of a program model. The first is the extent of that research basis: has it been evaluated multiple times, have those evaluations met the standards of publication for peer-reviewed journals, and have the outcomes of those evaluations been consistently positive, or have they been mixed? The second is the rigor of the research that has generated the evidence: have the research studies on program outcomes had sufficiently strong designs to create confidence that any differences in recidivism between program participants and non-participants are the result of the program, and not other differences between participants and non-participants?

Four of the eleven programs assessed had no research basis to rate, so far as the raters could determine. Three programs (STAR, RMSC and In-Custody Drug Treatment Program (ICDTP)) had evidence only from the evaluation of the Preventing Parolee Crime Program (PPCP) conducted by a team of researchers from San Diego State University, lead by Dr. Sheldon Zhang. STAR and RMSC are component programs of PPCP, and the evaluation found a relationship between participation in each and a reduced likelihood of re-incarceration within 12 months of release from prison. The study was reasonably well-designed, and the results were published in a peer-reviewed publication. The performance of STAR and RMSC was assessed relative to a comparison group of parolees who did not participate in any PPCP programs. However, the study was of PPCP as a whole, not of the individual programs within it. This comparison group may or may not be similar to STAR or RMSC participants. The research basis for ICDTP is even more tenuous, consisting of the examination of STAR in the PPCP evaluation, as ICDTP is based in part on the STAR curriculum. The persuasiveness of the evidence in favor of all three programs would be much stronger had they been evaluated individually, comparing results for participants against a comparison group of parolees eligible for those programs specifically.

TCMP-MHSCP and DRC were evaluated individually, with reasonably strong research designs, although the DRC evaluation was of the program operated in Chicago, not the Fresno DRC. Female Offender Treatment and Employment Program has multiple positive evaluations of comparable strength of design to the TCMP-MHSCP and DRC evaluations.

The most thoroughly evaluated program model is the Substance Abuse Program at the California Substance Abuse Treatment Facility-Yard F. The best study showing positive results for the in-prison therapeutic community model is a quasi-experimental design, a stronger design than that used by any of the other CPAP-assessed programs. There have been multiple positive evaluations of the model, including in peer-reviewed publications, and it has been recommended by expert and best practices bodies. However, there have also been negative and no effect evaluations of the model, including one in California. The best research consensus on this program model is that it is not very effective unless the program is followed by post-release aftercare. This is currently something that in-prison Substance Abuse Programs, in cooperation with Substance Abuse Service Coordinating Agency, try to facilitate, but participation in aftercare is voluntary, and research by the UCLA Integrated Substance Abuse Program (ISAP) indicated that participation rates in aftercare are low.

If the eleven programs assessed by the CPAP are any indication, the research evidence on CDCR programming is not extensive. What is unknown about the effectiveness of this group of programs is far more than what is known, and directing more research resources to these programs is warranted.

CPAP Program Reviews Conclusion

The CPAP assessments that we conducted on the eleven identified recidivism reduction programs provide grounds for optimism concerning program content. Most of the programs that we reviewed contain program design elements that are in line with "what works" research for effective adult offender rehabilitation programming. Only three of the eleven programs that we reviewed scored poorly overall: Incarcerated Youthful Offenders (IYO), Reentry Education, and Parole Employment Program (PEP). IYO's low scores validate our recommendation that the CDCR needs to devote more attention to developing age-responsive programming for its youthful offenders. The low scores in the Reentry Education program and PEP highlight the importance of our recommendations to ensure that parolees have the necessary reentry programs that will give them the skills they need to be successful in the community—maintain sobriety, locate housing, and obtain employment. The CDCR needs to improve the quality of these critical offender programs, especially in light of the fact that the PEP operates in all 33 of the CDCR's adult prisons.

While we uncovered good news regarding program content, program placement did not fare as well. As we have mentioned before, the CDCR has only recently begun piloting a validated risk to re-offend assessment tool with its prison population, but has been using such an instrument with its parole population for more than two years. Continued and expanded use of these tools will help the CDCR program staff assign offenders to programming based on risk to re-offend and criminogenic needs levels. We provide additional details of the CPAP program reviews in Appendix N.

Part III—Next Steps and Conclusion

Next Steps

We are pleased to be a part of the process of helping California improve its adult offender rehabilitation programming and have presented our roadmap of recommendations to guide the CDCR down the path of using evidence-based principles and practices with its prison and parole offender populations.

We believe that this report is just the first step of the journey. In this chapter we present recommendations for future projects and-or activities that the CDCR should engage in to continue to make progress in this important undertaking.

Complete CPAP Assessments. This Panel was able to complete CPAP assessments for 11 out of the 34 identified CDCR Recidivism Reduction Programs. We propose that the CDCR complete assessments for the remaining 23 programs and issues a report of its findings to the Legislature.

Focus on Academic Programming. In a future phase of this project, we believe the Panel should spend more time evaluating and commenting on the CDCR's academic program offerings. Because of our time limitations, we did not feel that we were able to give the academic programs the amount of attention that they warranted. Therefore, we propose that future Panel activities focus on academic programs.

Develop Benchmarks that Assist with the Implementation of AB 900. We recognize that many of the activities that the CDCR is now mandated to perform as a result of the passage of AB 900 are activities that other agencies in other states have successfully completed. We propose that a future Panel partners with the CDCR to help it implement these requirements. The future Panel could use its experiences and expertise to help the CDCR implement these requirements with fewer mistakes and greater efficiency.

Help CDCR Establish "High-Powered" Implementation Teams. As we have stated, we believe that the CDCR's progress has been hindered by the existence of "silos" within its organizational structure. As part of the future implementation phase of this project, we would like to work with the CDCR to help it establish targeted implementation teams comprised of leaders from diagonal slices of the CDCR department that cuts across existing silos. These teams would be empowered by the Secretary of CDCR and granted broad authority to implement the changes called for in our recommendations. The Panel's role would be to help create these teams and then to advise them as needed.

Analyze Support Infrastructure. We propose that a future Panel consult with the CDCR leadership team to analyze its support infrastructure in light of its current mission and objectives. The Panel would then help the CDCR create a support infrastructure that reflects organizational best practices and is better suited to implement our recommendations.

Help CDCR Develop Capacity to Perform QA and Evaluation on a Continuing Basis. Several of our recommendations are built on the concept of "continuous improvement." A necessary component of continuous improvement is measuring quality. We propose that future Panel activities include teaming with the CDCR's Office of Research to help its staff members develop the internal skills and tools they will need to perform quality assurance measurements and to perform process and outcome evaluations on all of the CDCR adult offender programs.

Assist with Outcome Evaluation of Spending of $54 Million Reentry Initiatives Budget. We propose that a future Panel work with the CDCR to evaluate the outcomes of the spending decisions made in accordance with the $50 million reentry initiatives budget. If new programs were implemented as a result of this spending, the Panel could assist with the evaluations of those programs. At the conclusion of the evaluation period, the Panel should issue a report to the Legislature describing its findings.

Refine Population Projections and Financial Estimates. We propose that a future Panel work with the CDCR to obtain the information and develop the appropriate models to refine information concerning the impacts of our recommendations on future CDCR populations and budgets.

Assist with the Development of RFPs for Future Research Studies. We believe that at some point in the future, the CDCR will need to conduct, multi-year research studies to determine the effectiveness of its key adult offender rehabilitation programs. We propose that a future Panel assist the CDCR with developing requests for proposal (RFPs) for qualified research entities to conduct these studies. The Panel could also serve as an independent entity to help the CDCR interview and select the appropriate research entities.

Provide Additional Recommendations for Prisoners with Long Lengths of Stay. California has a large number of prisoners who have been or will be incarcerated for long periods of time. We think that a future Panel should study this population and then provide the CDCR with rehabilitation and reentry programming recommendations that would address the specific needs of this often neglected group of adult offenders.

Provide Additional Recommendations for Parolees Reentering their Communities. Most of our attention for this report was focused on the CDCR's prison system. We feel that a future Panel should look at the CDCR's parole system and provide the CDCR with additional recommendations on how to improve the quality of rehabilitation programming delivered in the community, as well as to suggest ways for improving the manner in which programs are delivered in the community.

Produce a Detailed Implementation Plan that Operationalizes Our Recommendations. We provide a high-level implementation plan in this report. We propose that a future Panel work with the CDCR to develop a detailed implementation plan. The Panel can help the CDCR integrate the plan into its existing strategic plan and review annually the progress that the CDCR is making toward accomplishing plan objectives.

Conclusion

We believe that with this *Report to the California State Legislature: A Roadmap for Effective Offender Programming in California*, we have provided guidance to California for improving its adult prisoner and parolee rehabilitation programming and reducing its recidivism rate. The public deserves and the offenders need the opportunity to receive the rehabilitation programming and services necessary to help them make a successful and long-term transition to the community.

In this report we advocate a system of identifying needed rehabilitative programming, implementing those programs, and measuring the fidelity of their implementation and outcomes in relation to their effectiveness. We believe that California will realize two important benefits from a public policy perspective: (a) the CDCR will be more transparent and accountable for a mission that is in line with the public's expectations, and (b) a significantly larger number of the several hundreds of thousands of prisoners who enter California prisons will return to their communities more prepared to be law abiding citizens.

Appendix A—Reports Previously Published Reports on California's Correctional Crisis

Summary of Previous Reports

We agree with the Little Hoover Commission (2007) in that California doesn't need another report outlining correctional reform measures. What California needs to do is implement some of the proposals that have already been presented to it. Since 1990, there have been more than a dozen reports published that deal with the crisis in California's adult prison system. The major recommendations made in all of these reports are entirely consistent with the recommendations contained in our report. In fact, a review of these 15 reports by Panel co-chair Joan Petersilia revealed that all of the reports recommend essentially the same ten things, which are:

1. Stop sending non-violent, non-serious offenders to prison. This particularly pertains to technical parole violators, who could better be served in community based, intermediate facilities.
2. Once in prison, use a standardized risk and needs assessment tool to match resources with needs and determinate appropriate placements for evidence-based rehabilitation programs.
3. Develop and implement more and better work, education, and substance abuse treatment programs for prisoners and parolees.
4. Reform California's determinate sentencing system to reward prisoners for participating in rehabilitation programs and allow the system to retain prisoners who represent a continued public safety risk.
5. Move low risk prisoners to community-based facilities toward the later part of their sentences to foster successful reintegration and save more expensive prison-based resources. Sub-populations, such as women, the elderly and the sick, are ideal candidates.
6. Create a sentencing policy commission or some other administrative body that is authorized to design new sentencing statutes into a workable system that balances uniformity of sentencing with flexibility of individualization.
7. Reform California's parole system so that non-serious parole violators are handled in community based intermediate facilities and more violent parole violators are prosecuted for new crimes.
8. Create viable partnerships between state and local corrections agencies that would expand sentencing options, enhance rehabilitation services, and strengthen local reentry systems. Suggestions have been made that include Community Corrections Acts (to get greater funding for local criminal justice initiatives) and a Community Corrections Division of the CDCR charged with developing alternatives.
9. Evaluate all programs and require that existing and newly funded programs are based on solid research evidence.
10. Promote public awareness so that taxpayers know what they are getting for their public safety investment and become smarter and more engaged about California's prison system.

List of Previous Reports

Blue Ribbon Commission on Inmate Population Management (1990) established by the California legislature in 1987, chaired by Grover Trask (District Attorney Riverside County. It issued its final report in 1990 with 38 recommendations. Recommended alternative sanctions, and more programming, reentry programs.

Prison Population and Criminal Justice Policy in California (1992). California Policy Seminar. Frank Zimring and Gordon Hawkins. Analysis of the recent expansion of California prisons and alternative policy responses.

Crime and Punishment in California: Full Cells, Empty Pockets, and Questionable Benefits (1993). California Policy Research Center, Joan Petersilia describes the growing problem of parole violators in California prisons.

Putting Violence Behind Bars: Redefining the Role of California's Prisons (1994). The Little Hoover Commission found that the State's sentencing system was unduly complicated and inequitable to both victims and offenders and there was little distinction between the way violent and non-violent criminals were handled. The Commission recommended that the State create a sentencing commission to develop a sentencing structure that protects public safety, tailors the punishment to fit the crime, addresses the needs of victims, fosters responsibility in prisoners and balances costs with benefits.

Estimating the Effect of Increased Incarceration on Crime in California (1995). California Policy Research Center, Franklin Zimring and his authors describe the impact of increased prison populations on crime rates in California.

Minimizing Harm as a Goal for Crime Policy in California (1997). California Policy Seminar Report. Edited by Edward Rubin, with analysis and chapters by Zimring, Greenwood, Petersilia, Skolnick, and others. Purpose was to draw on the work of leading criminologists to consider ways to address the critical problems facing California criminal justice system.

Beyond Bars: Correctional Reforms to Lower Prison Costs and Reduce Crime (1998). The Little Hoover Commission found that state and local correctional systems were not integrated and that the State's response to offenders needed to include an expansion of local sanctions and community correctional facilities for low-level offenders. The Commission also recommended expanding programs for prisoners and parolees, developing separate facilities for parolees returned to custody who are most likely to re-offend and re-evaluating the organizational structure of parole.

Challenges of Prisoner Reentry and Parole in California (2000). Joan Petersilia, California Policy Research Center. Describes the unique challenges of California's prisoner reentry problem.

Back to the Community: Safe and Sound Parole Policies (2003). Little Hoover Commission found that the State's parole policies resulted in far too many parolees returning to overcrowded prison facilities for technical violations. The Commission proposed expanding evidence-based rehabilitative programs for prisoners and parolees and recommended policy-makers review the sentencing laws that place every offender on parole following incarceration.

Breaking the Barriers for Women on Parole (2004). The Little Hoover Commission studied the unique barriers facing the more than 10,000 women in California's prisons and 12,000 women on parole.

Governor's Plan to Reorganize the Youth and Adult Correctional Agency (2005). Corrections Independent Review Panel: Reforming California's Youth and Adult Correctional System ("The Deukmejian Report"). The Commission reviewed Governor Schwarzenegger's plan to reorganize the Youth and Adult Correctional Agency into the Department of Corrections and Rehabilitation. This reorganization, which the Commission supported, placed a renewed emphasis on rehabilitation for prisoners and parolees.

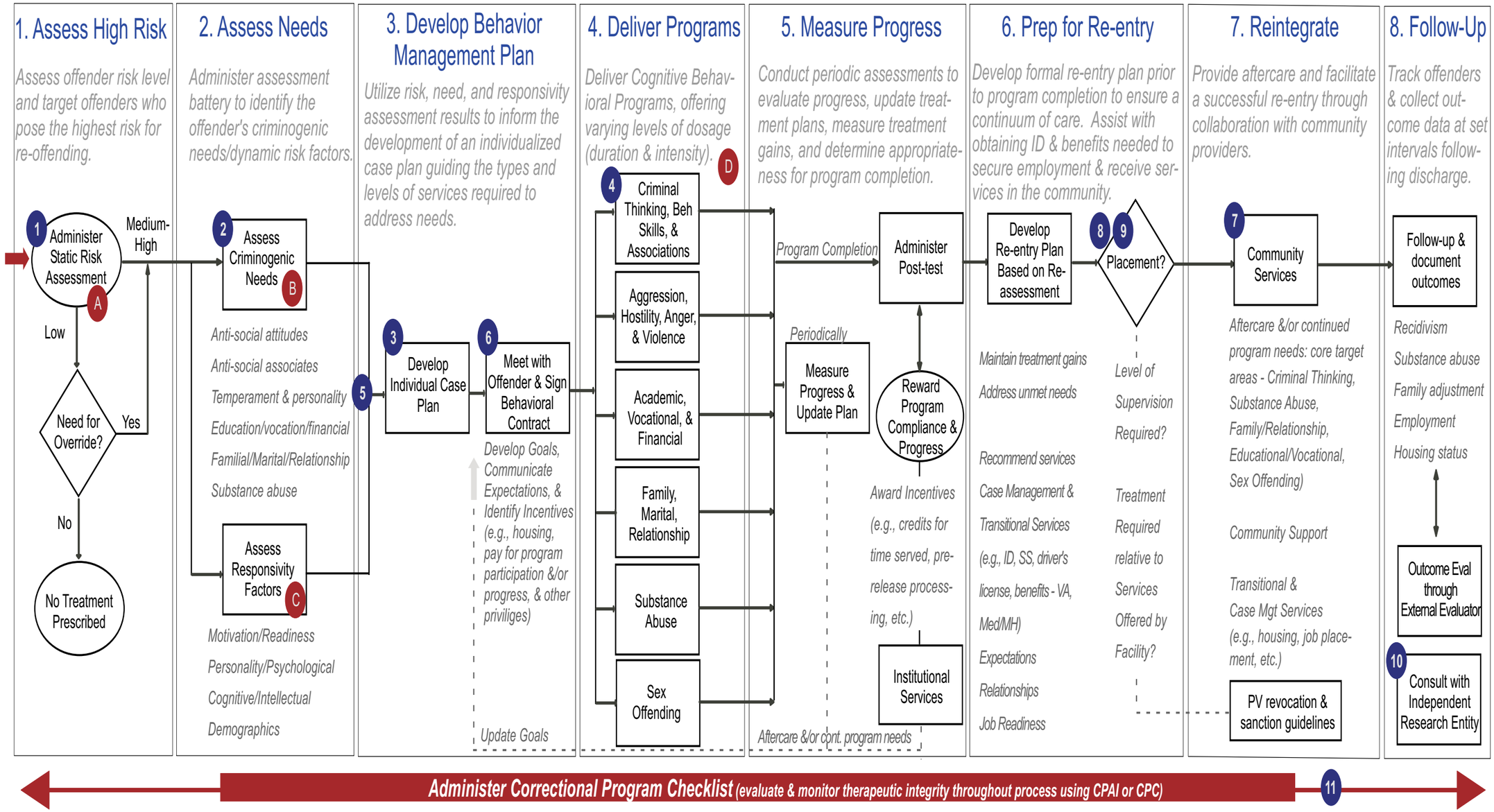
Understanding California Corrections, California Policy Research Center (2006). Joan Petersilia wrote a primer on the California corrections system, from arrest through release on parole and return. She recommended greater emphasis on in-prison and parole planning, presumptive sentencing or a sentencing commission, and a return to indeterminate sentencing.

Task Force on California Prison Crowding, National Council on Crime and Delinquency (2006). This report offers policy and program options to address the severe problems in California prisons.

Reducing the Incarceration of Women: Community Based Alternatives, National Council on Crime and Delinquency (2006).This report describes effective treatment for women in prison in California.

Solving California's Corrections Crisis: Time is Running Out (2007). The Little Hoover Commission studied the correctional crisis facing California from a financial expenditure perspective.

Appendix B—Full-Sized California Logic Model



Appendix C—Recommendations for Incorporating Evidence-Based Practices in the CDCR

Principles of Effective Intervention, "What Works"	Recommendations (recommedation # corresponds with logic model)		Research Evidence & Best Practices	Measurement/QA
Risk Principle Who Should be Targeted? High Risk Cases High risk offenders will likely reoffend if not treated. Lower risk offenders are not likely to reoffend, even without treatment. In fact, treatment of low risk offenders may possibly increase their risk levels by exposing them to higher risk offenders ("contagion effect"). The highest risk offenders may not benefit from treatment either. Match the level of treatment services to the risk level of the offender. High risk offenders should be prioritized for treatment & should receive more intensive and extensive services. Low-risk offenders should receive minimal or no intervention.	1 Select and utilize an actuarial risk assessment tool to assess offender risk for re-offending 8 Limit parole supervision to high and moderate risk offenders, and release low risk offenders without supervision 9 Develop structured guidelines for responding to technical violations based on offender risk level and severity of the violation	A Example Risk Assessment Tools	The largest known test of the "risk principle" found that the provision of intensive services for higher-risk offenders was associated with an 18% reduction of recidivism for offenders in residential programs and a 9% reduction for offenders in non-residential programs. Yet, when intensive services were provided to low-risk offenders, they either had a very minimal effect or a negative effect on recidivism (Lowenkamp, Latessa, & Holsinger 2006). 7% reduction in recidivism when higher risk received more intensive services and lengthier supervision, 1% reduction when there was no variation in supervision length and/or treatment services based on risk level. 7% reduction in recidivism when exclusionary criteria were followed to ensure program received appropriate offenders, 0% reduction when program received clients inappropriate for services provided. Research on length of stay/involvement in CJS & recidivism rates?	risk level data of entire population overall risk score by individual offender assessment & re-assessment dates % case plans in adherence with guidelines/matrix % cases where overrides have been applied fidelity to risk principle - Shear Dose Hours (SDh) - dosage = frequency, intensity, & duration average sentence length & supervision length by risk # contacts by service type/level for each risk group
Need Principle What Should be Targeted? Crime-producing Needs Effective programs target multiple factors related to re-offending that can be changed: Anti-social attitudes Anti-social associates Personality & temperament Familial factors Education/Vocation Substance abuse	2 Select and utilize a needs assessment battery 3 Develop & implement a case planning process	B Example Needs Assessment Tools	Targeting criminogenic needs is the most highly supported and powerful principle of effective intervention, demonstrating the most robust correlation with recidivism reduction (.55). Programs that target criminogenic needs reduce recidivism by 20%, programs that target non-criminogenic needs reduce recidivism by only 5%. 5% reduction in recidivism when more than 25% of program targets were criminogenic, 16% increase in recidivism when 25% or fewer of program targets were criminogenic. 6% reduction in recidivism when need factors were assessed, no reduction when need factors were not identified.	aggregate needs data for entire population criminogenic profile for each individual offender (with scores in each domain area) assessment & reassessment dates total "protective score"/strengths for each offender
Treatment Principle How Should Treatment be Delivered? Cognitive-behavioral approaches are most effective, incorporating techniques rooted in social learning, cognitive therapy, and behavioral interventions.	4 Select & deliver an evidence-based menu of standard program offerings	D Examples of Programs in Major Domain Areas	Washington outcome & cost-benefit study - crim thinking, anger/violence, educational/vocational, family., substance abuse, sex offender program research, etc...(results by each respective program target area) 9% reduction in recidivism when role plays were conducted every session, 2% reduction when role plays were used only occasionally or never 8% reduction with cog-behavioral program, no reduction w/other models	# role plays and behavioral techniques per session service capacity - FTE to offender ratio, length of staff service, staff experience, education, and training, staff turnover rate, group facilitator to participant ratio, etc.
Compliance & Reinforcement Principle Can offenders be motivated to change behaviors? Effective programs are responsive to individual differences in motivational levels, personality traits, levels of cognitive/intellectual functioning, and demographic variables, by matching offenders to appropriate treatment groups and staff facilitators.	6 Develop and administer an incentive system to reward program compliance/completion and good behavior	C Responsivity Factors & Example Responsivity Assessment Tools	Research on use of reinforcers... Best practices other states (NY merit time study, etc.)...	% of sessions attended client satisfaction indicators clinical observation & feedback results (use of reinf) program retention data
Community Collaboration How Can Treatment Gains be Maintained? Effective programs develop formal partnerships with community stakeholders to ensure a continuum of service delivery, and seamless transition upon re-entry. Maintaining behavioral change requires support from friends, family, and others in the community.	7 Develop formal partnerships with community stakeholders (advocacy and brokerage)		8% reduction in recidivism when supported by community, 2% increase in recidivism when community did not value and support the program Research on provision of aftercare in community? Missouri's interagency steering team example...collaborative model found recidivism reduction at 6 & 12 months, 4.7% & 3.7%, respectively.	# meetings scheduled & % held by type level of diversity & representation at meetings/workgroups with community stakeholders profile of success in working as team (Team Status Questionnaire)
Fidelity & Agency Development Is Treatment Achieving the Desired Effect? Effective programs ensure therapeutic integrity by continually monitoring service delivery processes in areas such as program development, organizational culture, staff selection and training. Outcome measures are also tracked and evaluated to determine whether or not the program is achieving its desired effect.	10 Create a permanent advisory entity to advise the CDCR and monitor implementation of the recommendations 5 Develop performance measures - outcome and process, quantitative and qualitative, for all programs and agency goals		9% reduction in recidivism when follow-up data was collected, 4% reduction when program did not collect data 6% reduction in recidivism when internal quality assurance mechanisms were in place, 1% reduction when internal QA was not conducted	average daily population % completed by type of discharge (success, failure) variance in recid/revoc (by region, facility, staff member) recidivism outcomes - arrest, conviction, commitment, revocations (technical and convicted) other outcomes - drug use, housing, emp, family, educ gap between ideal and current cultural environment by area (Likert Organizational Climate Survey) staff evaluations w/feedback on offender interaction

Appendix D—Resources for Implementing Recommendations in the CDCR

Assessment Tools, Programs, & Other Resources

A General Risk Assessment Tools (examples)

Salient Factor Score (SFS) (static prediction)

Level of Service Inventory (LSI-R), (LS/CMI), & (LSI-R:SV)

Risk of Reconviction Scale (ROC) - New Zealand

Correctional Assessment and Intervention System

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) - Northpointe Inst for Public Mgt, Inc.

Offender Intake Assessment (Motiuk/CSC '97)

Statistical Information on Recidivism (SIR) - Nuffield '82

Wisconsin Risk/Need Assessment Scale - Arling & Lerner '79

Community Risk/Needs Management Scale

Client Management Classification System (NIC '83)

Violent Risk Assessment Tools (examples)

Violence Risk Appraisal Guide (VRAG) - Quinsey et. al.

Violence Risk Scale (VRS) - Wong & Gordon '06

Dynamic Risk Appraisal Scale (DRAS) - Quinsey et. al.

Proximal Risk Factor Scale (PRFS)

Historical Clinical Risk-20 (HCR-20)

Short Term Assessment of Risk & Treatability (START)

B Criminogenic Needs (dynamic risk factors)

Anti-social/procriminal attitudes/beliefs/cog-emotional states

Anti-social associates, social support for crime & isolation from anti-criminal others

Temperamental and personality factors conducive to criminal activity:

- Psychopathy
- Weak socialization
- Lack of empathy, callousness
- Impulsivity, poor self-control
- Restless/aggressive energy
- Egocentrism
- Below ave. verbal intell.
- Taste for risk
- Decision-making skills
- Problem-solving skills

Low levels of educational, vocational, financial achievement

Familial/Marital/Relationship Factors
affection, quality of relationships, supervision/monitoring

Substance abuse

B Criminogenic Needs Assessment Tools (examples)

Anti-social Attitudes, Beliefs, & Associations Assessment Tools:
Criminal Sentiments Scale-Modified (CSS-M)
Criminal Thinking Scales (TCU)
How I Think Questionnaire (HIT)
Phoenix Opinion Survey (POS)
Criminal Expectancy Questionnaire (CEQ)
Beliefs Inventory
Pride In Delinquency
Criminal Neutralizations
Psych Inventory of Crim
Thinking Styles (PICTS)

Temperamental/Personality Assessment Tools:
Psychopathy Checklist-Revised (PCL-R) & (PCL-R:SV)
Minnesota Multiphasic Personality Inventory (MMPI)
California Personality Inventory Socialization (So) Scale
Eysenck Personality Inventory
Porteus Maze Test
Multi-dimensional Personality Questionnaire
GRAS MICK

Anger, Hostility, Aggression Assessment Tools:
Hostile Interpretations Questionnaire (HIQ)
Novaco Anger Scale

Batterers/Domestic Violence Tools:
Propensity for Abusiveness Scale (PAS)
Spousal Assault Risk Assessment Guide (SARA)
Domestic Violence Inventory (DVI)

Educational Assessment Tools:
General Education: TABE, WRAT, Pre-GED, & GED Tests
Special Education:
Woodcock Johnson
Brigance

Vocational Assessment Tools:
Career Scope (Interest Inventory)
NCCER, ICDL, NOTI - recognized industry credentials/certification tests

Substance Abuse Screening & Clinical Assessment Tools:
Texas Christian University Drug Screen II (TCUDS II)
Simple Screening Instrument (SSI)
Drug Abuse Screening Test (DAST-20) - drug use
Alcohol Dependence Scale (ADS) - alcohol use
Leeds Dependence Questionnaire (LDQ) - substance use
Cut Down, Annoyed, Guilty, Eye-opener (CAGE)
Addiction Severity Index (ASI) & SA-ASI
Offender Profile Index (OPI)
Diag & Statistical Manual of Mental Disorders (DSM IV)
Internal Classification for Diseases (ICD-10)
Substance Abuse Questionnaire (SAQ)
Substance Abuse Subtle Screening Inventory (SASSI-2)
Global Appraisal of Individual Needs (GAIN) - Dennis '98

Sexual Offending Risk &/or Needs Assessment Tools:
Static-99 & Static-2002
Sex Offender Needs Assessment Rating (SONAR)
Stable-2000 & Acute 2000
Rapid Risk Assessment for Sex Offense Recidivism (RRASOR)
Sexual Offender Risk Appraisal Guide (SORAG)
Minnesota Sex Offender Screening Tool-Revised (MnSOST-R)
Sexual Violence Risk-20 (SVR-20)
California Actuarial Risk Assessment Tables (CARAT)
Sexual Adjustment Inventory (SAI)

C Responsivity Factors

Motivational/Readiness
Treatment amenability
Compliance
Treatment response
Treatment gain

Personality/Psychological
Psychopathy
Anxiety
Depression
Mental illness/disorders
Self-esteem
Sensation seeking
Sensitivity
Poor social skills
Psychological maturity

Cognitive/Intellectual Functioning
Intelligence
Concrete vs. abstract thinking
Problem-solving skills
Verbal skills
Learning style
Communication style
Educational level
Cognitive maturity level
Learning disabilities
Attention deficits

Demographic Variables
Age
Gender
Race
Ethnicity/culture
Social background
Life experiences

C Responsivity Assessment Tools

Motivation/Readiness *(many of these are specific to substance abuse)*:
Self-Improvement Orientation Scheme-Self-Report (SOS-SR) - Simourd
Treatment Readiness, Responsivity, and Gain Scale (TRRG:SV) - Serin
Readiness for Change Questionnaire (RCQ) - Rollnick
Desire for Help Scale
Balanced Inventory of Desirable Responding/Paulus Deception Scale
Client Evaluation of Self & Treatment (CEST) - Texas Christian University
University of Rhode Island Change Assessment (URICA) - P&D
Stages of Change Questionnaire (SCQ) - Prochaska & DiClemente
Orientation to Treatment Scale (OTS) - Robinson & Weekes
Interpersonal Style Scale (ISS) - Serin & Kennedy
Treatment Evaluation Scale (TES) - Serin & Kennedy
Adult Self-Assessment Questionnaire (AdSAQ) - Wanberg & Milkman

Personality Characteristics
Jesness Inventory, Interpersonal Maturity Level (I-Level)
Quay's Adult Internal Management System (AIMS)
Minnesota Multiphasic Personality Inventory (MMPI)
Personality Assessment Inventory (PAI)
House Tree Person Test

Cognitive/Intellectual Functioning Levels
BETA III (IQ)
WRAT
TABE

Mental Health Symptoms/Diagnoses
Diagnostic and Statistical Manual of Mental Disorders (DSM IV)
Carroll Depression Scales-Revised (CDS-R)
Beck's Depression

D Program Examples

Motivational Programming
Brief Motivational Intervention
Motivational Interviewing
Motivational Enhancement Therapy

Criminal Thinking, Beh, & Assoc.
Thinking for a Change (Bush, NIC)
Changing Offender Behavior (Latessa, UC)
Criminal Attitudes Program (Simourd)
Choices, Changes, & Challenges
Moral Reconation Therapy (MRT)
Rational Emotive Behavioral Therapy (Ellis)
Criminal Personality Programming (Y & S)
Reasoning & Rehabilitation
WI DOC Cognitive Interv. Program (Think)
Counter-Point (CSC)
Leisure Skills Program (CSC)
Cognitive Skills Program (CSC) (R&F)
Options: A Cognitive Change Program (NIC)
Strategies for Thinking Productively (Baro)
Positive Solutions (Nelson)
Problem Solving Skills (Taymans)
Social Thinking Skills (Larsen)

Hostility, Aggression, Anger, Violence
Violence Prevention (CSC, PA DOC)
Anger & Emotions Mgt Program (CSC)
Aggression Replacement Training (ART)
Managing Problematic Anger (Kassinove)
Pathways to Personal Empowerment
Control Agr & Learning to Manage (CALM)
(Note: DV programs not proven effective)

Substance Abuse
Crim Cond & SA Treatment: Strategies for Self-Imp & Change (Wanberg & Milkman)
Breaking Barriers (Graham)
Relapse Prevention (Weiss)
Whole Vision (Gomik)
White Bison (Coyhis)
Healthy Lifestyle (Dudley-Grant)
Dialectical Behavior Therapy (DBT)
HISAP, OSAPP, & Choices (CSC)
DATP (FBOP)

Education/Employment
ABE, GED, & ESL
Special, Secondary & Post-Secondary Educ
Correctional Industries & Vocational Educ

Familial/Marital/Relationships
Parenting Skills Program (CSC)
Living Without Family Violence (CSC)

Sexual Re-offending
RTCSOTP, Clearwater, & Phoenix Programs (2000)

Appendix E—Estimating the Impacts of Our Recommendations

In this section of the report, we present the impact of our recommendations from three perspectives: (a) recidivism reduction, (b) prison and parole population reductions, and (c) financial costs and benefits associated with recidivism and correctional population reductions.

None of the recommendations made by the Panel will have any impact on the number of persons being sentenced by the courts to the CDCR or their sentence lengths. Rather our recommendations will only affect the large numbers of persons who are being returned to custody for violating their parole conditions and the amounts of time served in prison or on parole.

Our estimates are grounded in a large number of studies and the experiences of other states that have successfully implemented such reforms without adversely impacting public safety. However, we emphasize that the major recommendations require legislative, administrative, and programmatic changes before California can implement them.

The legislature, with the consent of the governor, must modify California's current sentencing laws, which affects how much good time prisoners receive. We are mindful that this may be more difficult to do for offenders sentenced under the state's two and three strikes laws, so we have separated our recommendations accordingly.

The CDCR must enact new administrative policies that reasonably restrict the large number of parolees being returned to prison for technical violations. This has been done before in California and is being done in other states. Finally, the CDCR, with proper funding from the legislature, will need to make significant changes in the number and types of programs it offers to prisoners and parolees. Ineffective programs that hold little, if any, promise of reducing recidivism need to be identified and de-funded as quickly as possible. Then, new and effective programs need to be created. For this to occur, the CDCR will need to re-organize its own operational capabilities as outlined in Appendix J.

It is important to note that these estimates are based on the data that were made available to the Panel by the CDCR as well as the experiences of the other state correctional systems. As such they are preliminary in nature and subject to modification based on further analysis that may be required. Once it becomes clear on the extent to which the recommendations will be adopted and implemented more precise estimates should be made. *It is also important to note that the CDCR has neither authenticated nor endorsed our estimates.*

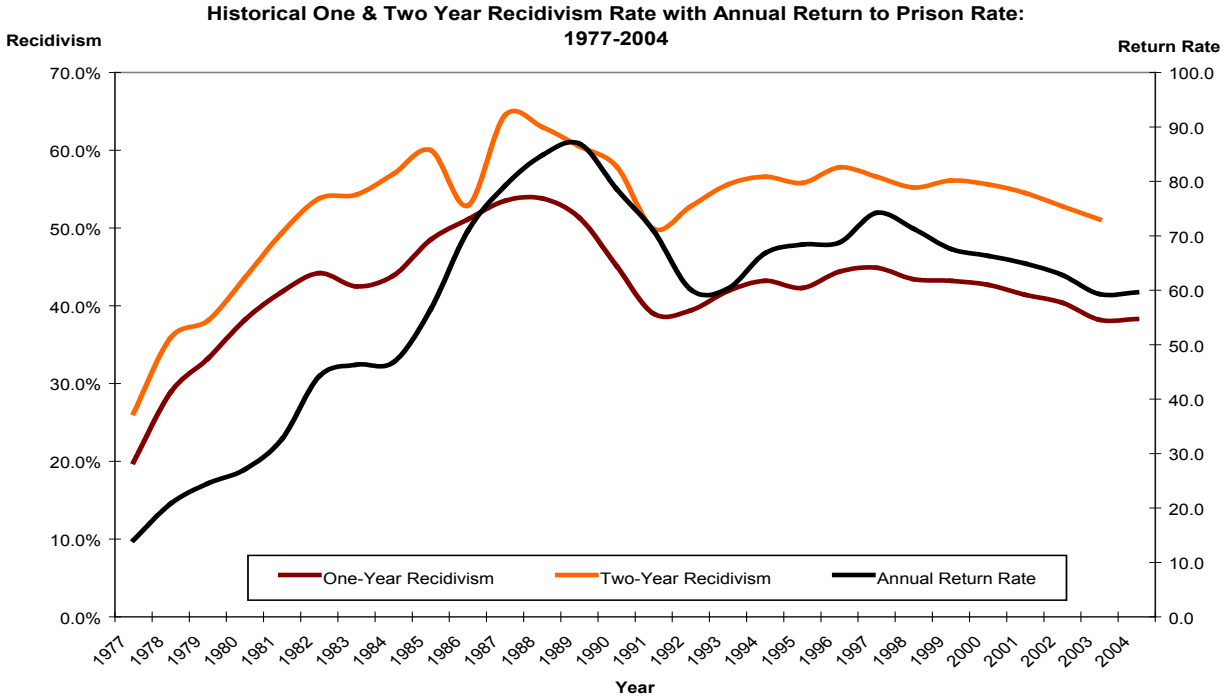
Nonetheless, we believe that if California were to implement our recommendations, the state may significantly reduce the large number of parolees who are currently violating their parole conditions and being returned to prison. Further, by expanding its incentive system, the state will encourage prisoners and parolees to participate in and complete programs. This could lower California's projected prison population with no major increase to the parole population. Coupled with the appropriate investments in prison and community based programming, we believe that our plan would increase public safety, reduce crime, and save taxpayer dollars.

Impact on Recidivism

One of the key objectives of the Panel's recommendations is to lower the CDCR's high recidivism rate. Recidivism rates are typically measured by tracking a cohort of prisoners

who were released in a given year and following them for several years. Traditionally, a recidivism rate is based on a three year follow-up period. The three measures of recidivism are (a) re-arrest, (b) reconviction , or c) a return to the prison system for either a new court conviction or a parole violation. California's recidivism rate as measured by the return to prison rate is one of highest in the nation (only Utah has a higher rate). However, this high rate reflects the California Board of Prison Term's and the CDCR's policy of returning to prison a large proportion of parolees that have been revoked for technical violations.[af]

Figure E-1: California Department of Corrections Historical Recidivism Rates, 1977-2004[ag]



California's return to prison recidivism rate was not always this high. As shown in Figure E-1, beginning in the late 1970s the CDCR's recidivism rate was much lower (below 30%). What is responsible for the dramatic increase? No single cause can be identified but contributing factors may include: (a) the passage of California's Determinate Sentencing Law (DSL) in 1977, which eliminated discretionary parole statutorily awarded good time credits, (b) the massive expansion of the CDCR population, and (c) the associated construction of "mega prisons"—large facilities designed to house several thousand prisoners. We believe that while it may not be possible to quickly or easily return to the recidivism rates of the late 1970's, it is possible to achieve significant reductions in the current return to prison rate.

af Petersilia (2006); Jacobson (2003); US Department of Justice, Bureau of Justice Statistics (2001).

ag The recidivism rate shown in this chart is based on "first releases to parole." This means that the cohort consists of prisoners who were experiencing their first release to parole and does not include parole violators who were being re-released. Excluding parole violators decreases the overall return-to-prison rate.

Three of our recommendations deal directly with recidivism reduction strategies:

11a. Restrict the use of total confinement for parole violations to only certain violations. The largest reduction in the return to prison rate would occur if the state adopts the recommendation to divert between 44% and 64% of the parolees who are now being returned to prison for non felony criminal behavior and technical violations (see Table E-1). The CDCR could achieve this by developing and implementing a system of graduated responses to parole violations which provides for swift and certain punishments in the community.

These reductions in technical violations may seem large to some, yet if accomplished, it would result in California approaching the same percentage of parolees being returned to prison as reported by other states for either a technical or new felony. The most recent data from the US Department of Justice shows that 27% of all admissions to prison consist of parole violators (either technical or new felony crime).

Table E-1: Technical Parole Violator Diversion Estimates by Type of Return Based on 2006 Admissions

Type of Return	Number of Total	Number to be diverted at low end of range	Number to be diverted at high end of range
Those returned to custody but re-released to parole; We estimate that 80 to 100 percent should be diverted.	12,463 (18%)	9,970	**12,463**
Type I Administrative Criminal Returns (least serious crimes); We estimate that 40 to 60 percent should be diverted.	16,617 (24%)	6,647	**9,970**
Type II Administrative Criminal Returns (crimes of average seriousness); We estimate that 25 to 45 percent should be diverted.	16,617 (24%)	4,154	**7,478**
Type III Administrative Criminal Returns (most serious crimes); We estimate that 15 to 35 percent should be diverted.	9,693 (14%)	1,454	**3,393**
Administrative Non Criminal Returns; We estimate that 65 to 85 percent should be diverted.	13,155 (19%	8,551	**11,182**
Total Parole Violators Diverted from Return To Prison		**30,776 (44%)**	**44,485 (64%)**

If California were to divert approximately 35,000 technical violators from re-imprisonment within the CDCR, total admissions would drop from approximately 142,000 to 107,000 (see Table E-2).

But even this reduction would not match the norm of other state prison systems. The third column of Table E-2 shows that if the CDCR were to have the same policies as other states, the total number of admissions would decline to approximately 71,000. This estimate assumes that 40% of the offenders admitted to prison would return after being released on parole (the same rate reported by BJS minus California's data). As shown in Table E-2, were California to reach the national recidivism average, the percent of admissions to prison who are parole violators would be reduced to approximately 20,000 or 29% of all admissions—which is virtually the same as the national rate (27%). We believe that this is a very achievable outcome given the experience of the other states.

Table E-2 Estimated Impact of Recommendation 9a on Prison Admissions by Type of Admission

	Current		Recommended		Based on Other States*	
Admissions Type	**N**	**%**	**N**	**%**	**N**	**%**
Felony Court	50,708	36%	50,708	47%	50,708	71%
Parole Violators	91,173	64%	56,555	53%	20,283	29%
Technical	69,237	49%	34,619	32%	10,142	14%
New Felony	21,936	15%	21,936	20%	10,142	14%
Total	**141,881**	**100%**	**107,263**	**100%**	**70,991**	**100%**

Based on all states participating in the Bureau of Justice Statistics, National Prisoner Statistics Series, August 2, 2000.

9a. Based on a normed and validated instrument assessing risk to reoffend, release low-risk, non-violent, non-sex registrants from prison without placing them on parole supervision. The second way to reduce returns to prison is to not supervise low risk parolees. Previous studies have shown that imposing parole and probation supervision conditions on those who are unlikely to recidivate serves to actually increase recidivism rates. Table E-2 shows the results of several studies of the relatively effects of supervision on offenders by risk level. Here one can see that supervised low risk offenders have higher recidivism rates. By not supervising them the recidivism rates will actually decrease.

6. Select and deliver in prison and in the community a core set of programs that covers the six major offender programming areas—(a) Academic, Vocational, and Financial; (b) Alcohol and other Drugs; (c) Aggression, Hostility, Anger, and Violence; (d) Criminal Thinking, Behaviors, and Associations; (e) Family, Marital, and Relationships; and (f) Sex Offending. The third way for California to reduce its recidivism rate is by offering prisoners and parolees programs that will address and treat their educational, vocational training, mental health, and related criminogenic needs. As offenders receive programming that addresses theses needs, there should be a modest but significant reduction in their criminal behavior.

Table E-3 summarizes the expected return to prison recidivism reductions for each of these three major recommendations. This table is based on the total number of persons who were admitted to the CDCR in 2006 for failing parole for either a new felony conviction or a technical violation. As suggested previously, the largest reduction in the 91,173 now being returned back to prison each year would be persons who have failed parole for technical violations (a reduction of 30,776 to 44,485). In total, the recommendations would reduce the total number of returns to prison by between 35,000 and 50,000 or approximately 39-55%.

Table E-3 Estimated Impact of Recommendations of Released Prisoners Being Returned to Prison

Return to Prison Recidivism Numbers	Number Per Year	
Total number of CDCR parole violators admitted to prison in 2006.	91,173	
Parole violators with new felony convictions	21,936	
Parole violators admitted for technical violations	69,237	
Factor	**% Change**	**Reductions in Returns to Prison Per Year**
11a. Restrict the use of total confinement for parole violations to only certain violations.	44%-64% reduction of 69,237 technical violators	-30,776 to -44,485
9a. Based on a normed and validated instrument assessing risk to reoffend, release low-risk, non-violent, non-sex registrants from prison without placing them on parole supervision (15% of prisoners).	35% of low-risk prisoners released to parole for the first time do not return to prison	-3,538
6. Select and deliver in prison and in the community a core set of programs that covers the six major offender programming areas—(a) Academic, Vocational, and Financial; (b) Alcohol and other Drugs; (c) Aggression, Hostility, Anger, and Violence; (d) Criminal Thinking, Behaviors, and Associations; (e) Family, Marital, and Relationships; and (f) Sex Offending.	5%-10% of the parole violators with a new felony do not return to prison	-1,097 to -2,194
Total Reduction In Parole Returns to Prison	-35,411 to -50,217 or a 39%-55% reduction	
Source: CDCR Admission data file for 2006		

Impact on Prison and Parole Populations

There are three operational requirements for successful offender programming: (a) adequate program space for the programs to function, (b) the physical locations where the programs are being delivered must be safe, and (c) there must be incentives for offenders to participate. Few of these conditions exist currently within the CDCR.[ah] Space-wise, although we don't have the precise figures, we know that because of overcrowding, designated program spaces have been converted to housing units. From a safety standpoint, there is growing evidence of increased violence and disruptive behavior within the CDCR—the rate of serious incidents increased from 4.7 per 100 prisoners in 1990, to 7.9 per 100 prisoners in 2005 (CDCR, 2006). And in the area of incentives, with California's DSL, there are few incentives for prisoners to participate in meaningful programs as they know that they will be released at the same time as prisoners who do not participate.

In Appendix L, we provided information concerning the CDCR's current population. It should be noted that the CDCR latest projections estimate that by the year 2012, the CDCR's prison population will increase from 172,385 to 190,000, and its parole population from 123,781 to 133,000.

We developed our own estimates of the impacts of our recommendations on the CDCR prison and parole populations. We based these estimates on data provided by the CDCR on admissions and releases for the prison and parole systems. Our estimates only assume a "steady state" environment and do not indicate how our recommendations would impact future sized populations. Again, we note that the CDCR has neither authenticated nor endorsed our estimates.

ah There are some individual facilities that are successfully delivering effective programs, however, systemically, the CDCR has to resolve its issues with space, safety, and incentives.

We believe that if all of our recommendations are adopted, the current prison population would be reduced by approximately 41,000 to 48,000 prisoners and the number of admissions to prison for all parole violators (including new felonies) will be reduced by between 35,000 and 50,000 parolees. We believe that there are three recommendations that deal directly with reducing the offender populations:

2. Enact legislation to expand its system of positive reinforcements for offenders who successfully complete their rehabilitation program requirements, comply with institutional rules in prison, and fulfill their parole obligations in the community. The three sub-recommendations of this recommendation must be applied to have the desired population reduction effect. We also note that each component will require new legislation that would modify the current California Penal Code (CPC).

2a. Award earned credits to offenders who complete any rehabilitation program in prison and on parole. This recommendation would allow prisoners who complete education, vocational training, and substance abuse treatment programs the opportunity to receive an average of four months off of their prison release dates (including all sentenced felons regardless of their offense or strike levels). It would encourage prisoners (who could benefit) to participate in well-structured and effective rehabilitative programs and thus help lower their reoffending rates. At the same time, prisoners who complete these programs would benefit by having their period of imprisonment reduced. Virtually all of the other states plus the Federal prison system allow for prison terms to be reduced if a prisoner completes rehabilitative services. Further it has been widely established by a number of studies, including those conducted by the US Department of Justice and the CDCR, there is no relationship between time served and recidivism (US Department of Justice, 2006). Therefore, releasing prisoners early as a result of earning program credits will not increase their recidivism rates. In fact, because they will have participated in effective programming targeted to reduce their criminogenic needs factors, we expect their recidivism rates to decrease. Table E-4 demonstrates the relationship between length of stay and recidivism using CDCR data.

Table E-4 CDCR Recidivism Rates for First Releases by Time Served, 2000-2002

Time Served	Release Year					
	2000		2001		2002	
Total	100.0%	60.6%	100.0%	59.4%	100.0%	57.3%
0 – 6	15.9%	66.0%	16.7%	63.5%	17.6%	61.9%
7 – 12	37.0%	62.6%	35.5%	62.7%	33.1%	60.1%
13 – 18	16.9%	59.0%	16.6%	57.7%	16.3%	55.7%
19 – 24	11.1%	58.6%	10.7%	57.9%	11.2%	55.9%
25 – 30	4.8%	55.6%	5.1%	54.0%	5.0%	52.4%
31 – 36	3.6%	54.9%	3.9%	53.4%	3.9%	52.5%
37 – 60	7.1%	53.9%	7.2%	49.5%	7.4%	49.8%
61 +	3.5%	56.1%	4.2%	53.5%	5.5%	51.0%

Source: CDCR

Impact: Based on an assumption that 50,000 to 56,000 prisoners of a release cohort would complete such a program and receive an average four-month award, the number of beds saved would be approximately 17,000 to 19,000.[ai]

2b. Replace Work Incentive Program (WIP) credits with statutorily-based good time incentive credits. This recommendation would allow offenders to earn good time credits based upon statute, rather than program participation. This would provide more equity and certainty to the punishment being handed out by the courts. Table E-5 shows the numbers of prisoners who are statutorily eligible for day-for-day ("good time") credits and the percentage of their sentences that they are actually serving. Here one can see that on average, prisoners eligible for day-for-day work incentive credits are actually serving over 60% of their sentences when jail credits (the amount time spent in local jails awaiting the disposition of their case(s) and transfers to the CDCR) are added to the calculations (see Table E-5).

If they were receiving day-for-day, their time served in prison would be reduced by a modest 2-4 months. And since Table E-4 shows that there is no relationship between length of stay (at far greater amounts) and recidivism we know this policy would not adversely impact public safety. This conclusion is further buttressed by a large number of studies showing no relationship between length of stay and recidivism rates (NCCD, 2007).

Many other states allow prisoners to receive day-for-day credits statutorily, rather than based on participation in some type of program or work assignment. Indeed before the passage of DSL, California's laws allowed all prisoners to be eligible for parole at 1/3rd of their sentences thru the application of statutory credits. Returning back to that concept would provide more equity and certainty to the punishment being handed out by the courts.

Table E-5: Percent Time Served For New Court Commitments and Parole Violators with New Terms Only Eligible for Day-for-Day Credits 2006 Releases

Good Time Earning Class	Releases	Average Sentence	Jail Credits	CDCR Time	Total Time Served	% of Sentence
50%	56,397	31 mos.	7 mos.	12 mos.	19 mos.	61%
20%	7,632	58 mos.	5 mos.	42 mos.	50 mos.	84%
15%	5,082	63 mos	9 mos	47 mos	56 mos	89%
Source: CDCR 2006 Release File. 1,572 other releases not shown.						

Impact: Assuming that those prisoners now eligible for the WIP day for day credits were to receive them statutorily, the number of prison beds saved would be approximately 14,000. This estimate takes into account the amount of good time that is being revoked by the CDCR for rules infractions. The effects would be even greater if prisoners in the 20% and 15% earning classes who have much longer sentences were to be eligible for the 50% class. Specifically if the 20% earning class was modified to 50%, the long term effects would be approximately 13,000 bed reduction. If applied to the 15% earning class, the bed savings would be approximately 10,000. So if applied to all prisoners, the net effect would be about 37,000 in bed savings.

ai Table E-7 shows that between 55,000 and 62,000 offenders would be eligible for in-prison programming in a given year. Assuming that 10% (5,500 to 6,200) fail to complete the program, we estimate that approximately 50,000 to 56,000 offenders successfully complete programs.

2c. Implement an earned discharge parole supervision strategy for all parolees released from prison after serving a period of incarceration for an offense other than those listed as serious and violent under CPC 1192.7(c) and 667.5(c) criteria. This recommendation would serve to reduce the time parolees spend on parole supervision based on good conduct and-or program participation. If the recommendations 6a and 6b are implemented, it is likely that the parole population will significantly increase unless similar efforts are enacted to reduce the time served on parole and-or successful parole completion rates are increased. The California legislature recently introduced several bills that would make such reductions possible. For example, Senate Bill 1453 would reduce the period of supervision by six months when a parolee completes a substance abuse program while on supervision. It is estimated that 5,250 parolees would be impacted by this bill, which would reduce the parole population by 2,500. Our recommendation builds upon these bills.

Impact: Since these reforms are tied to yet unknown risk levels of the parole population as well as their capacity to meet the behavioral standards, it is not possible to make a precise impact estimate. However, we believe that the parole population would be reduced by approximately 29,000 parolees, based on the assumptions that:

- *about 85% of the 67,000 prisoners being admitted to parole for their first release will be in the moderate to high risk to reoffend category (an estimated 57,000 first parole admissions), and*
- *that at least 50% of them (28,500) will meet the threshold for having their periods of parole supervision reduced by at least a year.*

9a. Based on a normed and validated instrument assessing risk to reoffend, release low-risk, non-violent, non-sex registrants from prison without placing them on parole supervision. This recommendation would simply eliminate supervision for low risk parolees.

Impact: We believe that approximately 875 prison beds would be saved, based on the assumptions that:

- *approximately 15% of the 67,000 first-time admissions to parole being reinstated or re-released are low risk (an estimated 10,000 parolees), and*
- *35% of them (approximately 3,500) are being returned for technical violations for which they return to prison for approximately 3 months.*

More importantly, the projected parole population would decline by approximately 20,000 assuming these low risk parolees currently are being supervised for an average of 2 years.

11a. Restrict the use of total confinement for parole violations to only certain violations. The large numbers of technical violators returned each year represents an ineffective approach to managing non-compliant behavior on the part of CDCR parolees. While we do not expect to completely turn off the technical violation stream without a statutory prohibition, as was done in Washington State, we do believe it reasonable and desirable to considerably reduce the current rate by establishing new policies and implementing an array of graduated parole violation sanctions. By diverting these prisoners from supervision, fewer be returned to prison for technical violations.

Impact: Based on an assumption that over a two year period there will be a 44-64% reduction in the return rate for technical violations, the number of persons admitted to the CDCR for technical violations would decline from 69,000 to between 25,000 and 38,500. Of those diverted, 10,000-12,500 would only have been returned to the CDCR for 2 weeks and then re-released to parole. The number of prison beds saved for this group would be approximately 500 beds. For the remainder, based on their

current average length of stay of three months, the number of prison beds saved would range from approximately 6,500 to 9,500.

Table E-6 provides a summary of our population reduction impacts. In total the current CDCR prisoner population would be reduced by between 38,500 and 43,500 prisoners–largely by establishing a programs incentive system along the lines adopted by other state prison systems. The parole population would be reduced by between 6,500 and 11,500.

Table E-6: Summary of Population Reduction Impacts Rounded to Nearest 500

Recommendation	Targeted Prison and Parole Releases and Admissions per Year	Approximate Prison Bed Savings	Approximate Impact on Parole Population
2a. Award earned credits to offenders who complete any rehabilitation program in prison and on parole.	50,000 – 56,000 prison releases	17,000 – 19,000	Adds 17,000 – 19,000
2b. Replace Work Incentive Program (WIP) credits with statutorily-based good time incentive credits.	56,000 prison releases in the 50% good time earning class	14,000 (an additional 23,000 if other earning classes are added)	Adds 14,000
2c. Implement an earned discharge parole supervision strategy for all parolees released from prison after serving a period of incarceration for an offense other than those listed as serious and violent under CPC 1192.7(c) and 667.5(c) criteria.	57,000 moderate to high risk parole admissions	Not able to estimate	Reduces 29,000
9a. Based on a normed and validated instrument assessing risk to reoffend, release low-risk, non-violent, non-sex registrants from prison without placing them on parole supervision.	Low risk parolees	1,000	Reduces 20,000
11a. Restrict the use of total confinement for parole violations to only certain violations.	31,000 to 44,500 technical parole violators diverted from prison	6,500 - 9,500	Adds 6,500 - 9,500
Totals		**38,500 to 43,500**	**Less 6,500 to 11,500**

How quickly California can achieve these reductions will depend upon a number of options available to the state. If the legislature makes the necessary changes in good time laws for the non-two and three strike prisoners retroactive to all prisoners currently incarcerated, most of the effects would occur within two years. Similarly, if the CDCR were to make administrative changes in its policies toward parole violators, most of the effects would be realized within two years. Changes based on additional and more effective treatment will take many years to realize. It will take several years to develop proper risk assessment systems, start assigning prisoners by risk, and ramp up the needed programs.

Financial Impacts of Recommendations

In this section we provide preliminary estimates of the costs and savings associated with the recommendations that will impact (a) the number of parolees who are now failing parole supervision and return to prison each year, (b) the amount of time served in prison, and (c) the amount of time served on parole. We have also estimated the costs of adding more programs which are listed as offsets to the prison and parole supervision savings. We estimate the total costs of all the new programmatic initiatives along with the savings associated with prison bed reductions that result from the population management strategies and from reduced recidivism as a result of the programs.

New Program Costs

To calculate the annual cost of delivering program services to prisoners based on their risk and need, the Panel examined total prison admissions during 2006.[aj] We recommend that the CDCR have enough resources to provide enough programs for the following categories of prisoners:

- Technical Violators: We assume that 50% of all technical parole violators (who all have very short lengths of stay—about three months on average) will receive two months of programming. The cost for an annual program "slot" (six prisoners) is $3,000.
- Prisoners with new court convictions who stay for less than 12 months: We assume that 50% of these prisoners will receive three months of programs. The cost for an annual program slot (four prisoners) is $3,000.
- Long-term prisoners sentenced to 20 years or more, including lifers: We assume that 50% of these prisoners will receive six months of programs. The cost for an annual program slot (two prisoners) is $10,000.
- Prisoners with a low risk to reoffend: We assume that 50% of these prisoners will receive six months of vocational education and life skills training. The cost for an annual program slot (two prisoners) is $4,000.
- Prisoners with a high risk to reoffend and moderate length of stays. We assume that all these prisoners will receive nine months of intensive programs ranging from drug treatment to criminal thinking. The cost for an annual program slot (1.3 prisoners) is $5,000.

As Table E-7 shows, the annual cost for providing these programs is approximately $121-$124 million.

aj Program cost information is based on national estimates.

Table E-7: Costs of Providing In-Prison Programs

Admission Type	Total Admissions	Eligible Admissions	Program Length	Yearly Cost of Program	Total Cost
Technical Violator	24,752 - 38,461	12,376 – 19,231	2 months	$3,000	$6,188.000 - $9,615,250
Serving less than 12 months	31,673	15,837	3 months	$3,000	$11,877,375
Sentenced to Life	1,081	541	6 months	$10,000	$2,702,500
Sentenced to 20 years or more	2,290	1,145	6 months	$10,000	$5,725,000
Low risk to recidivate	7,520	3,760	6 months	$4,000	$7,520,000
High needs and high risk to recidivate	21,568	21,568	9 months	$5,000	$80,880,000
(Total Eligible for Programs)		55,226 – 62,081			
In Prison Program Costs				$114,892,875 - $118,320,125	
(Plus additional custody costs of 5%)				$5,523 - $6,208	
Total In Prison Program Costs				**$120,637,519 - $124,236,131**	

In addition to the in-prison resources required to fund these programmatic initiatives, the CDCR also needs to invest heavily in post-prison aftercare. In-prison programming must be followed up in the community in order to achieve the desired reductions in recidivism and the CDCR must also have the resources to create a variety of intermediate sanctions and programs in order to divert the large number of technical violators from prison that we are recommending. We are assuming a variety of programming needs for between 120,000 and 125,000 parolees.[ak] Our funding recommendation includes enough money for an average of six months of intensive programming for all these parolees. At a cost of $7,500 for an annual program slot, the total funding required is between $450 and $469 million. The total funds needed for in prison and community based programming is between $628 and $652 million.

Savings from Overcrowding Reduction Strategies

Based on the recommendations outlined (summarized in Table E-6), we expect to save between 39,000 and 44,000 beds (see Table E-6). Using the CDCR marginal-overcrowding rate of $20,597 per bed, we expect to save a total of between $803 and $906 million annually.

Savings from Recidivism Reductions

Based on research, we are assuming an overall reduction in recidivism range of 5 to 10 percent for new felony convictions as a result of these new programming initiatives. The most important result of this reduction is, of course, less crime and fewer victims. There is an added benefit that since fewer people on parole will return to prison for new crimes, the prison system will require fewer prison beds. The estimated result of Recommendation 4 is that between 1,097 and 2,194 parole violators with new felonies do not return to prison (See Table E-3). Assuming an average length of stay of 24 months, this would result in a decrease of between 2,194 to 4,388 beds and an annual budget savings of between $45 and $90 million.

ak In 2006, there were 131,356 admissions to parole (CDCR). We reduced this number by 6,500 to 11,500 based on the expected effects of our population management strategies. See Table E-6.

Budget Offsets

Though we are recommending significant funding for both in-prison and community-based programming, the CDCR already spends money on these functions that can offset the costs of the programming we are recommending (Again, this will not happen overnight as CDCR would need to hire different kinds of staff, contract with different organizations to provide the services, and generally transition from one set of program designs and priorities to another. This will take time but in the long run the current and planned programmatic budgets of the CDCR can be used to help "pay" for these investments). We estimate that the CDCR currently spends $340 million to deliver a variety of programmatic interventions both in prison and after release to its adult offender populations.[al]

Financial Summary

Table E-8 summarizes the overall new funding needed for additional prison and community programs, the savings realized through our recommended population management strategies and reductions in recidivism, and the offsets to the new funding that are part of CDCR's baseline budget.

Table E-8: Total Costs and Savings of Proposed Programming and Population Reduction Strategies

		Costs	Dollar Savings	Bed Savings
Costs	Cost of Prison Programs	$120,637,519 - $124,236,131		
	Cost of Parole-Community Corrections	$450,000,000 - $468,750,000		
	Total Costs	*$570,637,519 - $592,986,131*		
	+ 10% increased CA costs*	$57,063,752 - $59,298,613		
	Net Costs	*$627,701,271 - $652,284,744*		
Bed Reduction Savings	Prison Bed Savings		$803,283,000 - $906,268,000	
	Recidivism Savings		$45,181,579 - $90,379,636	
	Total Bed Reduction Savings		*$848,464,579 - $996,647,636*	
Offsets	Current Budget Funding for Prison and Parole Programming		$340 000,000	
	Total Current Spending		*$340,000,000*	
	Total Savings		*$1,188,464,579 – $1,336,647,636*	
	Net Savings		**$560,763,308 - $684,362,892**	
	Beds saved through population reduction			*38,000 – 44,000*
	Beds saved through recidivism reduction			*2,200 – 4,400*
	Overall Bed Savings			**41,200 – 48,400**

*A preliminary estimate of the increased costs for funding correctional programs in California compared to the rest of the country. See Gordon et. al. (2007).

al This figure is an estimate based on the current CDCR budget.

In this report we recommend strategies that would reduce the number of prison beds that California needs by 42,000 to 48,000 beds. The result would mean an annual savings of between $848 and $996 million. New investments in prison and community programming should cost between $628 and $652 million a year. A significant portion of these costs, or $340 million a year, which the CDCR now spends on programs, could ultimately be used to offset these new expenditures. In total, all of these new strategies combined could save California between $561 and $684 million a year.

Appendix F—Expanded Space and Safety Recommendations

This section of the report contains the Panel's detailed recommendations concerning the physical context of CDCR programming.

Program Space Concerns

The largest barrier that the Panel identified to delivering effective programming in CDCR prison facilities is its current state of overcrowding. CDCR facilities were built to hold 100,000 offenders; however, at the time of this report, the CDCR was currently housing 172,385 offenders in its prisons. Because of this overcrowding situation, there is simply not enough space to conduct effective programming—this applies to both the male and female offender populations. Due to time and budget constraints, we were unable to obtain data concerning specific details as to how the CDCR is utilizing its designated program spaces, although we suspect that some of them are being used to house offenders.

Physical Safety Concerns

The CDCR tracks the number of prisoner population lockdowns and controlled movement events by each institution. The degree to which the CDCR quickly re-opens the affected facility within an institution to allow prisoner access to programming or allows the non-involved prisoners to attend programs, will impact its ability to support effective program delivery.

Table E-1: CDCR Adult Institution Lockdown Summary, 2006

Mission-Based, Facility Type*	Number of Lockdowns-Controlled Movements	Average Days in Lockdown	Events over 60 Days
Calendar Year 2006			
General Population Levels II & III	169	12	6
General Population Levels III & IV	114	18	5
High Security & Transition Housing	134	7	17
Female Institutions	32	3	0

Source: CDCR
**Does not include Reception Centers*

Table E-1 provides data concerning the number of lockdown days during 2006, among the 33 adult prison institutions (except Reception Centers).

The frequency and duration of lockdowns and controlled movement at any given time, among the 33 institutions, is a daily challenge to the CDCR, and one which most California citizens are unaware. Institution or facility lockdowns (or controlled movements of prisoners) occur when serious incidents happen that require additional levels of control. The employees who deliver programming to the prisoners are present five days a week, eight hours each day, with some down time for program audits, training, and program adjustments. The security protocols that the CDCR applies immediately after a serious incident within an institution, in an attempt to ensure safety to prisoners, staff, and the public, causes the prisoners to be absent from their assigned program areas, and away from the program staff. The overcrowding conditions also contribute to the challenge handled by those employees who are ready and able to deliver programming to the prisoners, that is, not enough program space and not enough employees to deliver essential programs to meet

the needs of the prisoners.

The CDCR should continue its progress in reviewing its lockdown and lockdown lifting protocols, and its controlled movement protocols, at each institution to determine the extent to which prisoner programming can be safely and quickly resumed following a serious incident. This periodic review is a good security practice and supports the ever-changing types of prisoners being housed in a facility within an institution. Where lockdowns are prolonged, CDCR should expect staff to develop alternate delivery methods of programming to housing areas, without serious detriment to program fidelity and without serious interference with security needs.

Recommendations

In addition to what we have already stated, we offer these recommendations, which are based primarily on the fact the CDCR is overcrowded and violence and safety issues are related to overcrowding in any system. These recommendations are also based on comments from CDCR staff members whom we interviewed who shared with us their perspectives about the negative effect that lockdowns were having on programming in their facilities. ***For staff to be able to appropriately deliver programs and for offenders to be able to fully benefit from them, adequate and safe spaces for programming must be created.*** The CDCR must take steps to reduce the overcrowding in its facilities. If this does not occur, the positive impact of increased and/or more focused programming will be adversely affected.

While it is reducing its overcrowding, there are additional steps the CDCR can and should take to improve staff and offender safety.

First, the CDCR should review assaults, disturbances, and lockdowns by facility to determine which facilities offer a safe environment and which are problematic. Those facilities that the CDCR deems to be safe should be the first facilities where it implements new or improved programs. Those facilities that the CDCR deems to be problematic should be reviewed to determine what steps need to be taken to improve safety in those locations. As those facilities improve their safety levels, the CDCR should implement programming in those facilities that enhances those safety improvements.

Second, experience shows that drugs are often the source of disorder within facilities. Experience at the Pennsylvania Department of Corrections demonstrates that it is possible with the implementation of a comprehensive drug interdiction program to reduce the random positive rate to less than 1%. Such a program would include interdiction (dogs, drug detection devices, and searches of vehicles and everyone who enters the facility); facility searches (cells and common areas); regular random and target drug tests; penalties (loss of contact visiting, loss of visits, and banning from facilities); treatment for those with drug problems; and tracking of various outcome measures. In this regard it must be remembered that visits are the most frequent sources of contraband entering facilities. Most states search visitors and use cameras in visiting areas to attempt to stem the flow of drugs and other contraband into their prisons. Additionally, while it is unfortunate that a few staff get involved in bringing contraband into facilities, it is critical for the safety of all concerned that the CDCR implement measures to limit this potential additional avenue for drugs to enter its system. Regular use of metal detectors on everyone (including staff), random staff pat searches, and use of electronic drug detection devices must be a part of any overall safety program.

Third, the CDCR should begin to use walk-through and hand-held metal detectors throughout its facilities. These tools can aid significantly in reducing the amount of weapons used by offenders. The CDCR can set up stations for these valuable tools at entrances to yards, cell blocks, and work areas.

Fourth, the CDCR should develop a vulnerability analysis (VA) program similar to what is used by the Pennsylvania Department of Corrections. The VA program involves training staff members to routinely assess institutions on a variety of security measures. Trained staff members from *other* institutions conduct the assessment, which differs from a normal review of policy compliance, in that they actually performance test various security systems. This activity, coupled with a policy that requires ongoing complacency drills that test such things as escapes, contraband introduction, prisoner accountability, tool control, etc., can significantly improve staff and offender safety, as well as increase the public safety of surrounding communities.

Finally, if facility reviews reveal that one or more facilities have significant issues, the CDCR should consider the possibility that the issue may be systemic rather than local. In these cases, the CDCR should develop a comprehensive approach to addressing these issues. Other states with similar issues have used staff from other facilities to conduct unannounced lockdowns and searches of problematic facilities. Another best practices approach is to permanently or temporarily transfer and re-assign staff and offenders to different facilities. Both of these approaches have proven to be effective in turning around problematic facilities.

Appendix G—CDCR Female Offender Reform

The CDCR Female Offender Reform effort recognizes the importance of developing gender-responsive strategies to address the specific needs of female offenders. The overarching goal of this effort is the development and implementation of a comprehensive gender-responsive female offender rehabilitation and management program. The CDCR encourages policies, programs, and procedures that foster personal growth, accountability, self-reliance, education, life skills, workplace skills, and the maintenance of family and community relationships. The objective is to promote the female offender's successful rehabilitation and reintegration into society and subsequently reduce recidivism.

By providing female offenders with the skills and treatment necessary to break the pattern of criminal activity, the CDCR is improving the female offender's chances of successful reintegration into society and helping to break the intergenerational cycle of incarceration.

Highlights of Recent Accomplishments

The following are highlights of the accomplishments of the Division of Adult Institutions, Female Offender Programs and Services Female Offender Reform effort:

Gender Responsive Strategies Commission

In February 2005, the Division established a Gender Responsive Strategies Commission (GRSC) as an Advisory Committee to assess and make recommendations on proposed strategies, policies and plans specific to women offenders. The Commission is comprised of representatives of community, state, local, legislative, and labor organizations; previously incarcerated individuals; staff representing the various disciplines within the CDCR and nationally recognized researchers in the field of female incarceration. Commission meetings are held bi-monthly.

Adopted Recommendations from the Little Hoover Commission, Senate Resolution 33 Committee, Assembly Bill 90, and the National Institute of Corrections

In March, 2005, the Division adopted the recommendations of the Little Hoover Commission (LHC), Senate Resolution 33, Assembly Bill 90, and the guiding principles of the National Institute of Corrections (NIC) report prepared by Drs. Bloom, Owen, and Covington.

CDCR Strategic Plan 5.3.6.

In April 2005, the Division developed strategies specific to female offenders that have been incorporated in the CDCR Strategic Plan 5.3.6. These strategies are based both on the data profiles of women offenders and a vision for reducing recidivism by targeting women's pathways to prison.

Elimination of Body Searches of Clothed Female Prisoners by Male Staff

On May 26, 2005, the CDCR revised its regulations and eliminated pat searches of female prisoners by male staff members. This was based on studies conducted by the Department of Justice which found that more than 57% of incarcerated females have been sexually or physically abused at some time in their lives, and on case law that established that body searches of previously victimized female offenders by male staff contribute to re-traumatization.

Phased Housing Plan

In January 2006, the CDCR developed a phased housing plan to shift 4,500 Level I and II female offenders to community-based, smaller facilities (Female Rehabilitative Community Correctional Centers). This will be complimented by provision of "wrap around" services including pre-release planning, gender-specific health care, education, vocation and work programs, as well as substance abuse and trauma treatment.

Examination of CDCR Classification System for Female Prisoners

In August 2006, CDCR contracted with Dr. Pat Van Voorhis, University of Cincinnati, to examine the CDCR's current classification system in terms of validity, over-classification and assessment of risk/needs relevant to correctional rehabilitation with a focus on gender responsiveness. The formal evaluation of the existing system has been completed. A report was provided to executive staff on December 5, 2006, and the contract was secured for an expert to assist a task group with implementation steps and a design study for validating a new classification model for women offenders.

Leo Chesney Community Correctional Facility—Trauma-Informed Substance Abuse Treatment Program

This is the first trauma-informed in-custody program funded through the CDCR's female offender reform initiative, as well as the first substance abuse program put into place in a community correctional facility. Gender-responsive services to be provided include substance abuse treatment and education, trauma treatment, life skills, recreational activities, relapse prevention, sober living skills, parenting and transitional planning for continuing care services. Individual, group, and family counseling will also be provided.

Female Residential Multi-Service Center

A Request for Proposal is currently being advertised for 575 female parolee beds statewide through a new program entitled the Female Residential Multi-Service Center (FRMSC). The CDCR has been providing services through the Residential Multi-Service Center Program since 1991; however, the programs have not been gender-responsive and served both men and women in one facility. This program has been developed specifically for females and addresses the needs of women through a gender-responsive program model. Gender-responsive services to be provided at the FRMSCs include conducting a risk and needs assessment, development of an individualized treatment plan, substance abuse education, treatment and counseling, trauma treatment, vocational services, life skills development, strengthening of family relationships, coordinated case management, establishment of alumni groups, referral to other agencies as needed and discharge planning.

Future Expectations

We expect that in 2007, the Division of Adult Institutions, Female Offender Programs and Services will accomplish these initiatives for California's female offenders:

- Create and distribute a Female Offender Master Plan that provides the framework for the programming and management of all female offenders.
- Award contracts and activation of female rehabilitative community correctional centers that house non-serious, non-violent female offenders.
- Design and implement a mandatory, 40-hour specialized, gender-responsive training for all CDCR staff members who work with female offenders.
- Begin the development of a gender-responsive classification system for female offenders.
- Implement an Individualized Treatment and Rehabilitative Plan (ITRP) which combines a risk needs assessment with an individualized case management plan for female offenders.
- Activate the Bonding Mother with Babies program for 20 female offenders and their babies at the California Institution for Women (CIW).
- Fully implement the Parent-Child Visitation program that will work to build and strengthen systems of family support and family involvement during the period of a mother's incarceration at the CIW.
- Complete the Planning and Design Summits that will assist with the development of a Master Plan for the women's substance abuse treatment in institutions and community-based programs.
- Activate the female civil addicts' participation in the community-based Drug Treatment Furlough program.
- Continue to recruit and hire social workers to support the Third Day Visiting program and the Chowchilla Family Bus Express and Family Reunification efforts.
- Review the final report of the Victimization and Female Offenders national expert and develop evidence-based interventions for female offenders based upon the nature of the identified findings of the national expert.
- Activate additional beds at the Drug Treatment Furlough program.
- Activate the Fresno Family Foundation Program.
- Activate the Community Prisoner Mother Program.

Appendix H—Arizona Department of Corrections Fast Track Program

Arizona Department of Corrections

Fast Track Program

August 14, 2006

INTRODUCTION

In April 2006, Director Schriro approved a male and female pilot program for 200 minimum custody male inmates at ASPC-Florence / North Unit II and a 200 minimum custody female inmates at ASPC-Perryville / Santa Maria Unit. For the females, it will include all DUI, RTC and "Other" minimum custody Fast Track inmates.

Two Fast Track Workgroups will be established – one for North Unit II and one for Santa Maria Unit. Staff met on a regular basis to discuss the implementation processes, from Initial Intake, needs and discharge planning.

OBJECTIVE

The primary goal of the Fast Track program is to effectively and efficiently identify inmates for programming and expedited discharge planning who will be serving an incarceration period of six months or less. Once identified, our objective will be to have these inmates undergo an expedient classification, medical, mental health and substance abuse treatment assessment and screening process for identification of basic programming opportunities. Brief, evidence based programs will employ cognitive behavioral strategies that will be provided to the Fast Track inmates, only in a shorter period of time (i.e. Functional literacy/GED, anger management, cultural diversity and domestic violence.) Medical and mental health screening assessments will be used to determine those inmates with physical and/or psychological limitations, medication needs, work assignment limitations and eligibility for programs with agencies such as, ValueOptions and ACCCHS for continuity of care.

PROCESS

Due to the short incarceration time of Fast Track inmates, brief and basic programming will be available for this population. An initial assessment will be completed at intake by Correctional Officer III staff and Education staff in the following areas: Education needs, substance abuse medical, mental health and classification. The Fast Track facility will finalize the Corrections Plan which will include Cognitive Restructuring and "Pack Your Bags" Discharge planning.

In order to meet our goals and objectives we will begin to outline our assessments into the following priority order, although some of these programs can occur simultaneously.

(1) Education programming for an inmate will be based on their need for either, GED, Functional Literacy or both. Inmates will be tested to identify those areas of need for tutorial assistance in order for them to obtain and meet education standards.

(2) Substance abuse education programming and/or substance abuse treatment programming will be based on the inmates need as well. This module is a part of the Texas Christian University (TCU), evidence based program that has cognitive restructuring components integrated throughout each module of the program.

(3) The final priority for programming is release preparation through the "Pack Your Bags" Discharge Planning. The program components will be increasingly integrated throughout other programming offered in 7x3x3 to help prepare and assists inmates nearing their time to release for reentry back into the community. Inmates will be assessed by the Correctional Officer III in coordination with a Parole Officer in the areas outlined in the "Pack Your Bags/Discharge Planning. The objective is to provide inmates with the necessary "tools" to help them become civil and productive members of the community and to be successful in their integration.

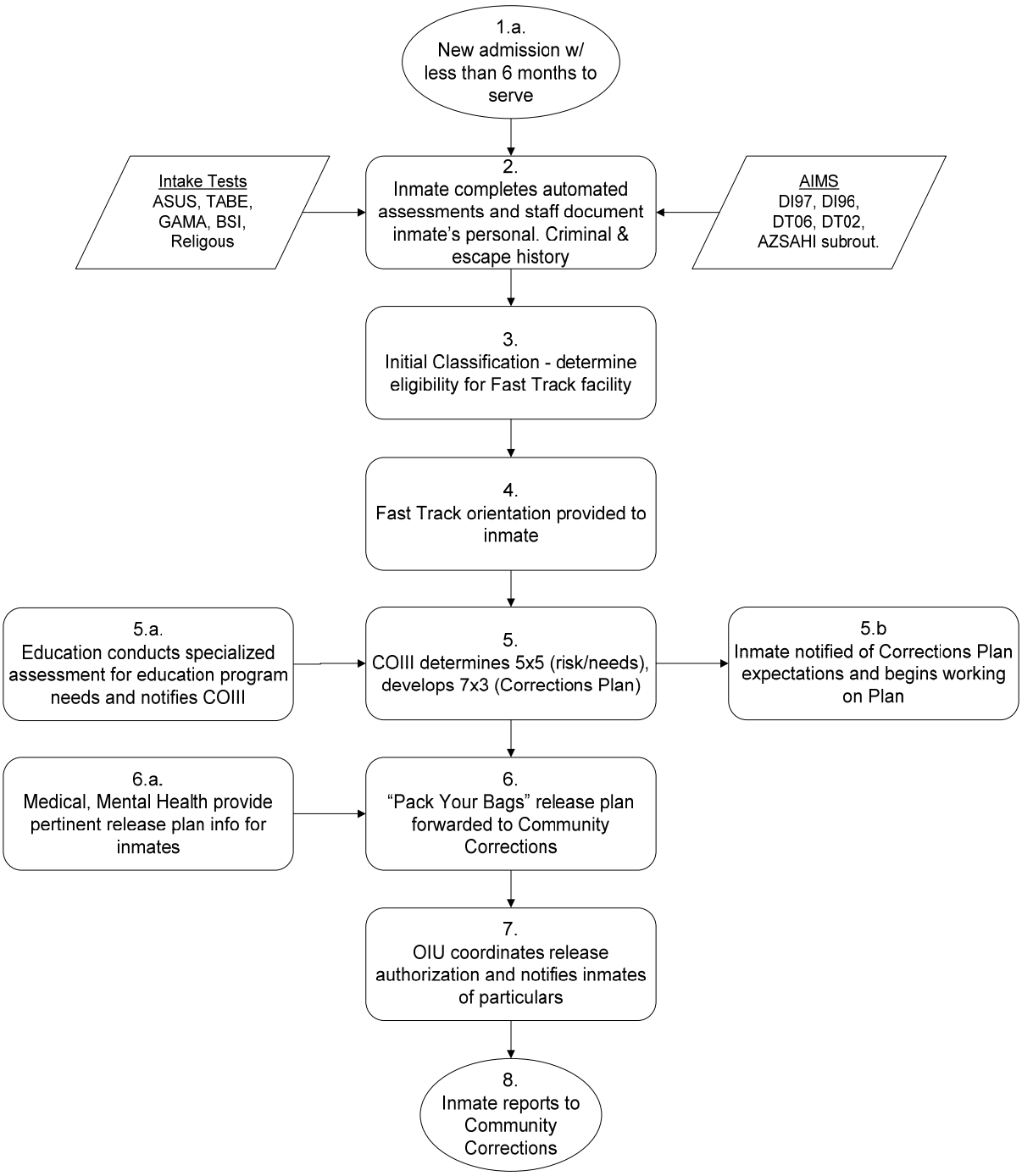
In addition to the basic programs referenced above, the inmate will be required to participate in work assignments. Work assignments will be included for the Fast Track population and will be based on inmate skills, work availability and need.

Along with the basic programs will be Self Development/Free Time and Family/Community programming. Each Fast Track unit will offer programs that fall under both categories. In addition, the units will provide Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Crystal Meth Anonymous and Religious Services.

CONCLUSION

In order to adequately prepare this population for reentry, we have to first address those needs that contribute to the inmate's criminality and behavior. We will offer basic programs that will directly contribute to the reduction of recidivism, revocation and relapse.

ADC Fast Track Placement & Programming
06/06



ARIZONA DEPARTMENT OF CORRECTIONS
FAST TRACK CORRECTIONS PLAN

Inmate Number _____ **Inmate Name** _____ **Loc Code B34**

Custody Level: Minimum___ **IR Level: _2** **Release Date: 12_ / _20 / _2006**

1. Community Intervention Level

Directions: See DI57 screen. Find the inmate's "Community General Risk Level" and mark the appropriate level in the appropriate row (G1-G7). Then view the "Community Violence Risk Level" and mark the appropriate level in the appropriate column (V1-V8). Find the intersecting point and circle the Risk Level (1-5).

Community General Risk Level	Community Violence Risk Level							
	V1	V2	V3	V4	V5	V6	V7	V8
G1	1	2	2	2	4	5	5	5
G2	2	2	3	3	4	5	5	5
G3	2	2	3	3	4	5	5	5
G4	4	4	4	4	4	5	5	5
G5	4	4	4	4	4	5	5	5
G6	4	4	4	4	4	5	5	5
G7	4	4	4	4	4	5	5	5

2. Risk Level: *If inmate's Risk Level in #1 is 1 or 2 (shaded area above), proceed directly to #4 and enter "None – Risk Lev < 3" in Intervention Strategy column for each program area. If inmate's Risk Level is greater than 2, proceed to #3.*

3. Program Needs

Directions: Review the criteria for each program and circle each program area criteria description "No Need" or "Need" as appropriate.

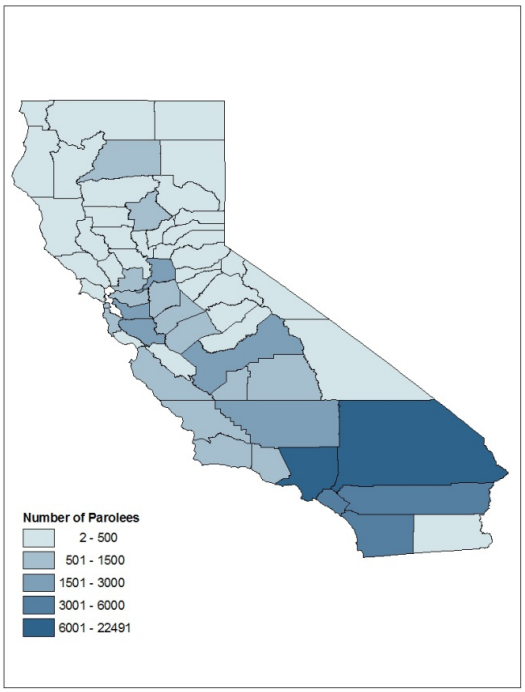
Scoring Criteria		
Pgm	**No Need**	**Need**
Education	Time remaining til release < 1 month	TBD by Education staff
Substance Abuse Education	Time remaining til release < 2 months	SA referral level (DI83) 1, 2 or 3 & time remaining til release > 2 months
Anger Managemnt	Time remaining til release < 1 month	Current violent offense or current violent discipline violation + time remaining til release > 1 month
Cognitive Restructring	Time remaining til release < 1 month	Time remaining til release > 1 month
Domestic Violence	Time remaining til release < 2 months	Dom Violence conviction & time remaining til release > 2 months
Cultural Diversity	Time remaining til release < 1 month	Time remaining til release > 1 month

Appendix I—The Important Role of the Community in the Correctional Process

Communities are an often overlooked contributor to continuing recidivism by offenders newly released from prison or parole. Attempts to reduce risk of future criminal behaviors must reach beyond the walls of the correctional agency and embrace the communities from which offenders come and to which they will eventually return.

Communities consist of residents, businesses, families, schools, religious leaders, and others and often define the range of acceptable behavior for the people living within them. Highly disadvantaged communities tend to suffer from more violence and disorder due to sociological, political, and economic factors. An analysis of communities in California shows that there are some communities that have higher numbers of offenders than others. Figure H-1 provides a graphical representation of the number of prisoners released by the CDCR and the counties to which they returned.

Figure I-1: Number of Prisoner Releases by California County, 2006
Source: CDCR



An analysis of the data presented in Figure H-1 shows that a significant proportion of California's prisoners are released in the southern counties of the state. Table H-1, which provides the distribution of all California parolees by county, supports this conclusion.[am]

am The Expert Panel wishes to thank John Hipp, Ph.D. at the Center for Evidence-Based Corrections at UC Irvine for providing the maps and tables used in this appendix.

Table I-1: Percentage of Parolees by California County, July 1, 2006

County	% of CA Parolees
Los Angeles	30.82%
San Bernardino	8.57%
San Diego	7.10%
Riverside	6.42%
Orange	5.90%
Sacramento	4.07%
Fresno	3.87%
Santa Clara	3.79%
Kern	3.70%
Alameda	3.32%
All Others	25.76%
Source: CDCR	

Summary of California Community Data

- **A relatively large number of parolees return to a small number of counties.** The four southern counties of Los Angeles, San Bernardino, San Diego, and Riverside accounted for over half of all parolees (53 percent) on July 1, 2006. The county of Los Angeles alone accounted for fully 30 percent of these parolees.
- **There is some evidence of geographic clustering of parolees in Los Angeles County.** There is some evidence of clustering in the central and south-central parts of the county. In the county overall, the top 1% of the census tracts contained 8.6% of the parolees on July 1, 2006. The top 5% of the census tracts contained 23.5% of the parolees. The top 10% of the census tracts contained 36.5% of the parolees.
- **Prisoners are returning to neighborhoods with higher levels of social and economic disadvantage.** In Los Angeles County, the census tracts with high numbers of parolees have poverty rates over double that of tracts with low numbers of parolees. These high-parolee tracts also have double the proportion single parent households, double the unemployment rate, 43% lower median income, and over double the violent crime rate of low-parolee tracts.

This trend is not unique to California. Eric Cadora and his team from the Justice Mapping Center have studied carefully the migration patterns of offenders in, out, and back into specific high density neighborhoods using Geographic Information Systems (GIS) in several American communities (see www.justicemapping.org). What is clear is that the residential origins of offender populations on probation, in prison, and on parole are not random, but highly concentrated—even more so than crime—in specific neighborhoods and, literally, specific streets.

These high-concentration communities need our concerted attention to improve public safety and community well-being. Research has shown that they key to reducing violent crime is collective efficacy, which is defined as social cohesion among neighbors combined with their willingness to intervene on behalf of the common good. Investing in these communities will reduce the demands on the state for correctional and health services by reducing the criminal toxicity of these communities and replacing it with fortitude and capability to address the full range of negative social indicators from violence to unwed pregnancy to high school drop outs (Sampson, Raudenbush, and Earls, 1997). We believe that California should start directing some of its attention and dollars to develop programs and services that will help targeted communities become places that stop producing new offenders and start preventing released offenders from returning to prison. In the long run, we believe that this will help reduce California's recidivism to an even greater degree than spending money on the correctional system will.

Appendix J—Implementation Requirements

In this section we present information for implementing our recommendations in the current CDCR contexts. As our recommendations are based on general principles and practices, our purpose in this chapter is to apply those principles and practices specifically to the existing situations within the CDCR. This chapter describes the barriers that we have identified to implementing our recommendations in California and proposes solutions to those barriers. We have classified our barriers into four major categories: (a) legislative, (b) structural, (c) cultural, and (d) societal (or community).

Legislative Barriers and Solutions:

The primary legislative barriers are lack of access to rehabilitation programming and lack of incentives for completing it. California's elected officials need to re-examine their current sentencing laws and system to effectively reduce the numbers of offenders in its currently overcrowded prisons and overloaded parole offices. Building more prisons is not the only answer to this problem. We refer the reader to Appendix A and urge California's leaders to implement some of those previously recommended population management initiatives.

On the incentive side, we cannot stress enough the importance of providing offenders with motivation to complete rehabilitation programs and positively manage their behaviors. Californians need to realize that providing offenders with incentives that will allow them to get out of prison or off of parole early by completing rehabilitation programs or managing their behaviors is not equal to being "soft on crime." Rather, they are a necessary component of successful human behavior modification strategies.

Structural Barriers and Solutions:

Organizational Structure

The Panel had the opportunity to review two organizational structures in the period of its existence. The first structure that we reviewed in December 2006, was perplexing. It appeared to us that the only decision-maker in the entire organization was the Secretary of the CDCR. Lines of authority and responsibility were so diffused and overlapping that gridlock was the only possible result. This organizational structure was not well-designed and caused problems in administration and the field, especially in the area of efficient and coherent decision-making.

In March-April 2007, the new CDCR Secretary, James Tilton, developed a new organizational structure, which we felt was a vast improvement over its predecessor. However, we believe that there are additional steps the CDCR needs to take to reorganize itself to take full advantage of our recommendations:

- Clearly delineate lines of authority and responsibility from administration to the field. Eliminate overlapping and conflicting responsibilities that occur at multiple locations in the organization. Develop clear lines of communication to facilitate information flow in all directions in the organization.
- Decentralize decision-making to the lowest level in the organization that is capable of making the decision. It should not take three or four high-level administrators to make decisions that could be decided at the operational unit level.
- Establish clear lines of accountability within the organization. Everyone in the organization, from the Secretary down to the entry-level employee, should know exactly what duties and tasks he or she is responsible for and to whom he or she reports.

- Centralize policy-making in the administration. The administration should determine policies, resolve policy issues, provide direction to field units for implementing those policies, and audit field units for policy compliance. Field unit leaders (wardens, parole office managers, etc.) should be responsible for implementing policies (security, programming, health, mental health, etc) and held accountable for achieving or not achieving policy objectives.
- Consolidate program service functions (academic education, vocation education (work-based), substance abuse treatment, and other program focus areas) under the CDCR Adult Programs Division and give that Division the authority to implement and resolve program policy issues. The CDCR Adult Programs Division should also be responsible for determining which programs will be delivered in which facilities. Additionally, create dotted-line reporting structures from the field units to the CDCR Adult Programs Division. Make the field unit directors accountable to the CDCR Adult Programs Division for delivering and measuring the effectiveness and outcomes of evidence-based programming in their field units.

Technology Infrastructure

The current state of CDCR's technology infrastructure is insufficient, inadequate, and lacks the basic power, network, and telecommunications capabilities to function as an integrated enterprise. Less than one-third of the facilities and employees in the CDCR are connected to the network. This means that sharing information on offenders' behavior management plans and rehabilitation program process between facilities and across divisions is virtually impossible. Furthermore, the infrastructure within the Institutions not constructed to deliver rehabilitation programming electronically. This means that CDCR offenders don't have access to the latest innovations in rehabilitation programming content and delivery.

In January 2007, the California Department of Finance approved funding for the CDCR's Feasibility Study Report for the Consolidated Information Technology Infrastructure Project (CITIP). The CITIP is a multi-year project whose goal is to significantly increase the number of stations on the network, as well as the bandwidth. However, most of the CDCR's older facilities will need intensive (and time consuming) structural retrofits to be able to use the expanded technology.

We recommend that the CDCR continue on this course of improving its technology infrastructure as it is a critical component for the delivery of effective rehabilitation programming in prison and in the community. We further encourage the CDCR to ensure that all future facilities that it constructs are built with the necessary conduits and security measures to be able to allow staff and program providers in those facilities to take advantage of technological advancements in data management and rehabilitation programming.

Labor Contracts

As we reviewed current operations and listened to both staff members and affiliated stakeholder groups, it became clear to us that a major obstacle to implementing a more focused and intensified rehabilitation program would be current contract provisions in the CDCR's labor contracts. We believe that to a large degree management rights and responsibilities have been negotiated away in previous contracts and feel that the CDCR and the California Department of Personnel Administration need to make every effort to regain those rights in the current round of negotiations. The process as it currently exists supports only the status quo and discourages management from implementing any innovative or necessary programming. For example, for the CDCR to adopt and implement a new risk to reoffend assessment tool to be able to assign the right offender to the right program

means that it will have to modify the job requirements for some of its staff members. As we understand the current labor environment, it could take the CDCR several months or even years to negotiate the use of an objective risk assessment tool by its correctional officers and probation agents. If true, this would seriously hamper California's ability to reduce its recidivism rate in the foreseeable future, as the assessment of risk and need is the first step in the process of providing effective rehabilitation programming. We strongly recommend that the CDCR leadership work with the labor union representatives to streamline the process for making needed job modifications so that it can more quickly implement those solutions that will improve the organization.

Cultural Barriers and Solutions:

Organizational Culture

As mentioned in the report, despite the name and mission changes that added rehabilitation to the CDCR, we found its organizational culture to still be largely "institutional"—focused on incarceration rather than rehabilitation. We understand that to some degree it will take time for the new mission to saturate all areas of the agency, especially considering its size. To facilitate that process, we recommend these activities:

Focus on CDCR senior managers (Secretary's office and all senior leadership positions including programming, institutions, parole, research-evaluation, IT, etc.). The CDCR's senior managers must understand and agree with the Panel's key recommendations, especially the underlying principles and practices. Senior management must also agree to:

(a) a shared organizational vision
(b) key benchmarks for implementing organizational improvement
(c) a seamless integration of prison and parole officers in (rehabilitation) programming
(d) use risk to reoffend (vs. institutional risk) as the primary driver for programming in prison and the community and for parole supervision
(e) understand and apply the differences between program noncompliance and criminal behavior
(f) understand how correctional and parole officers can be "agents of change" for offenders
(g) agree to develop the officers under their authority as agents of change for offenders
(h) understand and apply the importance of community partners as part of the "solution"

The CDCR's senior managers should be involved in at least a two-day planning session with biweekly meetings for the first six months on these concepts. During this time, they should decide what process they will use to assess their current organizational culture and its readiness to implement these changes. This group should also develop a plan to communicate the results of their work to the organization's employees. It is important that during these working sessions, senior managers are assigned to cross-sectional groups to facilitate systemic improvement.

Focus on the next level of management (parole officer chiefs and wardens). Replicate senior management agreements and activities with the next level of management within the CDCR. Report results back to senior management group.

Develop cross-sectional teams to develop policy and procedures for the organization that support the Panel's recommendations. It is important to have a cross-sectional team build the new policies and operational procedures for the organization. These teams should involve all levels of the organization and report their findings to the senior management group.

Begin coaching and skills development activities for managers and key employees in the organization.

a. Provide managers with leadership coaching and management skills development. All managers should be trained in and held accountable for using "participatory management practices." These practices will help managers obtain buy-in from their employees on the proposed organizational changes. It will also foster a sense of joint ownership (between the manager and the employee) as the organization progresses through the change process.
b. Provide key employees with skills training for: interviewing offenders, motivating offenders, gaining offender compliance, risk and needs assessments, case planning, managing behavioral contracts, and characteristics and needs special offender types (e.g., drug offenders, sex offenders, aggressive, gang members, etc.). These trainings should be started at the academy level with new staff and continued through periodic refreshers courses throughout the entire career of each employee.

Use the train-the-trainer model where key employees become "experts" in areas of focus and then train other employees. These trainers should be the first level supervisors in the prisons and parole offices for staff graduating from the academies. In addition to training others, the experts should focus working on problem cases.

Select parole and prison sites that desire to implement the panel recommendations. Begin work on the implementation plan using a team composed of a cross section of employees from within the organization, as well as selected community partners.

Employee Development

As the CDCR continues its work to provide quality rehabilitative programming to offenders it should not assume that its employees are prepared to deliver and supervise this work. As we have mentioned elsewhere, an effective correctional system is the result of a well-trained workforce. Whether the training relates to custody or treatment responsibilities, the critical nature of employee development can make or break a correctional system.

Traditionally, and usually as a condition of employment, correctional employees participate in both pre-service and in-service training programs. Commonly, more highly developed or specialized training is provided on a variety of subject areas. Employee attendance at conferences, workshops, and seminars regularly benefit the employee, as well as the agency. Moreover, we recommended that employees engage in continuing education at post-secondary institutions and trade schools, which will better prepare them for working in their particular disciplines. And, of course, some professionals such as clinicians, counselors, and others are required by law to complete a designated number of continuing education units annually.

In addition, we recommend that the CDCR consider the training opportunities provided by the U.S. Department of Justice, National Institute of Corrections, and the Office of Justice Programs. These two federal agencies often provide specialized training and/or technical assistance at little or no cost to the government participant. Universities, non-government organizations, and some for-profit groups are also good training resources.

The challenges of providing employee training can be expensive and times consuming, however, the benefits of making professional development a priority are considerable. On the other hand, the effects of not focusing on personnel training can be disastrous. Quality management principles dictate that tasks should be "done right the first time." This cannot be achieved without the investment of well-organized and well-delivered staff training. To deliver the training, a host of full-time and adjunct training personnel will be needed. Most correctional systems depend on a train-the-trainer model in order to save costs.

As the new or redesigned programming is integrated into the CDCR, the requirement for employee preparation will be enormous. For instance, conducting effective risk assessments will require talented and well-trained employees to perform this obligation. Employees will also have to be comfortable with and competent in the use of technology since many offender programs are computer-based, such as GED preparation and testing. In fact, information technology is the cornerstone for many effective training programs and so the CDCR will need to ensure that its employees have developed skill in this competency area. Deploying sound curricula of professional enrichment may be important in other ways. For instance, litigation may be avoided, or at least mitigated, if mistakes are minimized. Often, law suits are based on "failure to train" standards. In many instances, the standard is not just "to train," but "to train adequately."

By addressing all of these considerations with its employees, the CDCR will solidify its position to offer effective programming to its adult offender population and reduce their rates of reoffending.

Quality Assurance

Changing the organizational culture in order to implement evidence-based principles is a complex process involving dozens of intermediate objectives. In order to realize the goal of reducing recidivism, each organizational change objective must align with the principles, and the change must be maintained over time. An effective Quality Assurance Plan can serve as a roadmap for maintaining fidelity to the principles.

A comprehensive quality assurance plan is an invaluable tool in implementing evidence-based practice. The plan provides a clear blueprint of the organization's goals and how they will be achieved. In the implementation phase, the plan allows stakeholders to track progress, maintain accountability, and keep a multi-faceted project on track. In the Maintenance phase, the plan encourages ongoing learning, professional development, and high standard of performance. Quality assurance should be incorporated into the implementation of evidence-based practice from the outset, with the goal of creating a "culture of quality" in the organization.

Societal (or Community) Barriers and Solutions:

The Panel wishes that it had been given more time to prepare its report. Had that been the case, then we would have spent more time looking at this very important area of correctional programming. As such, we urge the CDCR to continue to foster, nurture, and expand its partnerships with local governments and community-based organizations to provide seamless delivery of programming and services between prison-based and community-based providers. We recommend that it continues to include family members and other community members in the rehabilitation process of its offenders. And finally, and probably most importantly to released offenders, we recommend that roadblocks to finding meaningful employment be addressed.

To those community leaders and local agency administrators who are reading this report, we urge you to reach out to the CDCR to develop proactive and collaborative methods for working with offenders while they are still in prison to help ensure that once released, they become productive and contributing members of your communities. Particular attention needs to be paid to providing transitioning offenders with access to programs and services that will help them maintain their sobriety, find places to live, and obtain employment. If communities are able to help the CDCR provide these critical things to offenders, then they will become a real part of the solution to California's correctional crisis.

Appendix K—Implementation Timeline

In this section of the report we provide a two-year schedule for implementing the Panel's major recommendations. As we mentioned at the beginning of this report, correctional change doesn't happen overnight and California's leaders will need to take deliberate steps to ensure that they provide the CDCR with the sufficient support it needs to effectively move in this direction—this includes necessary legislation, required funding, and most of all, adequate time. We note that although we present a two-year implementation timeline, we do not expect that California will begin to realize the benefits of those changes within that short time frame. Those who have studied what it takes to successfully reform public institutions say that of the three things necessary for success: resources, commitment, and time, time is the most important. Frederick Hess (1999), who has written books on educational reform, says it takes a minimum of five years to accomplish observable reform and RAND (2006) puts the time at eight years.

Our implementation plan identifies six major tasks that can be accomplished in two years. Within each major task, we list a series of sub-tasks. Each sub-task includes the agency(s) or entity(s) that will be primarily responsible for completing the task, as well as a recommended completion time frame.

Implementing the recommendations of this report will require the full commitment not only of the CDCR, but also the Governor's Office, and the Legislature. In particular, the Governor's Office and Legislature must quickly develop and pass new legislation over the next few months that will create meaningful incentives for prisoners and parolees to participate in and complete rehabilitative programs. As we have already stated, if offenders don't have access to rehabilitation programs or incentives for completing them, then California cannot expect to reduce its recidivism rates. Therefore, the top legislative priority should be to pass the laws needed to remove these two external barriers.

We believe that this implementation plan provides a pragmatic strategy for implementing our recommendations and will allow the CDCR to integrate sound rehabilitation based policies, practices, and programs into the fabric of its operations, both in prison and in the community.

Major Task 1: Adopt Expert Panel Plan and Recommendations

(July 2007 – October 2007)

This major task group is designed to lay the basic foundation for California to begin transforming the CDCR. In this task group, the CDCR needs to conduct a number of briefings with state and local agencies and stakeholder organizations, whose cooperation and commitment are essential for the recommendations to succeed. In these briefings, the CDCR and available Panel members need to present the findings of the Panel, as well as the recommendations. Subsequent to these briefings, the Legislature and Governor's office need to reach an agreement to adopt the Roadmap and begin the process of ensuring that offenders have access to and incentives for completing rehabilitation programming.

Major Task 2: Craft and Pass Legislation and Change Policies to Create Access to and Incentives for Program Participation

(October 2007 – June 2009)

This group of task presumes that the Governor's Office, Legislature, and CDCR Secretary have agreed to implement the Panel's recommendations. In this group of tasks the Governor's Office and Legislature will be crafting and passing the necessary legislation to create access to and incentives for rehabilitation program participation. At the same time, the CDCR will be drafting policy changes to implement graduated parole sanctions. Once the new legislation and policies are adopted and codified, the CDCR would begin applying these new measures to its adult offenders who qualify. As part of the legislative process, lawmakers will have to determine whether or not they will apply these new laws retroactively, and if so, to what extent.

Major Task 3: Develop or Adopt and Implement Risk to Reoffend Assessment Instrument

(October 2007 – June 2009)

In this major task group, the CDCR will either develop or adopt a risk to reoffend assessment instrument to use with its adult offenders. The CDCR has sufficient data in its current information systems to quickly adopt and begin using a relatively straightforward risk to reoffend assessment instrument. Coupled with activities in Major Task 4, these steps serve as the foundation for matching the right offender to the right program.

Major Task 4: Select and Implement Offender Needs Assessment Instrument

(July 2007 – June 2009)

Because the CDCR is currently using the COMPAS with its parole population and plans to begin piloting the COMPAS with its prison population in June 2007, this major task group can begin immediately. The CDCR needs to make a quick decision on whether it plans to rely exclusively on the COMPAS or try another instrument. In either case, the CDCR must begin assessing all appropriate prisoners and parolees using the selected needs assessment instruments. Also included in this task group is validation of the COMPAS instrument that is currently being used in the CDCR Parole Division.

Task 5: Begin Assigning Offenders to Appropriate Services Based on Risk and Needs

(September 2007 – June 2009)

In this group of tasks, the CDCR will begin assigning prisoners and parolees to rehabilitation programs and services based on their risk to reoffend levels and needs assessment results. Concurrent with assessment-based assignment, the CDCR will also need to evaluate its rehabilitation programs and terminate those that don't meet the criterion for evidence-based programming and expand and add those that do. We recommend a common program curriculum that can be consistently offered system-wide.

Major Task 6: Pilot New Programs

(February 2008 – June 2009)

In this final group of tasks, the CDCR will develop new programs as their assessment instruments indicate. These new programs must be based on "what works" or "promising" research. It will also be essential that an experimental design with random assignment be part of the pilots for these programs.

Appendix K—Implementation Timeline

Tasks	Responsibility	Time Line																							
		2007						2008												2009					
		J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Major Task 1: Adopt EP Plan and Recommendations																									
1.1 Brief Governor, Key Legislators, CDCR Senior Managers, Labor Unions, Federal Courts, Appropriate Boards, Panels, and Commissions, and Media on report recommendations.	EP/CDCR	X	X																						
1.2 Brief Key County and Local Governments and Community Groups on report recommendations.	EP/CDCR	X	X																						
1.3 Refine implementation plan based on feedback received in briefings.	CDCR/EP			X	X																				
1.4 Governor's Office and Legislature reach agreement to adopt and implement legislative recommendations in report: access (overcrowding) and incentives (earned credits).	LEG,GOV			X	X																				
1.5 CDCR Secretary agrees to adopt and implement non-legislative recommendations in report.	CDCR			X	X																				
1.6 Determine budget and secure funding pool to support report recommendations.	GOV/LEG/CDCR					X																			
Major Task 2: Craft and Pass Legislation and Change Policies to Create Access to and Incentives for Program Participation																									
2.1 Draft graduated parole sanctions guidelines policy.	CDCR/EP				X	X	X																		
2.2 Draft and pass legislation for earned program credit and good time credit incentives.	LEG/GOV/CDCR/EP				X	X	X	X																	
2.3 Apply new graduated parole sanctions.	CDCR								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.4 Apply no supervision policy to low risk parolees.	CDCR							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.5 Apply new earned program credits to offenders who successfully complete rehabilitation programs.	CDCR							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.6 Apply new good time credit incentives to offenders who positively manage their behaviors.	CDCR							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.7 Apply early parole termination for low risk parolees.	CDCR													X	X	X	X	X	X	X	X	X	X	X	X
2.8 Measure recidivism rates.	CDCR/EP													X	X	X	X	X	X	X	X	X	X	X	X
Major Task 3: Develop or Adopt and Implement Recidivism Risk Assessment Instrument																									
3.1 Develop recidivism risk instrument.	CDCR/EP				X	X	X																		
3.2 Develop criteria for applying risk results to offenders to determine program placement.	CDCR/EP				X	X	X	X	X																
3.3 Train CDCR staff at prison reception centers.	CDCR						X	X	X	X	X														
3.4 Apply risk assessment to selected new admissions.	CDCR								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5 Apply risk assessment to existing prison population.	CDCR								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.6 Evaluate and monitor and risk assessment data.	CDCR/EP											X	X	X	X	X	X	X	X	X	X	X	X	X	X
3. Validate COMPAS.	CDCR				X	X	X	X	X	X	X	X	X	X	X										
Major Task 4: Select and Implement Offender Needs Assessment Instruments																									
4.1 Review COMPAS and other needs assessment tools.	CDCR/EP	X	X	X																					
4.2 Select appropriate needs assessment tools.	CDCR/EP			X	X	X																			
4.3 Pilot needs assessment instruments as needed.	CDCR.				X	X	X	X	X																
4.4 Implement needs assessments on selected prison and parole admissions.	CDCR									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.5 Evaluate and monitor needs assessment data and program outcomes.	CDCR/EP									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Major Task 5: Begin Assigning Offenders to Appropriate Services Based on Risk And Needs																									
5.1 Develop certification standards for existing programs.	CDCR/EP				X	X	X																		
5.2 Identify existing certified treatment services-programs.	CDCR			X	X	X	X	X	X																
5.3 Develop procedures for assigning offenders to program services based on risk and needs assessment.	CDCR/EP			X	X	X																			
5.4 Terminate ineffective programs.	CDCR						X	X	X	X	X	X													
5.5Assign offenders to rehabilitation programs based on risk and needs assessment data.	CDCR												X	X	X	X	X	X	X	X	X	X	X	X	
5.6 Expand effective prison programs as needed.	CDCR																X	X	X	X	X	X	X	X	X
5.7 Expand effective parole programs as needed.	CDCR																X	X	X	X	X	X	X	X	X
5.8 Conduct process and outcome evaluations of expanded programs.	CDCR/EP																			X	X	X	X	X	X
Major Task 6: Pilot New Programs																									
6.1 Develop new programs.	CDCR/EP								X	X	X	X	X	X											
6.2 Develop evaluation criteria.	CDCR//EP										X	X	X	X											
6.3 Issue RFPs as needed.	CDCR/EP														X	X									
6.4 Select two new prison and two new community programs to pilot.	CDCR/EP														X	X	X								
6.5 Fund service providers.	CDCR																X	X	X						
6.6 Implement new programs.	CDCR																		X	X	X	X	X	X	X
6.7 Conduct evaluations.	CDCR/EP																				X	X	X	X	X

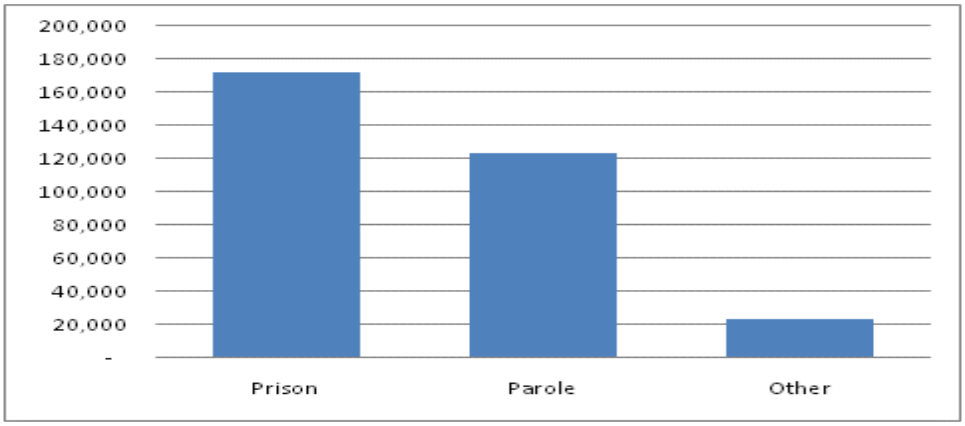
Legend: EP—Expert Panel; CDCR—California Department of Corrections and Rehabilitation; LEG—Legislature; GOV—Governor's Office

Appendix L—Detailed CDCR Adult Offender Profile Information and Tables

CDCR Adult Offender Distribution

The CDCR is currently responsible for providing services to 321,222 adult offenders in its prison and parole systems. As Figure 2.1 shows, 172,385 (54%) are located in the CDCR prisons, 123,781 (39%) are on parole supervision, and 23,236 (7%) are in other populations, including non-CDCR facilities or programs (i.e., Federal prison or County jail).

Figure L-1: California's Adult Offender Population



Source: CDCR (Weekly Population Report, April 23, 2007)

CDCR Adult Offender Cohorts

Although Figure L-1 suggests that there is really only one adult offender population that is distributed into three large categories, that isn't exactly the case. When considering the overall CDCR adult offender population, there are actually four ways to look at it:

1. those admitted to prison (an "Admissions Cohort"),
2. those in prison (an "In-Prison Cohort"),
3. those on parole (an "On Parole Cohort"), and
4. those released to parole (an "Exit Cohort").

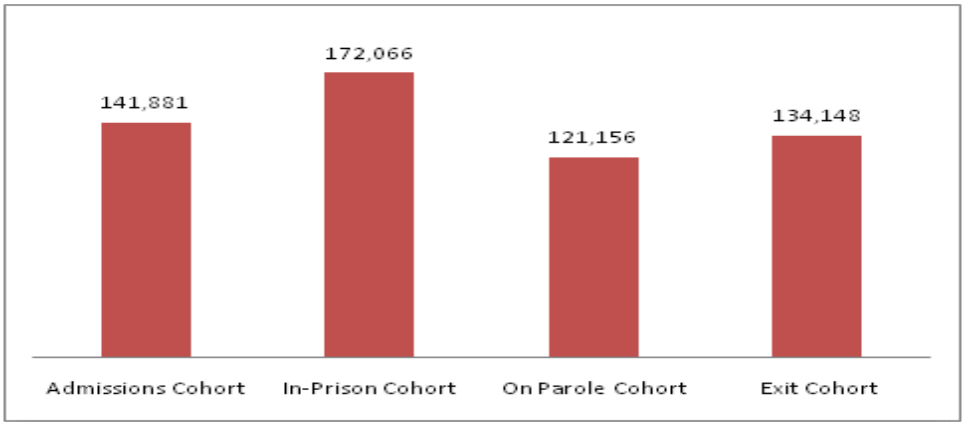
This is important because, as we will discuss later, one of the first questions that needs to be answered when discussing effective offender programming is: *What are the offender's needs?* The answer to that question provides the basis for the "rehabilitation" of the offender. Thus, if the offender population was truly monolithic as Figure L-1 suggests, it would be easy to describe the average needs of the adult offenders in the CDCR. However, the answer is not that simple, because each of the four cohorts listed above has different risks and needs profiles. For example, on average, people committed to prison for violent crimes serve longer prison terms than those committed for nonviolent or drug crimes. Because it takes longer for violent offenders to be released from prison, their representation in an Exit Cohort is lower than that of nonviolent or drug offenders.

While this distinction may on the surface appear to be self-evident and, therefore, trivial to discuss, the fact of the matter is that the differences between In-Prison and Exit Cohorts accounts for some of the greatest discrepancies in the figures cited by those who argue that offenders are not a particularly dangerous or serious group (they tend to use Admissions or Exit Cohorts) and those who argue that the majority of offenders are dangerous and serious career criminals (they tend to use In-Prison Cohorts).[an]

From a programming standpoint, the answer of *"Which parole or prison population is being considered?"* has important implications. If the public perceives released offenders as people who have many needs, yet pose little risk to public safety, they are more likely to be sympathetic to their circumstances and urge their lawmakers to invest in rehabilitation and work programs. But if the public believes that most released offenders are dangerous and serious career criminals who present a great risk to public safety, they are more likely to urge their lawmakers to invest resources in law enforcement and surveillance activities.

Given its importance for programming considerations, we felt it was important to provide a snapshot of all four of the CDCR's adult offender cohorts. We have presented this data in Figures L-2 – L-9. *Please note: the data used for these tables came from 2006 CDCR offender records, while the data at the beginning of this chapter came from April 2007 CDCR offender records. As the CDCR population is continuing to grow, there is a slight discrepancy when comparing the total numbers between the two data sources.*

Figure L-2: CDCR Adult Offender Cohorts



Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

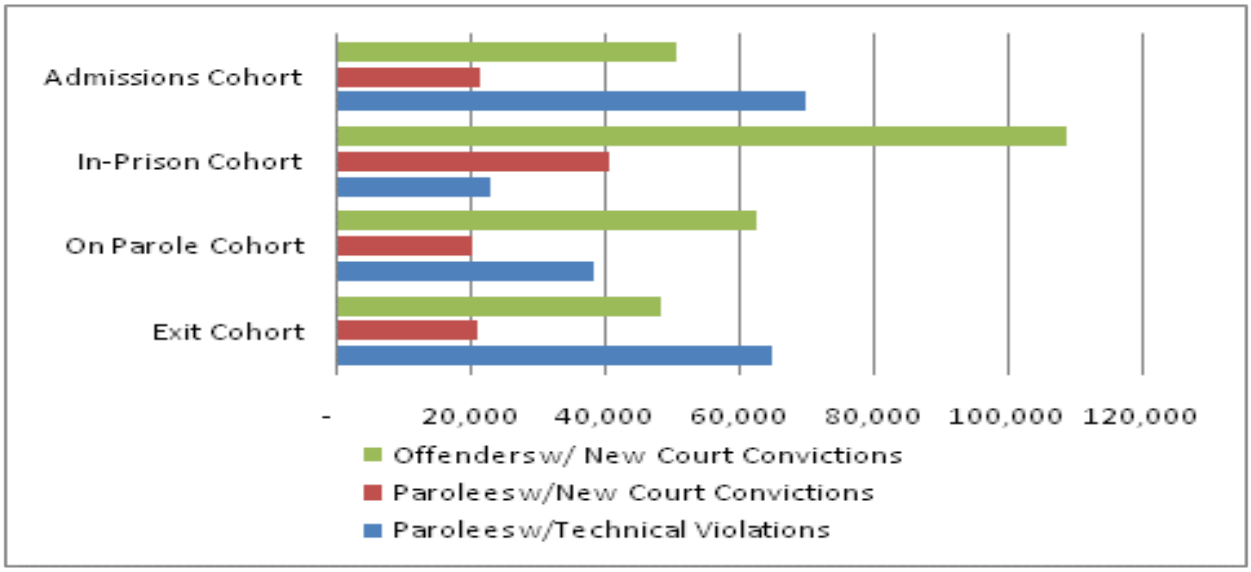
Figure L-2 provides a comparison of the number of offenders in each of the cohorts.

an See Tonry (1995) for a full discussion.

Admissions Type

The first aspect of the adult offender population that we examined was admissions type. In California, there are two ways to enter the CDCR adult prison system. The first way is through a criminal court conviction. In this category are either Offenders with New Court Convictions or Parolees with New Court Convictions (parolees convicted of new crimes). The second way is through a technical parole violation. In this category are Parolees with Technical Violations (parolees who have violated one or more of their parole conditions). Figure L-3 displays our findings.

Figure L-3: Admissions Type Distribution

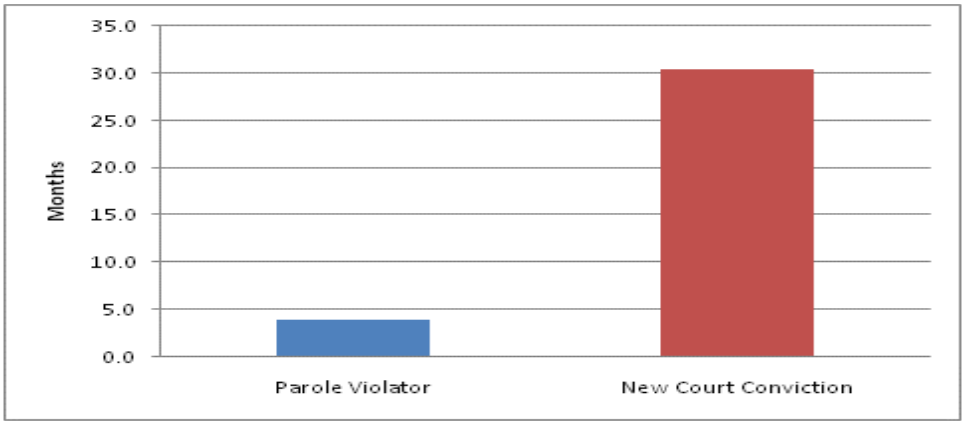


Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

As Figure L-3 shows, 149,294 offenders (86.8%) in the In-Prison Cohort were admitted to prison because of new court convictions (offenders with new court convictions plus parolees with new court convictions). But only 71,915 offenders (50.7%) in the Admissions Cohort and 69,250 offenders (51.6%) in the Exit Cohort were admitted to prison because of new court convictions. This tells us two things. First, nearly 50% of the offenders in the Admissions and Exit Cohorts were admitted to prison due to technical parole violations, not because of new court convictions. Second, parolees with technical violations spend less time in prison than offenders and parolees with new criminal convictions.

Data provided by CDCR shows that two-thirds of the offenders admitted to prison in 2006 were parole violators. The new court conviction group reflects only 36% of new prison admissions, and even within this group a sizeable number (10%) are probation violators. **Put differently, nearly 70% of all 2006 prison admissions were people who failed to satisfy their probation or parole obligations.** Any improvement in these existing failure rates would have a large impact on reducing the CDCR prisoner population.

Figure L-4: Length of Stay Comparison



Source: CDCR 2006

Figure L-4 compares the average lengths of stay (LOS) of parole violators and offenders with new court convictions. Parole violators' LOS when returned to prison are an average of just four months. (This large group churns quickly in and out of California prisons and occupies 20,000 beds on any given day.) On the other hand, the LOS for offenders released in 2006 as a result of a new court convictions was an average of 29.1 months.

These admission and release trends have important consequences for the design and application of rehabilitation programs. Most credible treatment programs require at least 3-6 months of participation in what would be considered the initial phase of a well structured program. It is also assumed that the initial phase of rehabilitation should be followed by additional months (usually 3-9) in subsequent and often less intensive services.[ao]

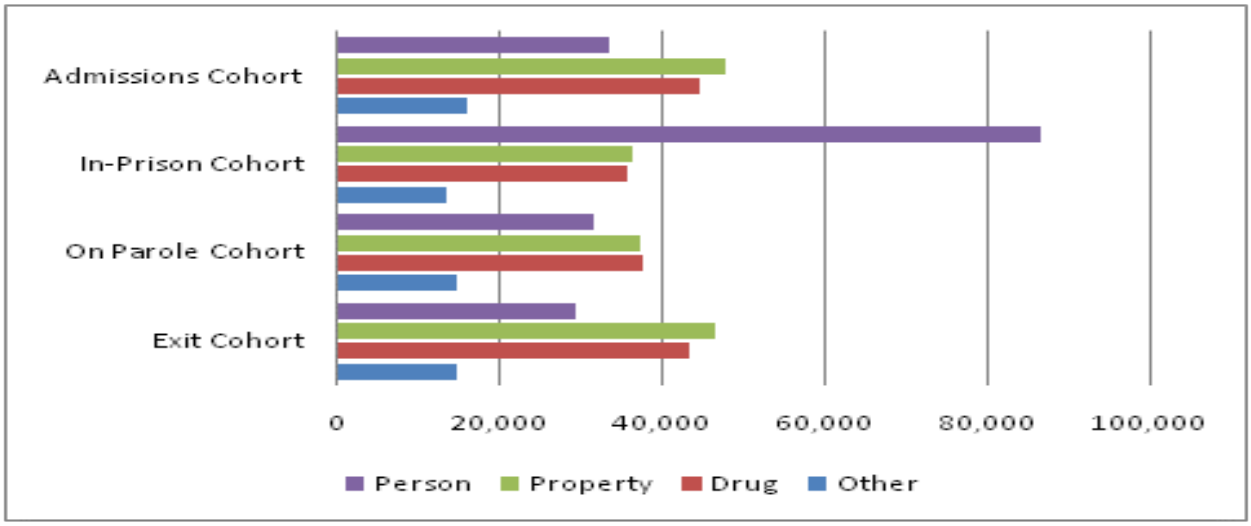
From a programming standpoint, the first implication is that effective programming will have to take into account the differing lengths of stay between offenders admitted due to new court convictions and those admitted due to technical parole violations. Offenders admitted due to new court convictions will have more time to participate in programming in prison because their sentences are longer. The second implication is that because technical parole violators spend less time in prison, the CDCR needs to pay close attention to the programs this group will be receiving in the community.

ao For reviews, see Wilson, Gallagher, & MacKenzie (2000) and MacKenzie (2006).

Offenses

The next aspect that we examined was type of current conviction or offense. For this analysis, we used four different categories of offenses: (a) crimes against persons, (b) property crimes, (c) drug crimes, and (d) other crimes, which we display in Figure L-5.[ap]

Figure L-5: Offense Distribution

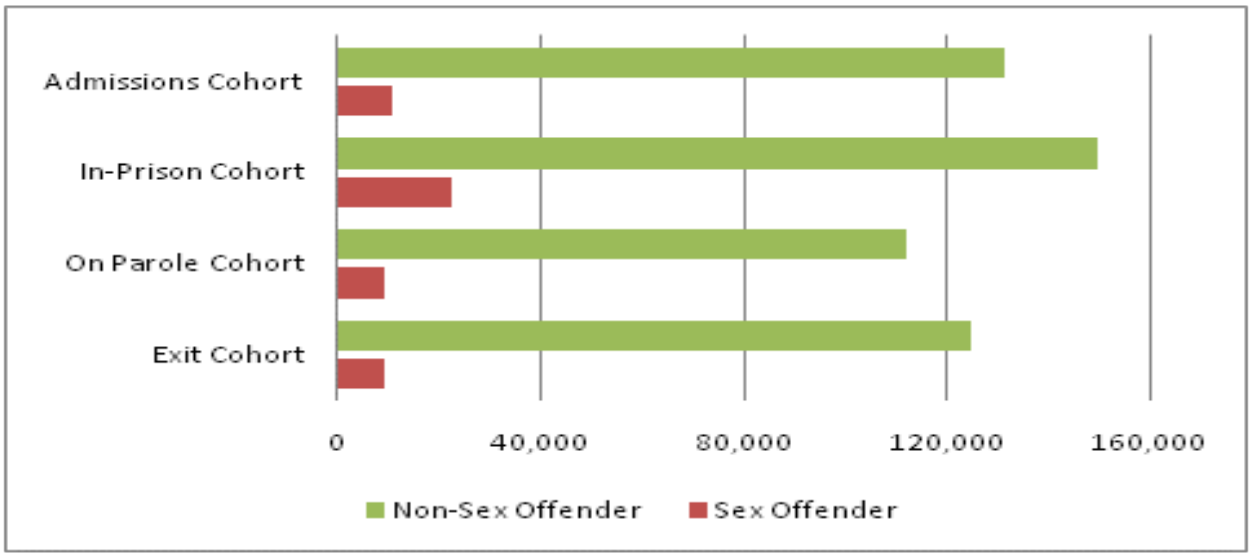


Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

As Figure L-5 shows, there are significant differences between the cohorts when it comes to offenses for which offenders have been convicted. For example, property crimes represent the largest category for offenders in the Admissions and Exit Cohorts (33.6% and 34.8%, respectively). But the largest category for offenders in the In-Prison Cohort was crimes against persons (50.4%). And the largest category for offenders in the On Parole Cohort was drug crimes (31.1%). Programmatically this suggests that once again offenders should be provided with different types of programming based on what stage they are in the correctional system. Figure L-6 illustrates this more clearly.

ap Crimes against persons primarily include homicide, robbery, assault, sex crimes, and kidnapping. Property crimes primarily include burglary, theft, forgery, and vehicle theft. Drug crimes include both sales and possession. Other crimes include escape, arson, driving under the influence, weapon possession, and miscellaneous offenses.

Figure L-6: Sex Offender Distribution

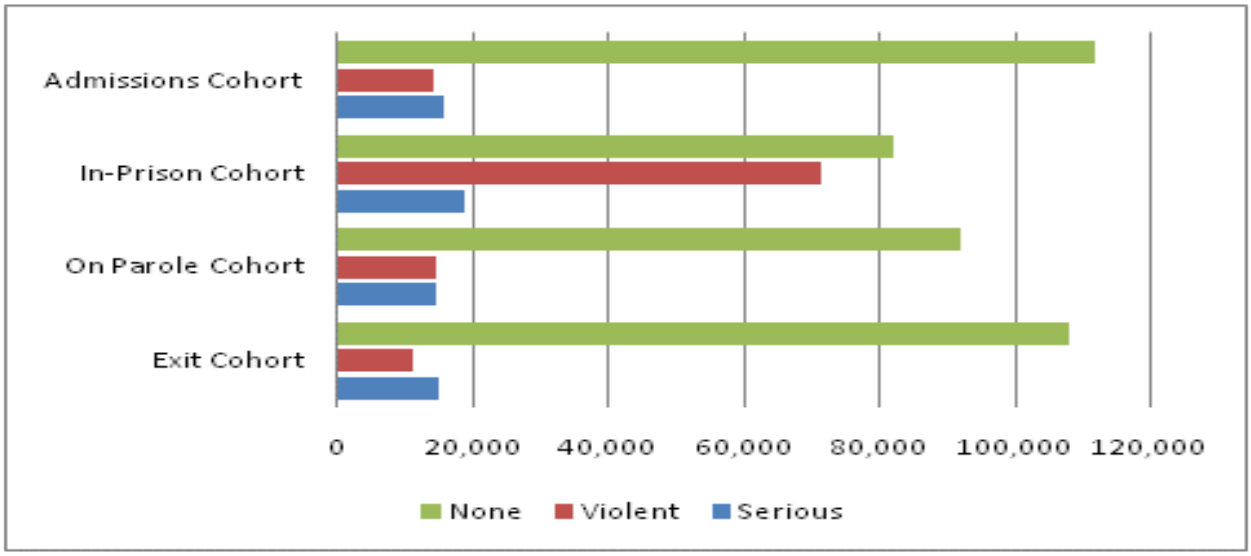


Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

Figure L-6 provides a closer examination of one specific type of offender; those who are convicted of crimes against persons—sex offenders.[aq] This figure illustrates that while sex offenders only represent 7.4% of the Admissions Cohort, they make up 13% of the In-Prison Cohort. This indicates that sex offenders receive longer sentences than their average non-sex offender counterparts. Research by Becker and Murphy (1998) and Polizzi, MacKenzie, and Hickman (1999) shows that sex offenders have different programming needs than their non-sex offending counterparts. Figure L-6 also suggests that sex offenders will generally have more time to complete treatment programming.

aq For this analysis, sex offenders are prisoners who must register as sex offenders under California Penal Code (CPC) section 290. For details regarding CPC 290, see http://www.meganslaw.ca.gov/registration/law.htm. It is also true that there is no such thing as a "typical" sex offender and their characteristics and treatment needs are highly variable. California recently established the High Risk Sex Offender Task Force to examine current practices and needs, and a series of reports details their findings at http://www.cya.ca.gov/Communications/SexOffenderMgmt.html.

Figure L-7: Serious or Violent Offense Distribution



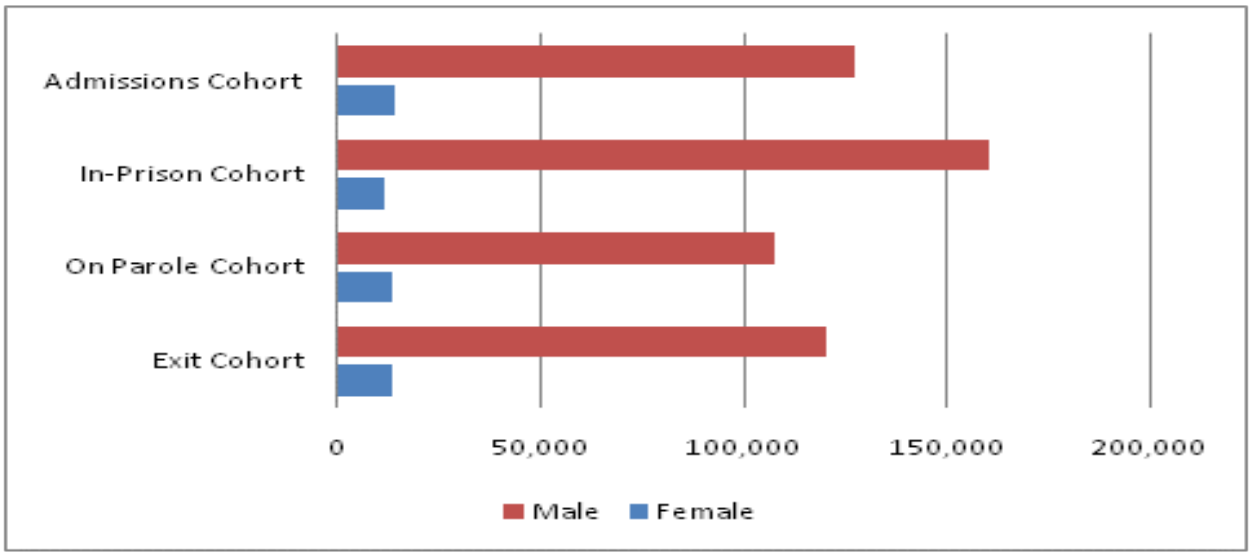
Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

Another aspect of offenses that we wanted to examine was the nature of the offense—either serious or violent. Serious offenses are defined by California Penal Code (CPC) sections 1192.7(c) and 1192.8 and include first degree burglary, arson, and furnishing drugs to a minor. Violent offenses are defined by CPC section 667.5 (c) and include murder, rape, and kidnapping. Figure L-7 displays this data. The most noticeable item that this data shows is that most offenders were not convicted of either violent or serious crimes. This should speak to the mixture of programs provided by the CDCR to its offender populations. The next most noticeable item is that 41.4% of offenders in the In-Prison Cohort were convicted of violent crimes, compared to 10.0%, 12.0%, and 8.2% for the Admissions, On Parole, and Exit cohorts, respectively.

Gender, Race, Ethnicity, and Age

In Part I of the report, we discussed the responsivity principle. Basically, responsivity means that effective rehabilitation programs take into consideration the differences in offender gender, race, culture, age, and other factors and deliver information in ways that best respond to those differences. We provide Figures L-8 – L-10 to give the reader snapshots of the differences in gender, race, and age in the four different offender cohorts.

Figure L-8: Gender Distribution

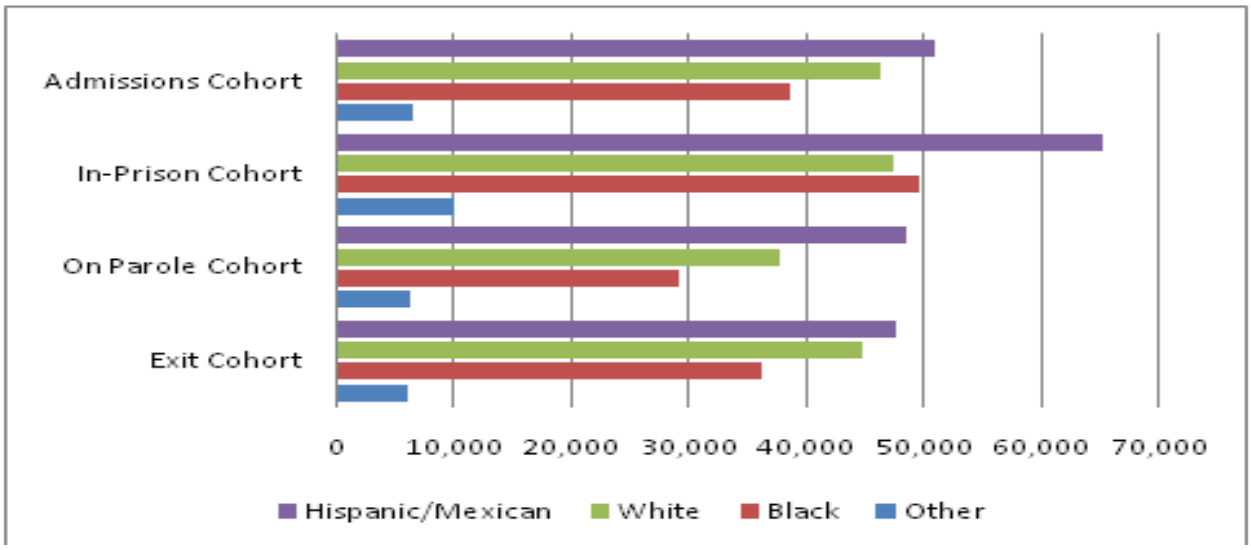


Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

Figure L-8 shows that female offenders comprise 10% of the Admissions Cohort, 11.3% of the On Parole Cohort, and 10.2% of the Exit Cohort. However, female offenders represent only 6.8% of the In-Prison Cohort. This suggests that female offenders, on average, spend less time in prison than their male counterparts. Studies of female offenders in California prisons show that they are more likely than male offenders to be incarcerated for drug-related or less serious, nonviolent property crimes. Imprisoned females tend to have fragmented families, other family members involved with the criminal justice system, significant substance abuse issues, and multiple physical and mental health problems.[ar] Typically, females receive relatively short prison sentences and they are soon released into their communities having received few services to address their pathways to crime and even fewer transitional services, setting them up for failure. This means that in addition to providing them with gender-responsive programming in prison, the CDCR will need to ensure that female offenders receive adequate gender-responsive programming in the community.

ar Little Hoover Commission (2004), Bloom et. al., and Wolf (2006).

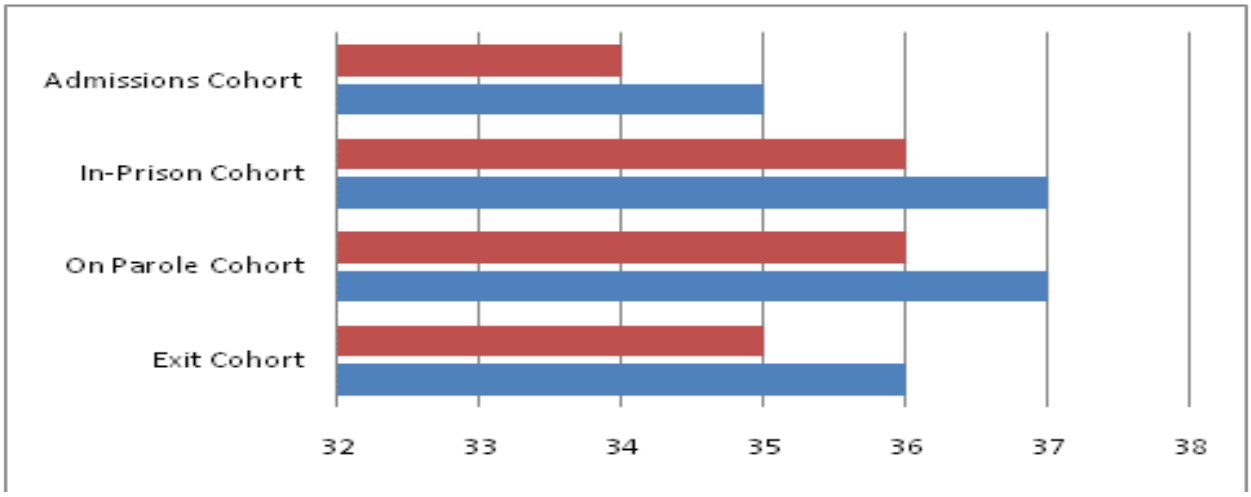
Figure L-9: Race and Ethnicity Distribution



Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

Figure L-9 shows that Hispanic offenders comprise the largest group of offenders in all four cohorts. This means that the CDCR will have to ensure that it considers not only cultural responsivity issues when developing its programming, but it will also need to ensure that its program deliverers and providers are fluent in the Spanish language, as well as preparing program materials in Spanish.

Figure L-10: Age Distribution



Source: CDCR (2006 Admissions and Exit Data, December 31, 2006 In-Prison and On Parole Data)

Figure L-10 shows that there is very little difference in the average ages of offenders in all four cohorts, although offenders in the In-Prison and On Parole Cohorts are somewhat older than those in the Admissions Cohort. The main programming implication that this data suggests is that the CDCR should ensure that its programming is responsive to offenders in this life stage of their development.

CDCR Offender Programming Needs

Needs and Participation Levels—In Prison

Even though the CDCR doesn't currently use an objective instrument to assess the criminogenic needs of its adult offender prison population, external research by Petersilia (2006) has indicated that California's offenders have serious educational, vocational and substance abuse-related deficits which contribute to their propensity to return to prison. Yet despite this information, Petersilia (2006) reported that more than half of California's offenders in prison reported in that they had not participated in any rehabilitation programming during their current prison term, compared to 31% nationally.[as]

To evaluate prisoner needs and design effective programming, the CDCR began piloting the COMPAS instrument in 4 of its 13 Prison Reception Centers in June of 2007. The COMPAS is an objective instrument that assesses an offender's risks to reoffend and criminogenic needs.

Needs and Participation Levels—On Parole

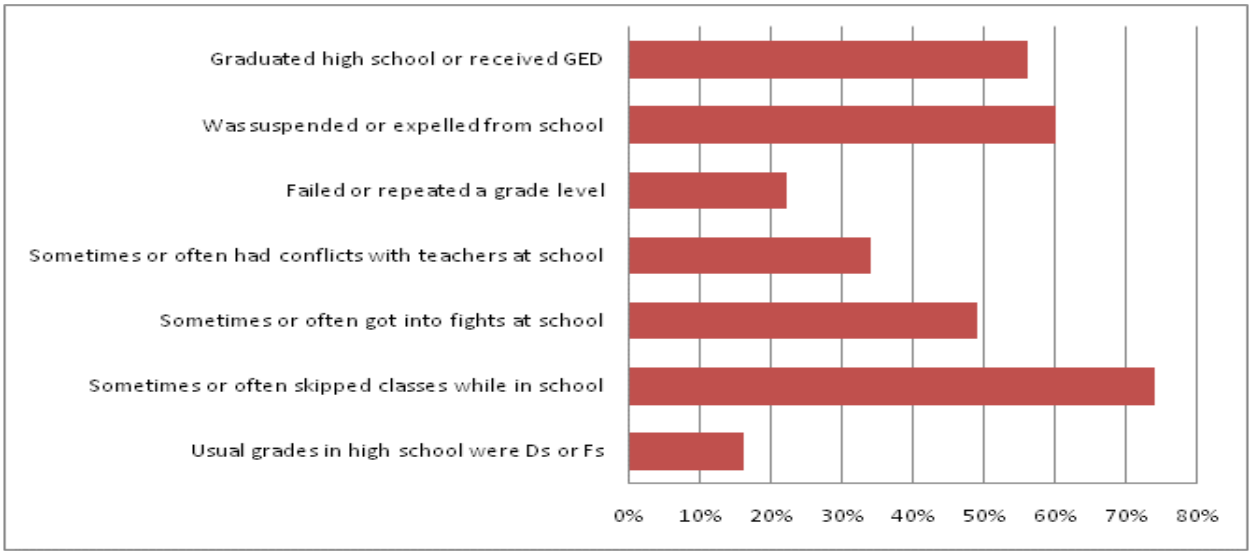
The CDCR's Parole Division began using the COMPAS instrument in February 2005. This represented an advance for California corrections. It was a necessary first step towards matching available parole programs to offenders who can most likely benefit from them. It also allows the Parole Division to assign parolees to differential case loads (e.g., minimum, intensive) based on their statistical risks of reoffending.

The Panel used the COMPAS data that currently exists to assess the needs of parolees in the Exit Cohort. For this report, we analyzed COMPAS data from a sample of parolees released from California prisons between March 2006 and July 2006. The COMPAS data described in the following figures (Figures L-11 – L-18) represent the characteristics of offenders who had been sentenced in court for criminal offenses. Because of certain biases in the data, statistics in these figures are likely to underestimate the actual degree of need in the CDCR parole release population. They should be interpreted as "lowball" estimates of the needs of those released to parole in California.

as It should be noted that the Bureau of Justice Statistics (BJS) data on which Petersilia based her analysis was derived from offender self-reports and is now almost ten years old, which makes the need for an objective needs assessment instrument even more vital.

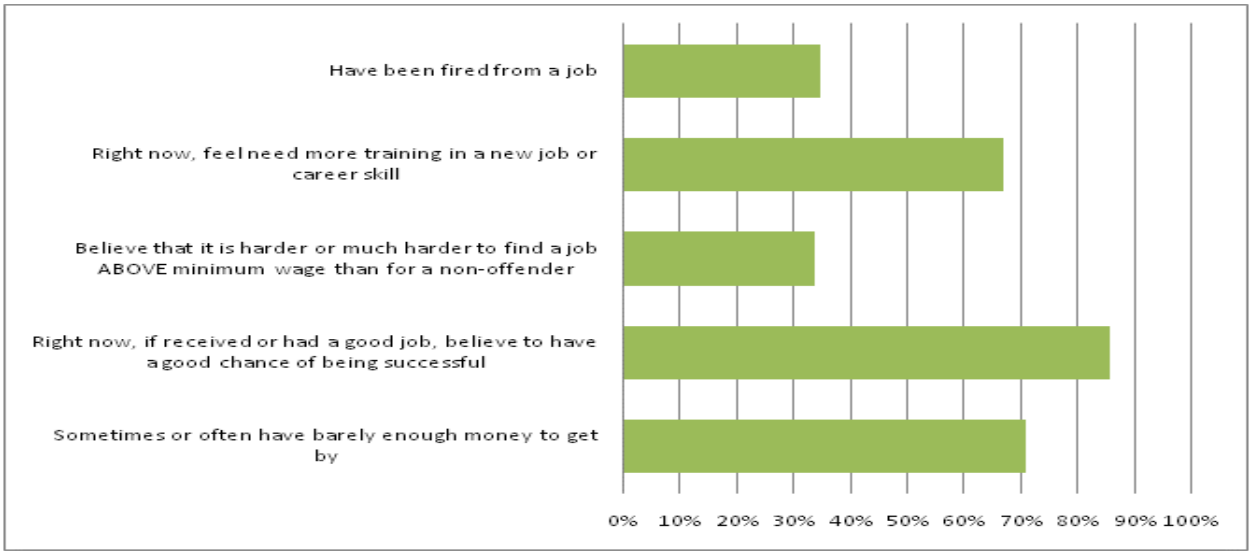
This sample consisted of 11,140 parolees, representing about 31% of the offenders being released from prison and assigned to parole between March and July 2006. The COMPAS data available for analysis by the Expert Panel were biased in ways that likely result in an underestimation of California parolee needs. Specifically, COMPAS was administered only to prisoners being released from an original sentence and parole violators with a new term (PVWNTs; e.g., those sentenced in court) who had served longer than six months in an institution. COMPAS was not administered to those being released from CDCR camps, re-entry centers, hospitals, and other non-institutional settings; offenders with Correctional Clinical Case Management System-Enhanced Outpatient Program (CCCMS-EOP) status; offenders targeted by the state's Substance Abuse Program (SAP); and offenders pending deportation. In addition, our analysis excluded all parole violators returned to custody (PVRTCs; e.g., those sentenced by the Parole Board), since the Parole Division did not include them in this first round of COMPAS assessments. As excluded offenders with CCCMS-EOP status, those targeted by the SAP program, and PVRTCs are believed to have more serious employment, mental health, and substance abuse needs than average, those included in the analysis are probably less likely to have employment, mental health, and substance abuse problems than those who have been excluded. Thus, all COMPAS-related statistics reported in this chapter are likely to understate the actual degree of need in CDCR parole exit cohorts.

Figure L-11: Educational Needs of the 2006 COMPAS Sample



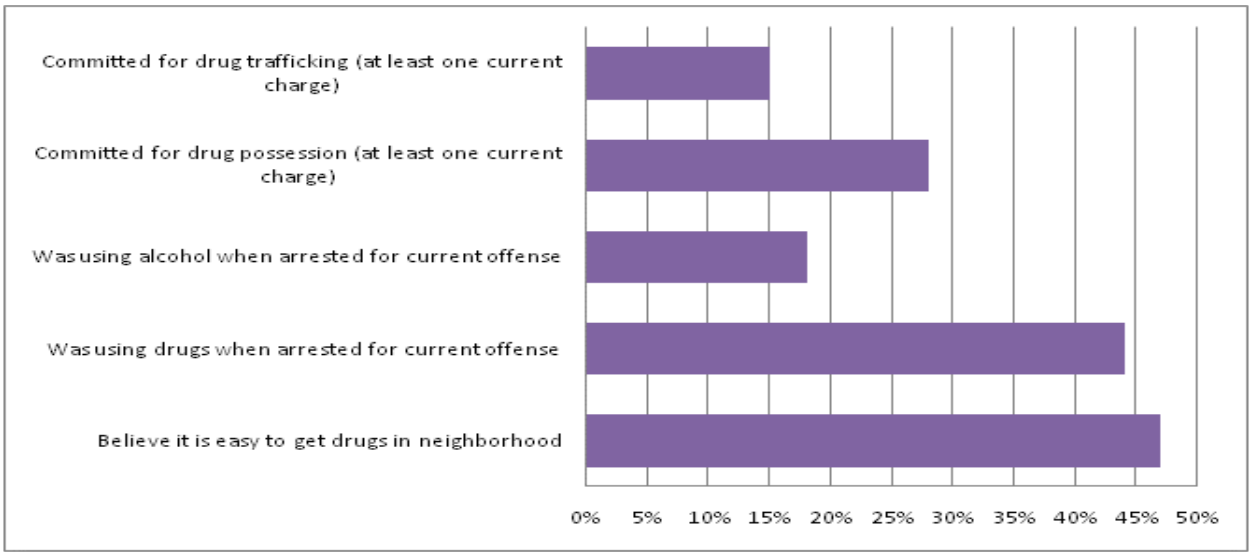
Source: CDCR (2006 COMPAS Data)

Figure L-12: Vocational and Financial Needs of the 2006 COMPAS Sample



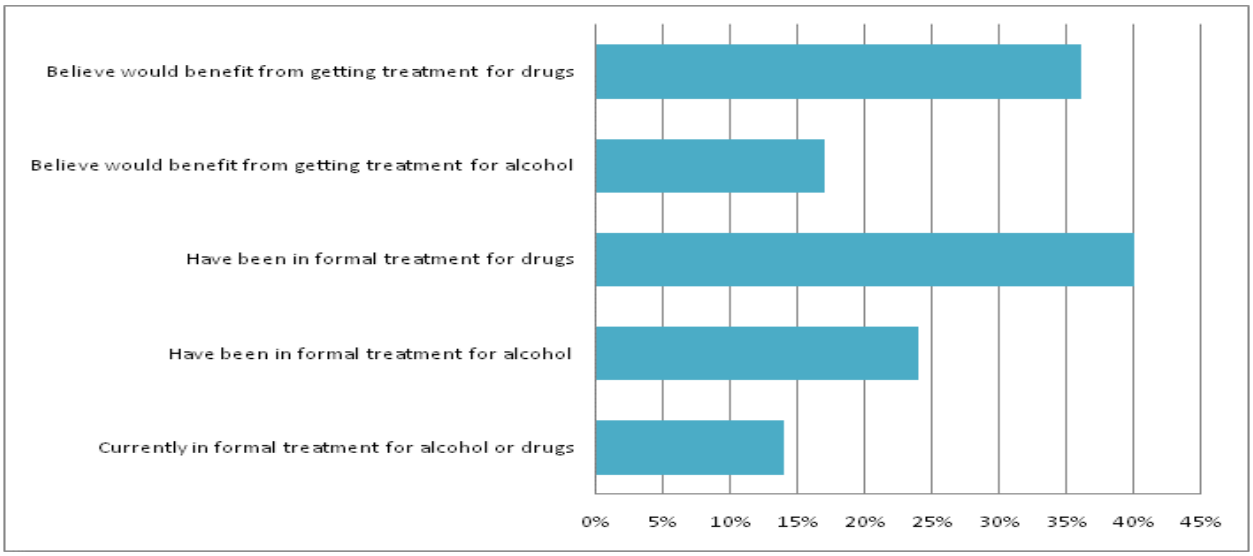
Source: CDCR (2006 COMPAS Data)

Figure L-13: Substance Abuse Needs—Offenses of the 2006 COMPAS Sample



Source: CDCR (2006 COMPAS Data)

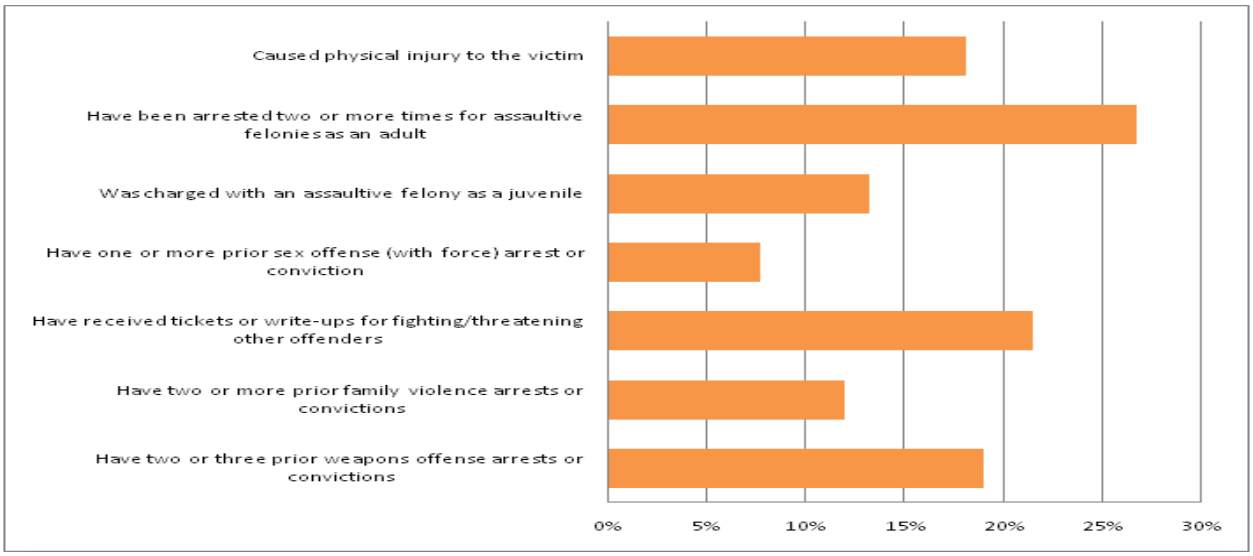
Figure L-14: Substance Abuse Needs and Treatment of the 2006 COMPAS Sample



Source: CDCR (2006 COMPAS Data)

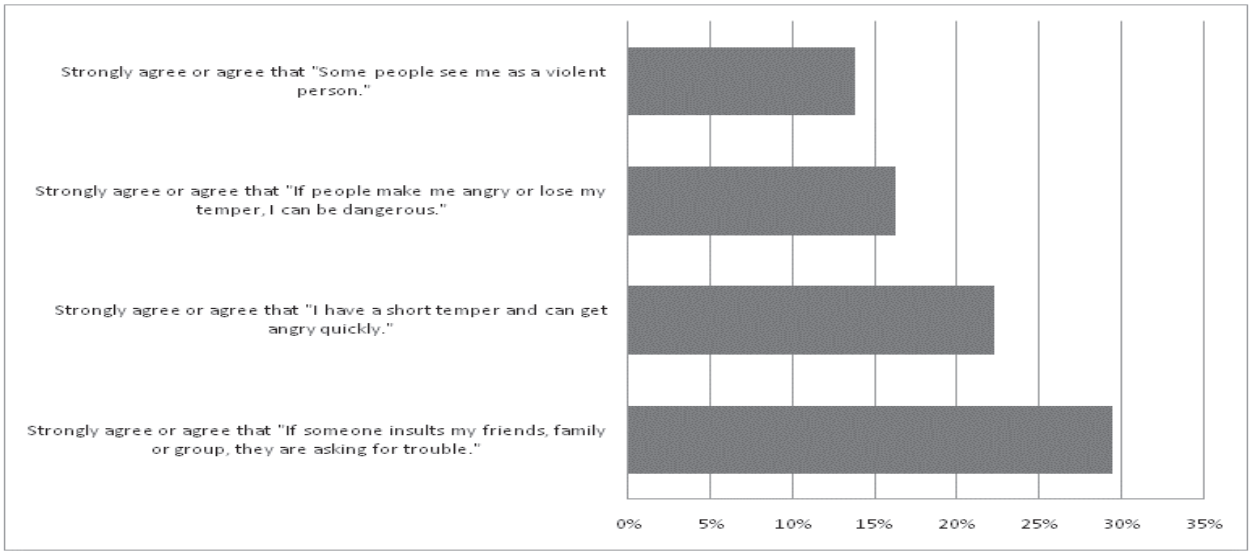
As Figures L-11 – L-14 indicate, California's offenders releasing to parole have high needs for education, vocational, and substance abuse treatment programming. It is also important to recall that given sampling biases, these needs profiled here probably underestimate the needs of the overall parole offender population (see pages 111 for details). The fact that California's offenders on parole have such high programming needs comes as no surprise to anyone familiar with California or U.S. offender populations. What is perhaps most surprising is the low level of offender participation in rehabilitation programs. For example, just 14% of offenders in this COMPAS sample reported currently being in a formal alcohol or drug treatment program (Figure L-14). We will revisit the issue of current program participation in Appendix M of this report.

Figure L-15: Prior Aggression, Family Violence, and Weapon Offenses of the 2006 COMPAS Sample



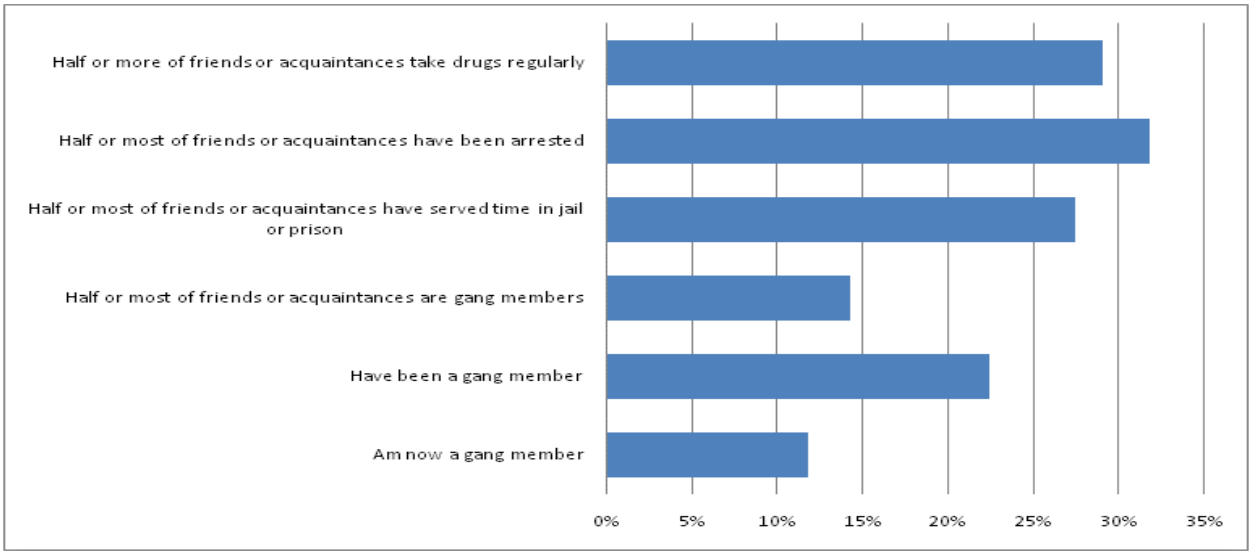
Source: CDCR (2006 COMPAS Data)

Figure L-16: Self and Others' Perceptions and Violent Tendencies of the 2006 COMPAS Sample



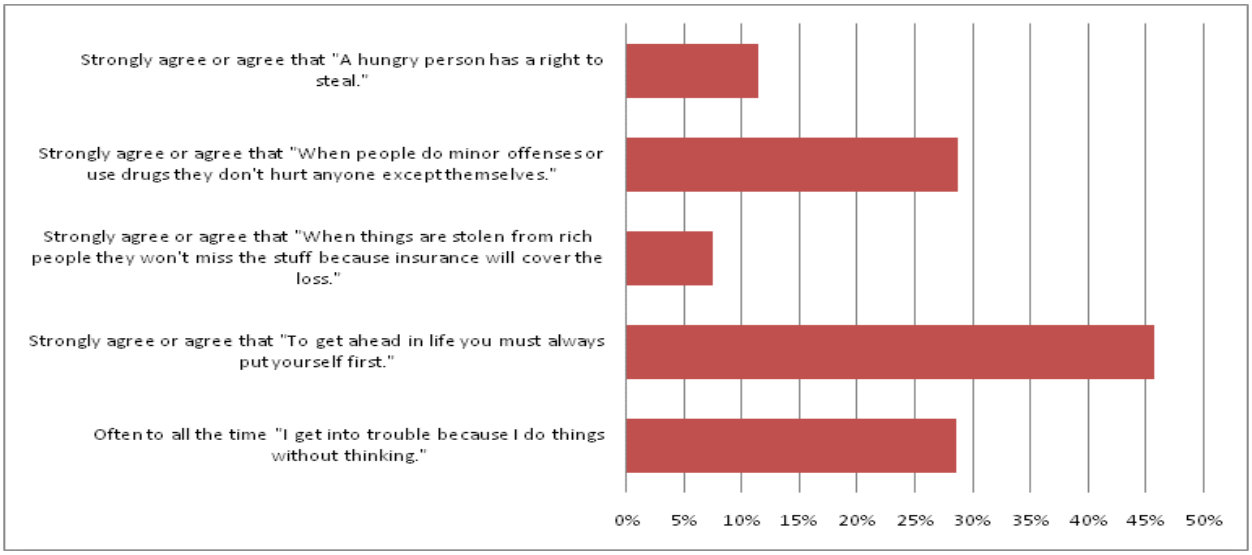
Source: CDCR (2006 COMPAS Data)

Figure L-17: Relationships with Peers, Gang Involvement of the 2006 COMPAS Sample



Source: CDCR (2006 COMPAS Data)

Figure L-18: Criminal Thinking Needs of the 2006 COMPAS Sample



Source: CDCR (2006 COMPAS Data)

In terms of offender programming needs, in Figures L-14 – L-18, we see that roughly 20%-30% of parolees report having issues related to anger management or temper control. Large percentages have criminal records that reflect these problems; almost 40% have prior arrests or convictions for assault (other than homicide or manslaughter); more than 25% have prior family violence arrests or convictions. Peers are often involved in gangs and criminal activities. Almost 33% report that half or more of their friends have been arrested; almost 15% report that half or more of their friends are gang members. Our data does not provide us with measures of criminal thinking, however, we do note that fairly large percentages of offenders are self-focused—almost 50% feel they need to put themselves first, and almost 30% feel they get into trouble because they do things without thinking. Some perceive crimes as justified or not having injured their victims. About 30% feel that minor crimes don't hurt others; but fewer than 10% feel as strongly about justifying stealing. Only one item on the COMPAS addresses sex offending; 6.1% of offenders indicate a prior sex offense arrest or conviction.

Table L-1: CDCR Gender and Race Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
Gender								
Female	14,246	10.04%	11,710	6.81%	13,639	11.26%	13,668	10.19%
Male	127,635	89.96%	160,356	93.19%	107,517	88.74%	120,480	89.81%
Race								
Black	38,534	27.16%	49,521	28.78%	29,033	23.96%	36,057	26.88%
Hispanic/Mexican	50,873	35.86%	65,141	37.86%	48,424	39.97%	47,535	35.43%
White	46,124	32.51%	47,410	27.55%	37,576	31.01%	44,650	33.28%
Other	6,350	4.48%	9,994	5.81%	6,123	5.05%	5,906	4.40%
Source: CDCR 2006								

Table L-2: CDCR Age Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
19 – under	1,950	1.37%	1,037	0.60%	114	0.09%	345	0.26%
20 – 24	20,693	14.58%	19,873	11.55%	11,390	9.40%	16,466	12.27%
25 – 29	27,384	19.30%	30,608	17.79%	23,666	19.53%	26,131	19.48%
30 – 34	21,243	14.97%	26,801	15.58%	20,060	16.56%	20,938	15.61%
35 – 39	22,065	15.55%	26,018	15.12%	19,520	16.11%	21,864	16.30%
40 – 44	20,700	14.59%	25,167	14.63%	18,398	15.19%	20,451	15.25%
45 – 49	15,402	10.86%	20,537	11.94%	14,354	11.85%	15,363	11.45%
50 – 54	7,811	5.51%	11,734	6.82%	8,090	6.68%	7,842	5.85%
55 – 59	3,089	2.18%	5,766	3.35%	3,416	2.82%	3,141	2.34%
60 – 64	1,006	0.71%	2,552	1.48%	1,326	1.09%	1,054	0.79%
65 – 69	368	0.26%	1,140	0.66%	500	0.41%	373	0.28%
70 – up	170	0.12%	833	0.48%	322	0.27%	180	0.13%
Source: CDCR 2006								

Table L-3: CDCR Offenses Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
Offense Category								
Person	33,318	23.48%	86,689	50.38%	31,413	25.93%	29,184	21.76%
Property	47,708	33.63%	36,222	21.05%	37,352	30.83%	46,650	34.78%
Drug	44,488	31.36%	35,711	20.75%	37,730	31.14%	43,362	32.32%
Other	16,043	11.31%	13,350	7.76%	14,564	12.02%	14,773	11.01%
2-3 Strike Provision								
None	124,267	87.59%	125,899	73.17%	106,198	87.65%	117,780	87.80%
Two	17,280	12.18%	37,332	21.70%	14,939	12.33%	16,345	12.18%
Three	334	0.24%	8,835	5.13%	19	0.02%	23	0.02%
Sex Offender Registration								
Yes	10,520	7.41%	22,438	13.04%	9,302	7.68%	9,399	7.01%
Lifer								
Yes	1,138	0.80%	25,367	14.74%	254	0.21%	77	0.06%
Type of Admission/Release								
New Court Commitments	50,708	35.74%	108,702	63.17%	62,602	51.67%	48,407	36.08%
Probation violators	14,532	10.24%	10,541	6.13%	16,710	13.79%	14,575	10.86%
Parole Violators – Total								
New court	21,207	14.95%	40,592	23.59%	20,163	16.64%	20,843	15.54%
Technical violators	4,505	3.18%	1,879	1.09%	33,298	27.48%	55,481	41.36%
Technical violators-Continue on Parole	N/A				5,093	4.20%	9,417	7.02%
Pending Parole Revocation Hearing	65,461	46.14%	20,893	12.14%			N/A	
Source: CDCR 2006								

Table L-4: Serious and Violent Crime Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
Current Serious or Violent Crime								
Missing	236	0.07%	0	0.00%	151	0.11%	126	0.10%
No	111,816	78.81%	82,037	47.68%	108,233	80.68%	91,952	75.90%
Serious	15,703	11.07%	18,746	10.89%	14,813	11.04%	14,519	11.98%
Violent	14,126	9.96%	71,283	41.43%	10,951	8.16%	14,559	12.02%
Current and Prior Serious or Violent Crime Type								
No Current or Prior Violent-Serious	89,973	63.41%	56,643	32.92%	76,241	62.93%	87,242	65.03%
No Current, Prior Violent, No Prior Serious	9,007	6.35%	10,905	6.34%	6,906	5.70%	8,462	6.31%
No Current, Prior Serious, No Prior Violent	12,574	8.86%	13,209	7.68%	9,111	7.52%	12,138	9.05%
No Current, Prior Violent and Serious	3,203	2.26%	5,179	3.01%	2,320	1.91%	3,091	2.30%
Current Violent, No Prior Violent-Serious	11,517	8.12%	55,957	32.52%	12,407	10.24%	8,932	6.66%
Current Violent, Prior Violent, No Prior Serious	849	0.60%	6,232	3.62%	715	0.59%	646	0.48%
Current Violent, No Prior Violent, Prior Serious	779	0.55%	4,212	2.45%	525	0.43%	522	0.39%
Current Violent and Prior Violent-Serious	281	0.20%	2,637	1.53%	229	0.19%	215	0.16%
Current Serious, No Prior Violent-Serious	10,983	7.74%	10,619	6.17%	10,593	8.74%	10,462	7.80%
Current Serious, Prior Violent, No Prior Serious	1,658	1.17%	3,665	2.13%	1,218	1.01%	1,466	1.09%
Current Serious, No Prior Violent, Prior Serious	728	0.51%	1,664	0.97%	651	0.54%	692	0.52%
Current Serious and Prior Violent-Serious	329	0.23%	1,144	0.66%	240	0.20%	280	0.21%
Source: CDCR 2006								

Table L-5: Mental Health Code Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
No Mental Health Code	115,312	81.27%	126,435	73.48%	Data not reliable		107,636	80.24%
CCCMS	23,899	16.84%	40,636	23.62%			23,735	17.69%
Crisis Bed	237	0.17%	253	0.15%			162	0.12%
DMH	161	0.11%	480	480			480	0.13%
EOP	2,272	1.60%	4,262	2.48%			2,447	1.82%
Source: CDCR 2006								

Legend: CCMS-Correctional Clinical Case Management System; DMH-Department of Mental Health, EOP-Enhanced Outpatient Program

Table L-6: First Admission Due to Probation Failure Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
First Admission Due to Failure on Probation								
No	106,446	75.02%	154,806	89.97%	92,411	76.27%	99,736	74.35%
Yes: Total	35,435	24.98%	17,260	10.03%	28,745	0.24%	34,412	25.65%
Yes: First admission due to failing probation; prior admission	20,903	14.73%	6,719	3.90%	12,035	9.93%	19,837	14.79%
Yes: First admission due to failing probation; current admission	14,532	10.24%	10,541	6.13%	16,710	13.79%	14,575	10.86%
Source: CDCR 2006								

Table L-7: Good Time Group Distribution

Attribute	Admissions Cohort		In-Prison Cohort		On Parole Cohort		Exit Cohort	
	N=141,881	%	N=172,066	%	N=121,156	%	N=134,148	%
0% credit	2,771	1.95%	20,353	11.83%	1,819	1.50%	1,481	1.10%
½ credit	111,612	78.67%	70,645	41.06%	93,406	77.10%	108,332	80.76%
1/3 credit	33	0.02%	9,311	5.41%	152	0.13%	41	0.03%
15% credit (with base term double)	156	0.81%	7,201	4.19%	644	0.53%	532	0.40%
15% credit	10,060	7.09%	35,964	20.90%	10,871	8.97%	7,962	5.94%
20% credit	15,773	11.12%	28,167	16.37%	13,947	11.51%	15,476	11.54%
Unknown	476	0.34%	425	0.25%	317	0.26%	324	0.24%
Source: CDCR								

Appendix M—Detailed CDCR Adult Offender Programs and Activities Tables

CDCR Adult Offender Programs and Activities

Title 15 of the CDCR Policy states that "every able-bodied person committed to the custody of the Secretary of the Department of Corrections and Rehabilitation is obligated to work as assigned by department staff and by personnel of other agencies to whom the inmate's custody and supervision may be delegated. Assignment may be to a full day of work, education, or other program activity, or to a combination of work and education or other program activity." (Article 3, 3040 (a)). Assignments include Support Services for the institution, Academic and Vocational Education programs, and Substance Abuse programs. Offenders earn credit off their sentences (e.g., day for day) for participation in these programs and activities; some can earn hourly pay for certain job assignments. Parolees also participate in education, vocation and other programs, although they do not earn credits for their participation.

For purposes of this report, we define a "program" as a set of structured services designed to achieve specific goals and objectives for specific individuals over a specific period of time. Programs are typically targeted towards particular problems such as substance abuse or criminal thinking. We consider "activities" to be synonymous with job assignments, such as Support Services or Camps.

Prison Programs and Activities

Offenders can participate in one or more programs and-or activities during their time in prison; they may also participate in half-time assignments. Approximately three-quarters of offenders are eligible to participate on a given day. Approximately one-quarter are ineligible to participate, primarily due to being in Prison Reception Centers or administrative segregation units. Of those eligible to be assigned, three-quarters actually participate in programs or other activities on a given day.

Table M-1 gives a one day snapshot of adult offenders who were participating in programs and activities on March 10, 2007.[at]

at These include all felons and civil addicts on March 10, 2007; it does not exclude prisoners ineligible for work.

Table M-1: Snapshot of CDCR Adult Offender In-Prison Cohort Program and Activity Assignments, March 10, 2007

Activity-Program Type	Capacity[1]	Total Assignment	Number of Prisoners Participating[2]	% Capacity[3]	% of All Prisoners Participating (n=163,667)
Support Services	48,935	45,138	45,100	92.2%	27.6%
Bridging Program	22,212	19,389	19,389	87.3%	11.8%
Academic Education	13,422	12,105	12,045	90.2%	7.4%
Vocational Educational	9,987	9,845	9,052	98.6%	5.5%
Substance Abuse Treatment	8,601	7,621	7,491	88.6%	4.6%
Prison Industries	6,428	6,011	6,011	93.5%	3.7%
Camp	5,048	4,677	4,677	92.7%	2.9%
Community Work Crews	455	306	306	67.3%	0.2%
Forestry Training	460	306	306	66.5%	0.2%
Reception Center Permanent Work Crews	255	162	162	63.5%	0.1%
Joint Venture	73	73	73	100.0%	0.0%

Source: CDCR
[1] Contains both full- and half-time job assignment positions; a prisoner may have two half-time job assignments at any point in time.
[2] A prisoner with more than one job assignment position per program type is counted only once.
[3] Percent capacity is defined as the total number of assignments divided by capacity.

Table M-1 shows that the largest prisoner assignment category is Support Services. Within this category, institutional cleaner, kitchen worker, and janitor are the most frequent job assignments, accounting for a combined total of over 18,000 offenders out of the 45,100 offenders assigned overall to Support Services. Over 30,000 offenders were participating in academic education or Bridging Program (in-cell study) programming. Over 9,000 prisoners were participating in vocational education (the largest category being office service and related technology). Approximately 7,500 offenders were in substance abuse programs; 4,600 in fire camps; 6,000 in prison industries (sewing machine operator II was by far the largest category, followed by laundry laborer and worker, and optician).

In Table M-1 we looked at the numbers of prisoners participating on one given day. In Table M-2, we look at an Exit Cohort from 2006 and examine the numbers of prisoners who participated in CDCR programs and activities at any point before their releases that year.

Table M-2: CDCR Adult Offender Prison Exit Cohort Program and Activity Assignments, 2006

Activity-Program Type	Number of Prisoners Participating[1]	% of Released Prisoners (n=134,148)
Support Services	50,019	37.3%
Bridging Program	27,791	20.7%
Academic Education	24,505	18.3%
Substance Abuse Treatment	9,772	7.3%
Vocational Educational	8,736	6.5%
Prison Industries	4,033	3.0%
Forestry Training	3,608	2.7%
Camp	3,589	2.7%
Community Work Crews	748	0.6%
Reception Center Permanent Work Crews	181	0.1%
Joint Venture	40	0.0%

Source: CDCR
[1] A prisoner with more than one job assignment position per program type is counted only once.

Table M-2 shows that Support Services was still the largest prisoner assignment category, followed by Academic Education and the Bridging Program. Slightly more than one-third of prisoners released in 2006 had been in a Support Services assignment. Approximately one-fifth participated in Bridging or Academic Education programs.

Prisoners can have more than one assignment before they are released. Table L-3 shows the distribution of the number of assignments for the 2006 releases. Nearly 50% of released prisoners had no assignments during their prison terms. Another 21% had one assignment. Just fewer than 30% had two or more assignments during their prison terms.

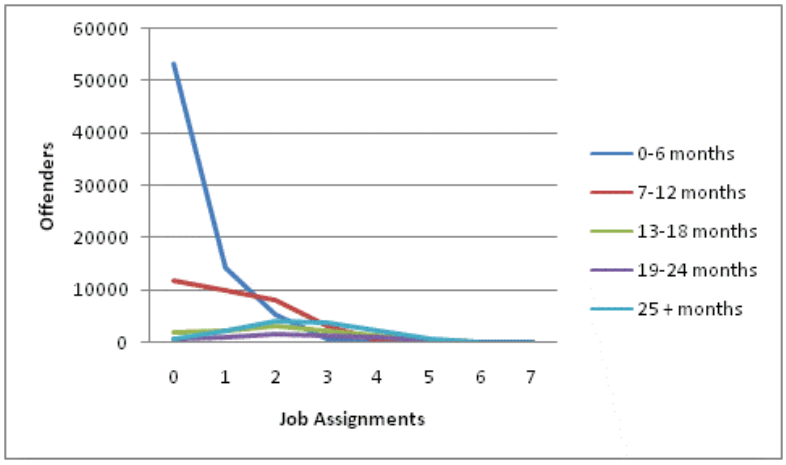
Table M-3: Number of Program or Job Assignments for 2006 releases

# of Assignments	% of Offenders
0	49.3
1	21.5
2	16.3
3	8.2
4	3.5
5+	1.1

Source: CDCR

Participation in multiple assignments is highly dependent upon length of stay (LOS) during the prisoner's sentence. Figure L-1 shows the relationship between LOS and the jobs assigned. For those offenders who served 6 months or less, almost 75% were not given any job assignments. Roughly 65% of offenders who served 7 to 12 months had at least one job assignment before their releases. Over 90% of offenders who have served more than 2 years had at least one job assignment.

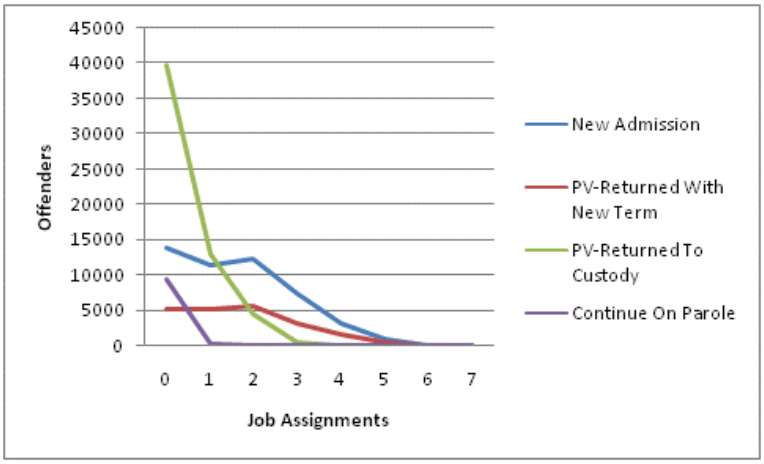
Figure M-1: Job Assignment by Length of Stay (LOS)



Source: CDCR

Another way to examine program participation for released prisoners is by their status as either new admissions or parole violators. Figure M-2 shows the distribution of the number of job assignments by whether the offender was a new admission, a parole violator with a new term, a parole violator returned to custody, or a prisoner released to continue on parole. More than 70% of new admissions released in 2006 received job assignments; for parole violators returned to custody, the opposite was true–almost 70% did not receive a job assignment before they were released from prison.

Figure M-2: Job Assignment by Release Status



Source: CDCR

Prison Program and Activity Descriptions

Academic Education

The CDCR currently provides educational programming throughout all of its prisons. This includes three levels of Adult Basic Education (ABE), High School, General Education Development (GED), and English as a Second Language (ESL). The curricula emphasize reading, writing, computation, and language development. The programs provide offenders with opportunities for further self-improvement through the acquisition of life skills and career training.

Camp

With the assistance of the Department of Forestry and the County of Los Angeles, the CDCR operates close to 40 conservation camps across California. Prisoners serving in these camps act as "the backbone of the State's wild land firefighting crews" and also perform community service projects. The program acclimates prisoners to working in fire camps and instructs them how to function in the less restrictive camp environment.

Bridging Program

The Distance Education, Bridging Education Program (BEP) is a life skills program designed to provide offenders at Prison Reception Centers with tools to prepare them for a successful and positive experience during their time in prison and also when they are released to their communities. Life skills taught in this program include goal setting, communications, health and fitness, effects of drug and alcohol, relapse prevention strategies, coping, parenting, and the development of a more positive self-image.

Forestry Training

This program puts prisoners classified as being suitable for the camp program through rigorous fitness training. Once they complete the fitness training, the California Department of Forestry Fire Department provides the offenders with fire fighting training. If prisoners pass this training, they are assigned to fire crews at conservation camps and continue to receive safety and other types of training for the duration of their assignments.

Prison Industries

The Prison Industry Authority (PIA) is a prisoner work program that provides productive job opportunities for prisoners. PIA job assignments support prison safety, help reduce violence, reimburse victims, and produce quality products. PIA operates over 60 different types of service at 22 prisons throughout California, providing job assignments for approximately 6,000 prisoners.

Joint Venture

The Joint Venture Program provides opportunities for prisoners to gain valuable work experience and job skills training. The program is a cooperative effort of private industry and the State of California, whereby private businesses can establish operations inside California State prisons and hire offenders as their workers. Under the provisions of the program, which were enacted with Proposition 139, known as the Prison Inmate Labor Initiative of 1990, prisoners are paid a comparable wage, which is subject to deductions for Federal, State, and local taxes; room and board; crime victim compensation; family support; and mandatory prisoner savings accounts. In 2006, there were 3 employers and approximately 75 prisoners participating in the program.

Community Work Crews

Local communities utilize low *institutional* risk-level prisoners as work crews for many community projects and for maintaining public property.

Reception Center Work Crews

The work crews consist of general population prisoners assigned to the Prison Reception Centers job assignments.

Support Services

The CDCR offers Support Services to enable the prison to operate more effectively and efficiently and to offer offenders the opportunity to get and keep jobs while on parole or to learn skills through on-the-job or vocational training. Assignments may involve everything from important menial tasks to operating clean, safe, and efficient prisons. Examples of Support Services positions are porter, food server, and yard crew worker.

Substance Abuse Treatment Program (SAP)

SAPs provide offenders with in-prison services based on the Therapeutic Community Model, which is designed to create an extended exposure to a continuum of services during incarceration, and facilitate successful reentry into community living. Examples of services include substance abuse treatment and recovery; social, cognitive, and behavioral counseling; life skills training; health related education; and relapse prevention. The CDCR currently operates SAPs in 21 prisons with a total capacity of 9,000 beds.

Vocational Education

The CDCR currently provides vocational programs throughout all of its prisons. There are a wide variety of vocational programs offered, including—welding, auto body repair, and carpentry.

Prisoner Self-Help and Other Leisure Time Activities

In addition to program and activity assignments, prisoners may also participate in activities that are generally known as self help programs, such as Alcoholic Anonymous (AA), Narcotics Anonymous (NA), or other inmate leisure time activity groups (ILTAGs). Prisoners do not earn credit for participation in these programs.

Because the CDCR does not record prisoner participation in these programs in the same database as information for program and activity assignments, we were not able to obtain detailed information on the characteristics of program participants. However, we were able to abstract prisoner program participation information from Compstat reports for the 4th Quarter of 2006, which we present in Table M-4.

Table M-4: CDCR Self-Help Group Activity Participation Summary, 4th Quarter 2006

Self-Help Group	Meetings
Alcoholics Anonymous	
Total Number of Meetings	1,506
Narcotics Anonymous	
Total Number of Meetings	1,246
Other (Veterans, Parenting, Etc.)	
Total Number of Meetings	2,304
Source: CDCR	

Table M-5: CDCR ILTAG Activity Participation Summary, 4th Quarter 2006

ILTAG (examples: Victim Offender Reconciliation Group, Youth Diversion Group)	Meetings
Total Number of Meetings	1,294
Source: CDCR	

Tables M-4 and M-5 show that relative to program and activity assignments, participation in self-help groups and ILTAGs is small (less than 10%). What is in the reports but not shown in the tables is that: (a) institutions vary both in terms of the number of meetings as well as the type of meetings that are held, (b) AA and NA meetings are consistently held across all institutions, and (c) the two most program-rich institutions appear to be San Quentin and Valley State Prison for Women.

Since the COMPSTAT data used to generate Tables M-4 and M-5 did not provide a detailed description of the kinds of programs that are offered as part of self-help groups and ILTAGs, we looked at one specific institution, the California Men's Colony in San Luis Obispo, to obtain a representative sample of the kinds of programs in operation.

Table M-6: Self-Help Groups and ILTAGs at California Men's Colony

Program Name	Program Type	Number Services
Alcoholics Anonymous (AA)	12-step	200/week
Narcotics Anonymous (NA)	12-step	100/week
Prisoners Against Child Abuse	Fund raising for non-profit provider	40/week
Literacy Council	Provides literacy training to prisoners to teach others to read	200 prisoners/week
Higher Ground	Youth diversion program that meets with prisoners	12 prisoners
Vietnam Veterans Group	Veterans group that meet with other veterans to assist with discharges and benefits	20/month
Criminal and Gang Members Anonymous*	12-step	60 prisoners
Tokefellow*	Christian personal growth	180/week
Patten College*	College curriculum	100/week
Victim Impact Program*	Empathy development for victims	120 prisoners
Personal Growth Seminar*	Wide range of psychosocial issues in a rehabilitative curricula	450 prisoners
Alternatives to Violence Project	Conflict management skills development	Not reported
Jewish Committee*	One-on-one counseling	40/month
A Felon's Life Awareness, Seeing Hearing*	Prisoner team presentation	30/week

Source: CDCR
**Self-help group sponsored by staff or community volunteerism, which is sponsored by the Religious Department at CMC.*

Table M-6 shows the variety of self-help groups and ILTAGs operating at the CMC. Many of these programs operated have by-laws and are supervised by a paid CMC Self-Help Sponsor. These include AA, NA, Prisoners against Child Abuse, Literacy Council, Higher Ground, and Vietnam Veterans Group. The others are sponsored by the Religious Department at CMC. In addition to these groups, the Medical and Mental Health Services Departments provide Smoking Cessation, Anger Management, and Stress Management programs.

Program Performance

Outcome or performance measures for prisoners participating in programs are scarce. Available learning gain scores on the Comprehensive Adult Student Assessment System (CASAS) for participants in the education program revealed an average gain from Intermediate Basic to Advanced Basic levels for math. No learning gain was demonstrated in the average reading level. (*Note: These results should be interpreted with caution: post-test results were not available for a large percentage of participants.*) Automated information on program completion for substance abuse programs was not available.

Although we did not have information on how successful vocational and prison industries programs are in terms of learned skills or employment obtained post-release, we were able to examine the types of training programs being offered. This information helps answer these important questions: *Is the type of job assignment being offered what is likely to be needed in the workforce? Are offenders being trained In current or obsolete technologies?* Although we were not able to take a detailed look at the match between programs offered and training provided, we were able to make a few general observations by examining the projected job growth rates in different occupations. Table M-7 presents a table of occupations and their projected job growth rates for the period 2004-2014. As you recall, our earlier analysis revealed that the largest category for job assignments was Support

Services, with cleaners, kitchen workers, and janitors being the largest single categories. The largest category for Vocational training was in office technology. And in Industries, a large number of prisoners worked as sewing machine operators. Although these areas have not been identified as categories with the highest expected job growth rates, they do appear to reflect areas of projected job growth during the next decade.

Table M-7: Projected Job Growth 2004-2014 for Selected Occupations

Occupation	Projected. Job Growth: 2004-2014
Retail Salespeople	288,300
Cashiers	205,700
Waiters/Waitresses	158,400
Laborers and Freight, Stock, and Material Movers	143,400
General Office Clerks	134,200
Combined Food Preparers	130,700
Registered Nurses	109,100
Janitors and Cleaners	93,300
General and Operations Managers	85,900
Elementary School Teachers, Except Special Education	83,000
Customer Service Representatives	82,300
Teacher Assistants	76,200
Counter Attendants-Food Service-Coffee Shop	75,700
Carpenters	73,100
Landscapers	69,400
Sales Representatives	69,400
Executive Secretaries-Administrative Assistants	68,800
Farm Workers and Laborers, Crop Workers	68,500
Stock Clerks and Order Fillers	66,100
Receptionists, Information Clerks	62,800
Food Preparation Workers	61,900
Bookkeeping, Accounting, and Auditing Clerks	61,200
Security Guards	60,300
First-line Supervisors-Managers of Office-Administrative Support Workers	55,800
Secondary School Teachers, Except Special-Vocational Education	55,500
Accountants and Auditors	53,300
Truck Drivers, Heavy and Tractor Trailers	51,800
General Maintenance and Repair Workers	49,300
Maids and Housekeeping Cleaners	48,700
First Line Supervisors of Retail Salespeople	48,300

Source: Employment Development Department Labor Market Information Division, State of California, California Occupational Projections 2004-2014, available at http://www.calmis.ca.gov/FILE/OCCPROJ/Cal$OccMost.xls.

Parole Programs and Activities

Table M-8 presents program participation information for parolees. To document parole program participation, we examined all 2005 releases to parole to allow sufficient time to document program participation in the community. A parolee might appear in more than one row if he or she participated in multiple programs.

Table M-8: CDCR Adult Offender Parole Exit Cohort Program and Activity Assignments, 2005

Program Type	Releases[1]	% of all releases (n=113,839)
Police and Corrections Team (PACT)	38,261	33.6%
Substance Abuse Treatment and Recovery (STAR)	6,205	5.5%
Substance Abuse Services Coordinating Agencies (SASCA)	4,440	3.9%
Parolee Employment Program (PEP)	4,071	3.6%
Employment Development Department (EDD)	3,452	3.0%
Parolee Service Centers (PSC)	3,061	2.7%
Computerized Literacy Learning Centers (CLLC)	2,496	2.2%
Parole Services Network (PSN)	1,485	1.3%
Bay Area Service Network (BASN)[2]	1,386	1.2%
Residential Multi-Service Centers (RMSC)	943	0.8%
In-Custody Drug Treatment Program (ICDTP)	181	0.2%

Source: CDCR
[1] If an inmate has more than one release in different offense categories, the most serious category will be used.
[2] Missing data during July 2006 through December 2006 due to discontinuation of case management contract.

We noted that a third of all parolees (38,261) participated in the PACT program. We also noticed that a large number of parolees (6,645) attended substance abuse programs, in both the SASCA and STAR programs. Over 4,000 parolees attended PEP, almost 3,000 attended PSN and BASN, and a little less than 2,500 attended CLCC. Overall, 43.7% of parolees participated in one or more of the programs listed in Table M-8, while 56.3% did not participate in any of the programs.

Parole Program and Activity Descriptions

Computerized Literacy Learning Center (CLLC)

The CLLC is a computer-assisted instructional program designed to increase the literacy skills of parolees, and thereby improve parolee employability and success. With the exception of those located at Residential Multi-Service Centers, CLLCs are located in the parole offices, thus allowing for efficient referral and monitoring of parolee progress by parole agents, and making them more accessible for parolees. The CLLC is currently operating 20 labs and is available to 78 parole units statewide.

Employment Development Department (EDD)

The CDCR, through an Interagency Agreement with the Employment Development Department (EDD), provides pre-employment services, job search preparation, job placement, and job retention assistance to active parolees statewide. The CDCR-EDD Parolee Job Program works to assist the parolee, using weekly workshops and personal counseling by EDD staff, known as Job Specialists, in preparing for employment and securing and retaining employment. Currently, there are 30 EDD Job Specialists located in CDCR parole units statewide.

In-Custody Drug Treatment Program (ICDTP)

ICDTP is a Valdivia sanctioned program that is intended for parolees who have committed violations as a result of drug or alcohol-related dependency and/or have a need for a period of confinement and treatment to get their substance abuse issues under control. Parolees housed in ICDTP facilities receive education-based treatment programming, followed by residential aftercare (offered through Substance Abuse Services Coordinating Agencies), and participation in self-help activities under the supervision of the Agent of Record. Currently, there are a combined total of 264 jail beds located at the following facilities: Kern County Jail, Tulare County Adult Pretrial Facility, Del Norte County Jail, San Francisco County Jail, and the Santa Clara County Jail.

Police and Corrections Team (PACT)

The PACT program creates partnerships between local law enforcement agencies and social services agencies. Mandatory PACT orientation meetings provide recently released parolees a "one-stop shopping" atmosphere offering information about available community resources and reinforcing their responsibility to establish community based treatment programming. During the orientation meetings, parolees are able to sign up for community programs. PACT members serve as liaisons between field parole staffs, local service agencies, and contractors that provide substance abuse treatment, transitional living, employment services, subsistence resources (clothing, meals and transportation), and educational-vocational training. The PACT program is operating statewide.

Parolee Employment Program (PEP)

The PEP is administered by community-based contractors that provide employment services to parolees at selected parole sites. The goal of the PEP is to enable parolees to be responsible, self-sufficient, tax-paying members of the community. An individual employment plan is developed for each parolee and each parolee is required to attend weekly job development workshops. Supportive services are provided as related to the parolee's needs. The PEP program is currently located in 9 parole complexes (Fresno, Bakersfield, San Francisco, Alameda, Santa Clara, Los Angeles, Inglewood, Riverside, and San Diego).

Parolee Service Center (PSC)

Utilizing former Halfway-Back facilities (also known as the Community Correctional Re-entry Centers—CCRCs) the PSCs provide non-sanctioned voluntary services to assist parolees in reintegrating into their communities. These are community-based residential programs focusing on employment needs, substance abuse control, stress management, victim awareness, computer-assisted literacy education, life skills training, and job search and placement assistance. There are a total of 685 PSC beds statewide.

Parole Services Network (PSN)

The Parolee Services Network is a collaboration between the CDCR-Office of Substance Abuse Programs, the State Department of Alcohol and Drug Programs, and County run alcohol and drug programs. The PSN is a 180-day treatment program through which providers offer treatment in various modalities, to include detoxification (the social model as opposed to in-hospital medical model), residential treatment, Sober Living Environments (SLE), and outpatient services. The overall goal of the PSN is to reduce alcohol and drug related abuse and criminal activity of parolee participants, thereby reducing revocation rates. Every county that receives funding must have a network of drug treatment service providers that cover a wide range of treatment modalities. The PSN program is located in 17 counties and has 620 residential beds statewide.

Residential Multi-Service Center (RMSC)

RMSCs provide shelter, food, substance abuse treatment, counseling, job readiness training, and educational services to homeless parolees. The aim of the centers is to successfully transition parolees to independent living without criminal reoffending by providing a variety of in-house services that combat the many problems that increase the likelihood of becoming and remaining homeless—lack of education, poor employment skills, and substance abuse. Parolees may stay in the RMSC for 180 days, which can be extended up to an additional 180 days at some locations. There are currently 401 contracted RMSC beds statewide.

Table M-9: Snapshot of CDCR Adult Offender In-Prison Cohort Program and Activity Assignments, March 10, 2007—Age, Race, Gender Distribution

PROGRAM TYPE	AVERAGE AGE	ETHNICITY/RACE				GENDER		
		Black	Hispanic	White	Other	Missing	Female	Male
Academic Education	37	28.1%	47.8%	17.2%	6.9%	0.1%	12.4%	87.5%
Camp	36	24.8%	29.7%	41.0%	4.5%	0.0%	7.2%	92.8%
Bridging Program	36	25.1%	38.1%	31.1%	5.7%	1.3%	7.5%	91.2%
Forestry Training	34	22.9%	36.6%	36.9%	3.6%	0.0%	21.9%	78.1%
Prison Industries	42	34.4%	27.1%	31.2%	7.4%	0.1%	8.9%	91.0%
Joint Venture	42	47.9%	15.1%	30.1%	6.8%	0.0%	60.3%	39.7%
Community Work Crews	36	28.4%	34.3%	34.0%	3.3%	0.0%	2.9%	97.1%
Reception Center Permanent Work Crews	42	48.8%	16.0%	23.5%	11.7%	0.0%	0.0%	100.0%
Support Services	39	30.6%	32.4%	29.4%	7.7%	0.1%	6.8%	93.1%
Substance Abuse Treatment	36	33.1%	29.7%	33.6%	3.6%	0.1%	22.1%	77.8%
Vocational Educational	37	27.6%	35.8%	29.3%	7.4%	0.1%	11.2%	88.7%
Source: CDCR n=163,667								

Table M-10: Snapshot of CDCR Adult Offender In-Prison Cohort Program and Activity Assignments, March 10, 2007—Offense Distribution

PROGRAM TYPE	OFFENSE CATEGORY				
	Missing	Against Persons	Property	Drug	Other
Academic Education	0.1%	56.5%	16.7%	20.2%	6.5%
Camp	0.0%	24.3%	31.3%	36.7%	7.8%
Bridging Program	3.7%	19.1%	33.5%	32.8%	10.9%
Forestry Training	0.0%	23.5%	35.0%	35.3%	6.2%
Prison Industries	0.1%	65.3%	14.2%	15.9%	4.5%
Joint Venture	0.0%	83.6%	11.0%	5.5%	0.0%
Community Work Crews	0.0%	20.3%	29.7%	39.2%	10.8%
Reception Center Permanent Work Crews	0.0%	59.9%	16.0%	19.8%	4.3%
Support Services	0.1%	55.2%	18.4%	19.7%	6.5%
Substance Abuse Treatment	0.5%	23.4%	27.7%	39.4%	8.9%
Vocational Educational	0.1%	64.8%	14.4%	14.8%	5.8%
Source: CDCR n=163,667					

Table M-11: Snapshot of CDCR Adult Offender In-Prison Cohort Program and Activity Assignments, March 10, 2007—Sex, Serious-Violent Distribution

PROGRAM TYPE	SEX REGISTRATION	SERIOUS-VIOLENT OFFENSE			
		Neither	Serious	Violent	Missing
Academic Education	18.2%	43.7%	11.0%	45.2%	0.1%
Camp	0.0%	71.3%	10.9%	17.8%	0.0%
Bridging Program	7.2%	82.6%	10.7%	3.0%	3.7%
Forestry Training	0.3%	75.5%	10.5%	14.1%	0.0%
Prison Industries	14.7%	31.3%	8.8%	59.8%	0.1%
Joint Venture	1.4%	13.7%	12.3%	74.0%	0.0%
Community Work Crews	1.0%	77.8%	10.5%	11.8%	0.0%
Reception Center Permanent Work Crews	5.6%	35.2%	10.5%	54.3%	0.0%
Support Services	13.8%	43.4%	9.7%	46.8%	0.1%
Substance Abuse Treatment	2.6%	77.1%	10.7%	11.7%	0.5%
Vocational Educational	18.2%	35.4%	9.2%	55.3%	0.1%
Source: CDCR n=163,667					

Table M-12: CDCR Adult Offender Prison Exit Cohort Program and Activity Assignments, 2006—Age, Race, Gender Distribution

PROGRAM TYPE	AVERAGE AGE	ETHNICITY/RACE				GENDER	
		Black	Hispanic	White	Other	Female	Male
Academic Education	36	27.6%	37.5%	30.1%	4.8%	16.8%	83.2%
Camp	35	23.8%	31.2%	41.0%	4.0%	7.0%	93.0%
Bridging Program	36	25.5%	37.7%	32.4%	4.4%	14.7%	85.3%
Forestry Training	34	23.8%	33.5%	38.4%	4.4%	8.0%	92.0%
Prison Industries	38	30.6%	29.5%	34.8%	5.2%	12.2%	87.8%
Joint Venture	41	35.0%	12.5%	45.0%	7.5%	35.0%	65.0%
Community Work Crews	36	31.7%	25.5%	38.4%	4.4%	3.1%	96.9%
Reception Center Permanent Work Crews	41	34.8%	28.2%	30.4%	6.6%	0.0%	100.0%
Support Services	36	26.6%	34.1%	34.3%	5.0%	12.6%	87.4%
Substance Abuse Treatment	36	29.9%	31.5%	35.3%	3.3%	27.1%	72.9%
Vocational Educational	36	28.7%	34.1%	31.8%	5.5%	14.7%	85.3%
Source: CDCR 2006 n=134,148							

Table M-13: CDCR Adult Offender Prison Exit Cohort Program and Activity Assignments, 2006—Offense Distribution

PROGRAM TYPE	OFFENSE CATEGORY				
	Missing	Against Persons	Property	Drug	Other
Academic Education	0.024%	29.7%	30.0%	30.3%	9.9%
Camp	0.028%	20.4%	32.1%	39.5%	8.1%
Bridging Program	0.014%	18.9%	35.9%	34.6%	10.7%
Forestry Training	0.028%	21.3%	32.7%	38.1%	7.9%
Prison Industries	0.025%	34.2%	28.3%	29.3%	8.1%
Joint Venture	0.000%	57.5%	20.0%	17.5%	5.0%
Community Work Crews	0.000%	15.4%	37.0%	37.7%	9.9%
Reception Center Permanent Work Crews	0.000%	32.0%	26.5%	33.1%	8.3%
Support Services	0.022%	24.6%	32.6%	32.2%	10.5%
Substance Abuse Treatment	0.000%	20.9%	31.4%	38.3%	9.4%
Vocational Educational	0.000%	42.1%	25.2%	25.2%	7.6%
Source: CDCR 2006 n=134,148					

Table M-14: CDCR Adult Offender Prison Exit Cohort Program and Activity Assignments, 2006—Sex, Serious-Violent Distribution

PROGRAM TYPE	SEX REGISTRATION	SERIOUS-VIOLENT OFFENSE		
		Neither	Serious	Violent
Academic Education	8.3%	73.1%	11.6%	15.3%
Camp	0.2%	76.5%	11.5%	12.0%
Bridging Program	6.0%	85.6%	11.3%	3.1%
Forestry Training	0.2%	75.9%	11.5%	12.5%
Prison Industries	8.1%	66.2%	11.9%	21.9%
Joint Venture	15.0%	32.5%	12.5%	55.0%
Community Work Crews	0.1%	82.8%	7.8%	9.5%
Reception Center Permanent Work Crews	6.6%	70.7%	10.5%	18.8%
Support Services	6.7%	78.5%	10.5%	10.9%
Substance Abuse Treatment	3.3%	81.7%	10.4%	8.0%
Vocational Educational	12.9%	59.4%	12.7%	27.9%
Source: CDCR 2006 n=134,148				

Table M-15: CDCR Adult Offender Parole Exit Cohort Program and Activity Assignments, 2005—Age, Race, Gender Distribution

PROGRAM TYPE	AVERAGE AGE	ETHNICITY/RACE				GENDER	
		Black	Hispanic	White	Other	Female	Male
Bay Area Service Network (BASN)	38	40.8%	19.8%	34.2%	5.2%	11.8%	88.2%
Computerized Literacy Learning Centers (CLLC)	35	36.6%	36.4%	24.0%	3.0%	15.4%	84.6%
Employment Development Department (EDD)	34	24.6%	36.5%	32.9%	5.9%	14.1%	85.9%
In-Custody Drug Treatment Program (ICDTP)	37	18.8%	28.2%	49.7%	3.3%	7.2%	92.8%
Police and Corrections Team (PACT)	35	27.4%	30.0%	37.4%	5.2%	12.1%	87.9%
Parolee Employment Program (PEP)	36	48.4%	24.9%	22.7%	4.1%	12.8%	87.2%
Parolee Service Centers (PSC)	38	41.6%	21.2%	33.4%	3.8%	9.0%	91.0%
Parole Services Network (PSN)	37	22.7%	32.6%	42.4%	2.3%	13.9%	86.1%
Residential Multi-Service Centers (RMSC)	38	46.4%	25.9%	25.9%	1.8%	11.5%	88.5%
Substance Abuse Services Coordinating Agencies (SASCA)	38	28.6%	23.4%	45.0%	3.0%	15.1%	84.9%
Substance Abuse Treatment and Recovery (STAR)	37	34.4%	30.4%	31.1%	4.0%	12.0%	88.0%
Source: CDCR 2005 n=125,961							

Table M-16: CDCR Adult Offender Parole Exit Cohort Program and Activity Assignments, 2005—Offense Distribution

PROGRAM TYPE	OFFENSE CATEGORY				
	Missing	Against Persons	Property	Drug	Other
Bay Area Service Network (BASN)	0.2%	21.9%	37.9%	30.8%	9.2%
Computerized Literacy Learning Centers (CLLC)	0.0%	25.7%	34.1%	30.0%	10.2%
Employment Development Department (EDD)	0.0%	28.2%	33.5%	27.9%	10.4%
In-Custody Drug Treatment Program (ICDTP)	0.0%	8.8%	37.0%	42.5%	11.6%
Police and Corrections Team (PACT)	0.1%	23.4%	33.4%	31.8%	11.3%
Parolee Employment Program (PEP)	0.0%	27.0%	33.5%	29.3%	10.2%
Parolee Service Centers (PSC)	0.0%	17.4%	41.6%	33.1%	8.0%
Parole Services Network (PSN)	0.0%	18.5%	36.2%	36.2%	9.1%
Residential Multi-Service Centers (RMSC)	0.0%	16.6%	40.2%	36.7%	6.5%
Substance Abuse Services Coordinating Agencies (SASCA)	0.1%	15.7%	34.6%	42.7%	6.9%
Substance Abuse Treatment and Recovery (STAR)	0.0%	20.4%	35.1%	33.7%	10.7%
Source: CDCR 2005 n=125,961					

Table M-17: CDCR Adult Offender Parole Exit Cohort Program and Activity Assignments, 2005—Sex, Serious-Violent Distribution

PROGRAM TYPE	SEX REGISTRATION	SERIOUS/VIOLENT OFFENSE			
		Neither	Serious	Violent	Missing
Bay Area Service Network (BASN)	3.5%	79.7%	11.5%	8.5%	0.2%
Computerized Literacy Learning Centers (CLLC)	9.8%	76.8%	11.4%	11.8%	0.0%
Employment Development Department (EDD)	9.2%	75.2%	12.1%	12.7%	0.0%
In-Custody Drug Treatment Program (ICDTP)	0.0%	91.2%	8.8%	0.0%	0.0%
Police and Corrections Team (PACT)	6.0%	81.2%	10.0%	8.7%	0.1%
Parolee Employment Program (PEP)	8.6%	76.3%	10.5%	13.1%	0.0%
Parolee Service Centers (PSC)	0.5%	83.1%	10.4%	6.5%	0.0%
Parole Services Network (PSN)	3.7%	82.0%	11.0%	7.1%	0.0%
Residential Multi-Service Centers (RMSC)	0.4%	82.7%	11.0%	6.3%	0.0%
Substance Abuse Services Coordinating Agencies (SASCA)	3.1%	85.9%	8.7%	5.3%	0.1%
Substance Abuse Treatment and Recovery (STAR)	6.3%	81.9%	10.7%	7.4%	0.0%
Source: CDCR 2005 n=125,961					

Appendix N—Detailed CDCR Program Review Information

Nominated Recidivism Reduction Program Inventory (NRRPI)[au]

Tables N-1 to N-12 provide baseline program information for each of the identified CDCR Nominated Recidivism Reduction Programs. These tables provide this information (where available) for each of the programs:

- *Program Location*: In which location(s) is the program operating?
- *Program Capacity*: How many spaces are available for offenders in the program?
- *Eligibility*: Which offenders are eligible to participate in the program?
- *Program Content*: What does the program contain? How is it delivered?
- *Program Duration*: For how long does the program last?
- *Completion Criteria*: What is required to successfully complete the program?
- *Partnerships with Other Programs/Agencies*: Does the program work with other programs?
- *Evaluation*: Is there an evaluation strategy or methodology for the program?

au The Panel wishes to express its thanks to Jesse Janetta and the CEBC staff at UC Irvine, along with Bupha Chen of the CDCR for their invaluable assistance in preparing the NRRPI.

Academic and Vocational Programs

Academic Education

Many offenders have serious educational deficits and low levels of academic achievement. Academic education programs are programs with the primary goal of addressing those deficits by providing offenders with basic skills in reading, writing, mathematics, and other general core competencies, as opposed to vocational education programs, which provide skills specifically relevant to particular professions. These basic skills are not only valuable for offenders in themselves, but serve as preparation for offenders to participate in CDCR programs that involve written material.

The bulk of academic programming for CDCR offenders is delivered in prison by the CDCR Office of Correctional Education (OCE). OCE provides Academic Courses designed to assist offenders starting to advance from any educational level to passing the GED exam. That core institutional programming is enhanced by two programs funded by the U.S. Department of Education—Elementary Secondary Education Act and Incarcerated Youthful Offenders.

Computerized Literacy Learning Centers is the only academic program in the NRRPI that serves parolees. It does not interface directly with the in-prison academic programming provided by OCE.

Table N-1: CDCR Academic Education Programs

	Academic Courses	Computerized Literacy Learning Centers (CLLC)	Elementary Secondary Education Act (ESEA)
Program Location	All CDCR adult institutions	21 parole offices statewide.	10 CDCR adult institutions.
Program Capacity	11,529 students	323 offenders.	No set capacity.
Eligibility	All offenders without a high school diploma, unless classified as extremely high risk unable to participate for medical reasons.	All offenders are eligible for CLLC.	Offenders under 21 years of age enrolled in a state-funded educational program.
Program Content	Individualized classroom instruction in reading, math, writing, ESL and other subjects.	Self-paced study of a computer-based math and reading curriculum.	Remedial education supplementing Academic courses.
Program Duration	Variable, depending on starting level and degree of motivation.	40 hours of instruction recommended, students can remain as long as they benefit.	Until participants turn 21
Completion Criteria	Passing GED exam.	Two grade level increase in math and/or reading or passing GED exam.	None.
Partnerships with Other Programs/ Agencies	None	Some CLLCs located in Residential Multi-Service Centers. Teachers maintain relations with community services.	ESEA supplements other CDCR education programs in which participants are enrolled.
Evaluation	None	As part of PPCP evaluation by SDSU. Participation associated with reduced likelihood of re-incarceration.	None

Vocational—Employment

CDCR vocational and employment programs aim to facilitate employment for offenders after their return to the community by providing:

1. Specific vocational training in certification in areas such as auto repair
2. Employment readiness and job search assistance, with activities ranging from mock job interviews, resume preparation, and referrals to specific employers

Vocational training is supplied to CDCR prisoners through vocational education courses offered by OCE, and through programs operated by PIA. PIA engages in a number of partnership programs to connect PIA participation with post-release employment, which we summarize in a separate table (Table N-4) from the other vocational-employment programs. CDCR vocational education, by contrast, does not have formal mechanisms to connect participation in its courses with post-release employment, although it does have a reliable employment pipeline for graduates of some of its highly specialized courses, most notably eye wear manufacture.

There are several programs in addition to PIA initiatives devoted specifically to delivering employment readiness and job search assistance to prisoners as they are preparing to return to the community and/or once they have returned to the community from prison. The Offender Employment Continuum (OEC) begins working on employment readiness and planning for prisoners four months before they are releases. At the inception of the program, OEC also provided job specialists based on parole offices to assist in post-release job placement, but the funding for that aspect has been discontinued. OEC now refers to the Employment Development Department and Parolee Employment Program programs, which provide job specialists to work with parolees and assist them with finding employment.

Table N-2: CDCR Vocational–Employment Programs–1

	Community Re-Entry Partnerships (CRP)	Employment Development Department (EDD) Program	Incarcerated Youthful Offenders (IYO)
Program Location	San Diego County	Statewide.	12 prisons, with post-release services available statewide
Program Capacity	200 offenders.	337 offenders.	540 offenders.
Eligibility	Offenders working for the Prison Industry Authority (PIA) and paroling to San Diego County within six to nine months. Ineligible: sex offenders.	All offenders on parole who are able to work.	CDCR offenders with a GED or high school diploma who are twenty-five years of age or younger, have less than five years to serve and will parole prior to their 26th birthdays.
Program Content	Case management from transitional coordinators, job coaching and job preparation assistance	Job search workshop and job referrals and assistance provided by EDD job specialists.	Associate's degree and life skills coursework by distance learning, vocational certification and post-release case management services.
Program Duration	One year prior to release, 6 months post-release	Offenders may be served as long as they are seeking work.	3 months to 5 years.
Completion Criteria	Complete a 6-month post-release "active" period, followed by 6 months of follow-up	Obtain and maintain employment for 30 days.	No formal completion criteria; services last a year after release
Partnerships with Other Programs/ Agencies	CRP has referral relationships with PIA and SASCA	The Employment Development Department (EDD) provides job specialists to work with parolees.	Post-release follow-up services and tracking of progress occur in conjunction with community-based agencies
Evaluation	None	None	Annual evaluation report to U.S. DOE, comparing IYO participant recidivism rate to CDCR population, without controlling for differences between participants and non-participants.

Table N-3: CDCR Vocational–Employment Programs–2

	Offender Employment Continuum (OEC)	Parolee Employment Program (PEP)	Vocational Education
Program Location	5 prisons.	Fresno, Bakersfield, San Francisco, Alameda, Santa Clara, Los Angeles, Inglewood, Riverside and San Diego parole complexes.	All but three CDCR adult institutions.
Program Capacity	750 offenders.	240 offenders.	10,584 offenders.
Eligibility	Inmates within 120 days of release.	Offenders on parole seeking employment.	All offenders are eligible to participate regardless of educational level or length of incarceration.
Program Content	Employment readiness workshops and development of Individual Education Career Service Plans.	Job seeking workshop, employment counseling.	Classroom instruction and shop time for hands-on skills in a variety of vocational areas.
Program Duration	3 weeks (Employability Workshop).	6 months.	At least 3 months, with instructors encouraged to have students in a course no longer than 2 years.
Completion Criteria	Attend 90 hours of programming, complete all assessments and related activities, and develop Employability Portfolio.	No formal completion criteria.	Nearly all vocational courses are completed by passing a certification exam and earning a certification in that job skill.
Partnerships with Other Programs/ Agencies	Post-release referrals to PEP and EDD programs, with follow-up.	Referral relationships for food, clothing and shelter services with community programs such as church shelters.	Program certifications and curriculum are provided through professional organizations such as the National Center for Construction Education and Research (NCCER).
Evaluation	As part of PPCP evaluation by SDSU. Participation associated with reduced likelihood of re-incarceration.	None.	None.

Table N-4: CDCR Vocational–Employment Programs–3

	Inmate Employability Program (IEP)	Employment Re-Entry Partnership (ERP)	Carpentry Pre-Apprenticeship Program
Program Location	Statewide.	Sacramento County.	Folsom State Prison, California Institution for Women
Program Capacity	6,000 offenders.	75 offenders.	100 (Folsom), 25 (CIW)
Eligibility	Any offender who has worked six months for PIA, with the general exception of those serving life sentences.	PIA participants who will parole to Sacramento County. Ineligible: sex offenders.	Offenders with at least a year to serve before parole who have the potential to earn a GED.
Program Content	Job training, placement into industry-accredited vocational certification courses, resume-writing and mock job interviews.	Employment workshops, post-release case management with job search assistance.	Building trades and GED instruction.
Program Duration	Duration of sentence, but averaging 6 months.	15 hour employment workshop, with case management 9 months prior to and 12 months following release.	6 months, or until offender obtains GED.
Completion Criteria	Pass the proctored exam and receive vocational certification.	Accomplish Individual Service Plan objective and maintain employment or in an educational or vocational program twelve months after release.	Obtain a GED and pass the Carpenter's Union curriculum.
Partnerships with Other Programs/ Agencies	PIA's Job Referral Program works with IEP participants.	ERP is a partnership between PIA and PRIDE Industries, which provides the case management and commits to place participants in employment within 30 days of release. PIA's Job Referral Program works with ERP participants	The Carpentry Pre-Apprenticeship program is a partnership with the Carpenter's Union.
Evaluation	None.	In the planning stages.	In the planning stages.

Family Reunification—Female Offender

Female offenders have criminogenic risk factors and treatment needs very different from those of male offenders. They are also much more likely than male offenders to have been the primary caregivers to their children prior to incarceration. The three programs in this category are interventions designed in response to those facts. Each is a residential program built on a Therapeutic Community model. All three allow dependent children under the age of six to live with their mothers, and CPMP and FFP serve only mothers and their children. Each program provides capacity for intensive gender-responsive and family reunification intervention at a different point in the CDCR system. Female offenders are sentenced to FFP as an alternative to incarceration, accepted into CPMP from a CDCR female institution, and admitted to FOTEP as parolees. The programs also interlock, with many CPMP and FFP participants entering FOTEP as part of their transition to the community.

Table N-5: CDCR Family Reunification–Female Offender Programs

	Community Prisoner Mother Program (CPMP)	Family Foundations Program (FFP)	Female Offender Treatment and Employment Program (FOTEP)
Program Location	Bakersfield, Oakland, Pomona	Santa Fe Springs, San Diego.	Fresno, Bakersfield, Sacramento, Stockton, San Francisco, LA County (3 sites), San Bernardino County, San Diego.
Program Capacity	71 offenders, plus their children.	70 offenders, plus their children.	409 offenders.
Eligibility	Female offenders who are pregnant or parenting a child under the age of six. Ineligible: offenders with convictions for violent offenses, history of child abuse, or a history of prison disciplinary infractions or escapes.	Female offenders who are pregnant or parenting a child under the age of six, have a history of substance abuse, and sentenced to state prison term of 36 months or less. Ineligible: offenders who have served a prior prison term or been convicted of murder, kidnapping, rape, mayhem or sodomy by force.	Female offenders on parole who have completed an in-custody Substance Abuse Program, including CPMP or FFP. Ineligible: women who have a history of serious violence, arson, sexual offenses, willful child cruelty, and child endangerment.
Program Content	Community-based modified therapeutic community for mother and their children. Provides gender-responsive treatment and services, with a focus on family reunification	Community-based therapeutic community for mother and their children. Offers program tracks for substance abuse treatment, vocational services, and parenting and child development services.	Community-based therapeutic community offering substance abuse treatment, vocational services, case management and other gender-responsive treatment and services.
Program Duration	Depends on length of sentence	12 months, followed by a year of intensive parole.	6-15 months.
Completion Criteria	Reach treatment plan goals and complete sentence	Actively participate in programming and demonstrate progress; complete the full 12 months of sentenced time, and refrain from violence, threats of violence, substance use and other criminal behavior.	Complete all aspects of treatment plan, secure employment, and establish a structured savings.
Partnerships with Other Programs/ Agencies	Weekly group with a FOTEP counselor. Some participants are released from CPMP and go directly to FOTEP.	Residents can attend AA/NA meetings in the community upon reaching upper phase status. Residents interview for admission to transitional housing resources and outpatient counseling prior to program completion	Recruits participants from in-prison SAP's, FFP and CPMP. FOTEP has active alumni groups and referral relationships to community-based services, including SASCA-funded sober living facilities.
Evaluation	None	None.	Evaluated by UCLA ISAP. Parolees who did not complete FOTEP treatment were twice as likely to return to custody as those who did, and FOTEP participants had lower rates of drug and alcohol use, and higher rates of employment and living with children than a comparison group of female parolees eligible for FOTEP who did not participate.

Community-Based Multi-Service

Many parolees require services of multiple types in structured settings to successfully transition to the community from prison, particularly in the critical period immediately after release. The four programs in this category are designed to provide the capacity to deliver that type of intervention to CDCR parolees. All four provide multiple services (substance abuse treatment, employment/vocational services, life skills, case management, etc.) at a high level of intensity. The CBC, PSC, and RMSC are residential programs, while DRC participants must report to the facility daily for program sessions and program compliance monitoring.

Table N-6: CDCR Community-Based Multi-Service Programs

	Community-Based Coalition (CBC)	Day Reporting Center (DRC)	Parolee Service Centers (PSC)	Residential Multi-Service Center (RMSC)
Program Location	Los Angeles, with in-custody component in three institutions.	Fresno.	Service to 20 counties	9 counties.
Program Capacity	125 (first six months), 400 (next 12 months).	100 offenders.	685 offenders.	729 offenders.
Eligibility	Offenders returning to Los Angeles SPA-6 who are homeless, indigent or in an at-risk environment. Ineligible: offenders with a history of violence, arson, or sex offenses.	Program targets offenders with an increased risk of returning to custody. DRC takes any offender referred by CDCR.	Offenders on parole who are having difficulty stabilizing under parole supervision. Ineligible: sex offenders, gang members, and arsonists.	Program targets offenders who are homeless, indigent, or in an environment that increases their risk of re-offending. Ineligible: sex offenders, violent, and arson offenders.
Program Content	Transitional housing with case management and substance abuse, employment and other services	Non-residential multi-service. Participants report regularly and participate in cognitive-behavioral treatment and services linked to assessed needs.	Residential multi-service, with case management, employment development, life skills, substance abuse and cognitive-behavioral treatment.	Residential multi-service, with life skills, substance abuse and cognitive-behavioral treatment.
Program Duration	180 days	Depends on client progress; 5 months typical.	3-12 months	6-12 months.
Completion Criteria	Satisfactorily complete aftercare phase and recommended for graduation by their case manager	Passed all drug and alcohol tests for nine months, complete MRT Step 16, have employment and stable housing.	Remain in the program for at least 90 days, remain clean and sober, be employed, saving money, attending groups and involved in family reunification.	Demonstrate commitment to changing behavior, actively participate in treatment, non-threatening conduct, pass all random drug screens and abide by program guidelines.
Partnerships with Other Programs/ Agencies	Case managers operate on a network model, building cooperative relationships between participants, their family members, service providers and other community members	Weekly Community Corrections Program session with a representative from a community resource.	Referrals through case managers.	Residents required to attend outside AA/NA meetings.
Evaluation	None (program initiated April, 2007).	DRC through same provider evaluated in Chicago, with returns to custody lower in DRC group than in comparison group	None.	As part of PPCP evaluation by SDSU. Participation associated with reduced likelihood of re-incarceration.

Life Skills—Transition Preparation—Anger Management

Many of the programs in the NRRPI have components that seek to provide participants with life skills, such as anger management, goal setting, and decision-making. The four programs in this category are distinct in that the provision of such skills is the primary focus of all of the programs. All are delivered in CDCR institutions, with BEP, CALM and Reentry Education provided by OCE. The three OCE programs in this category fulfill different functions in the prison program environment. Prisoners are enrolled in BEP so that they can begin earning work-time release credits by engaging in distance-learning self-study while on a waiting list for a job or programming assignment. Prisoners are referred to CALM during their periods of incarceration based on their histories of having issues with anger management. Prisoners enroll in Reentry Education near the end of their terms of incarceration as preparation for release.

The SB 618 and S.T.A.N.D. U.P. are new programs providing much longer and more intensive intervention with offenders than the others in this category. The SB 618 program is a collaborative effort between counties (beginning with San Diego) and the CDCR to comprehensively assess offenders at sentencing. It is also designed to provide case management both during the term of incarceration and after release to ensure that offenders' assessed risks and needs factors are addressed through existing programs. S.T.A.N.D. U.P. has a housing unit dedicated to it at San Quentin. Participating prisoners commit to engage in extensive programming throughout their terms of incarceration, beginning with a mandatory CALM course and continuing with both CDCR-offered and volunteer-operated programs. In addition to delivering both mandatory and optional life skills, anger management, and transition preparation programming, the entire living environment is designed to encourage pro-social norms and values.

Table N-7: CDCR Life Skills–Transition Preparation–Anger Management Programs

	Bridging Education Program (BEP)	Conflict Anger Lifelong Management (CALM)	Reentry Education
Program Location	All CDCR adult institutions	10 classrooms in 6 adult institutions.	All CDCR adult institutions.
Program Capacity	No capacity limit	270 offenders.	1,107 offenders.
Eligibility	Offenders eligible to earn worktime credits who have not received a worktime credit assignment.	Any offender eligible for CDCR academic courses.	Offenders within 180 days of their release dates. Ineligible: offenders with INS holds.
Program Content	Independent/distance learning self-study with the facilitation of the teacher. Includes Life Plan development, basic literacy and life skills.	Classroom-based life skills curriculum designed to assist students to manage anger and resolve conflict.	Classroom–based cognitive-behavioral and reentry preparation curriculum.
Program Duration	2 to 4 months, average.	6 weeks.	3 weeks (male offenders), 6 weeks (female offenders).
Completion Criteria	Completion of all Life Plan competencies or receive a permanent job assignment.	Demonstrated proficiency in course concepts, completion of two interactive journals, participation in all program activities.	Completion of eight certification units with demonstrated proficiency.
Partnerships with Other Programs/ Agencies	Life Plan identifies programming for participants to pursue during incarceration and parole.	None.	CDCR funds Re-Entry Community Liaisons for follow-up services in Alameda, Sacramento and Fresno Counties.
Evaluation	None	None	None

Substance Abuse—Health—Mental Health

Substance Abuse Treatment

The CDCR contracts for extensive substance abuse treatment both inside its correctional institutions and in communities across California for parolees. The CDCR substance abuse program mix provides the capacity to do three things:

1. Deliver substance abuse treatment to offenders while in prison to prepare them for a successful return to the community
2. Place in-prison substance abuse into aftercare upon their release from prison
3. Intervene with parolees who have relapsed to substance use

The first function is provided by Substance Abuse Programs (SAPs) in 21 institutions, plus the Drug Treatment Furlough program and Transitional Treatment Program, all therapeutic communities focused on the transition from prison to community. The second function is important because research on CDCR SAPs has consistently found that the most effective course of substance abuse treatment involves participation in an in-prison component, followed by accessing aftercare in the community subsequent to release. The in-prison SAPs and DTFs work with the Substance Abuse Service Coordinating Agency (SASCA) and Parolee Services Network (PSN) programs to place participants in aftercare. SASCA and PSN coordinate networks of community-based substance abuse treatment providers in communities throughout California, allowing the CDCR to utilize and enhance existing substance abuse treatment capacities for its parolees.

For parolees who relapse to drug use while in on parole, the Substance Abuse Treatment and Recovery program, In-Custody Drug Treatment Program (ICDTP), and Parolee Substance Abuse Program (PSAP) offer intervention options. PSN also works with parolees in this situation. STAR and PSN participants remain in the community, while the more intensive ICDTP and PSAP place parolees in a secure environment, either a prison or jail, to stabilize and receive treatment before transitioning them to community-based aftercare.

Table N-8: CDCR Substance Abuse Treatment Programs–1

	S.B. 618	S.T.A.N.D. U.P. (Successful Transitions and New Directions Utilizing Partnerships)
Program Location	R. J. Donovan, CIW, San Diego County.	San Quentin SP, H Unit.
Program Capacity	6 admitted per week, for the first two years.	1100 offenders.
Eligibility	Nonviolent offenders with prison terms of less than six years. Ineligible: parole violators (returned to custody based on a Board of Prison Terms determination), prison gang members, sex offenders, arsonists, offenders in a Secure Housing Unit (SHU) or a Protective Housing Unit, and Prop 36-eligible offenders.	Offenders with 6 months to 5 years remaining on their prison terms. Ineligible: offenders with recent violent behavior or terms in a Secure Housing Unit.
Program Content	In-prison and post-release case management to deliver programming based on risk and needs assessment. A life plan is developed for each participant and is used throughout the incarceration period and during reentry into the community.	Housing unit dedicated to intentional community, with mandatory life skills curriculum and requirements for extensive additional program participation.
Program Duration	Term of incarceration plus 18 month post-release period.	24 weeks, with one year post-release follow-up.
Completion Criteria	Meet Life Plan goals, have a job, free of felony convictions, be able to care for themselves, and successfully discharge from parole.	Completion of required programming and one year post-release follow-up period.
Partnerships with Other Programs/ Agencies	SB 618 project is a collaboration between CDCR and local criminal justice agencies, including parole, probation, local jails, district attorneys offices, public defenders offices, and the courts.	Most S.T.A.N.D. U.P. programming provided by community programs and volunteers.
Evaluation	Will be conducted by San Diego Association of Governments.	Planned once program has been operating long enough.

Table N-9: CDCR Substance Abuse Treatment Programs–2

	Drug Treatment Furlough (DTF)	In-Custody Drug Treatment Program (ICDTP)	Parolee Services Network (PSN)
Program Location	17 sites, in Fresno, Kern, Los Angeles, Orange, San Joaquin and San Diego Counties.	In-custody component operates in Kern, Tulare, Del Norte, Santa Clara, San Francisco County jails, and Chula Vista City jail.	17 counties
Program Capacity	807 offenders.	288 offenders.	620 offenders.
Eligibility	Offenders in an SAP with less than 120 days until parole. Ineligible: violent offenders, sex offenders, arsonists, and dual diagnosis offenders.	Parole violators with a history of substance abuse. Ineligible: violent offenders, sex offenders, offenders with less than 120 days remaining on parole, or who reside in counties in which residential aftercare service are unavailable.	Offenders on parole with need for substance abuse treatment, usually referred by parole agent. Ineligible: violent offenders, sex offenders and arsonists.
Program Content	Therapeutic community targeting substance abuse, but also providing case management, life skills, vocational and parenting programming.	60 days in-custody cognitive-behavioral substance abuse treatment, 30 days of residential aftercare, 60 days of participation on community-based substance abuse program.	Provision of substance abuse treatment through a network of local service providers. Varies across counties, but generally includes detoxification, residential drug treatment, sober living and outpatient services.
Program Duration	120 days.	150 days.	180 days
Completion Criteria	Complete 120 days in program, be in good program standing, and current with treatment plan.	Completion of all three phases, 150 days of treatment.	Variable across providers.
Partnerships with Other Programs/ Agencies	DTF completers have the option to continue beyond 120 days in a program provided by the DTF provider.	ICDTP is a sequenced continuum from in-custody treatment to SASCA-contracted residential aftercare to community-based programs such as NA/AA.	PSN operates on collaboration between CDCR, Division of Addiction and Recovery Services, DADP, county alcohol and drug programs, and community-based treatment providers.
Evaluation	None	Based on STAR curriculum, which has been evaluated by San Diego State University (SDSU) as a component of PPCP.	As part of Preventing Parolee Crime Program evaluation by SDSU. Participation associated with reduced likelihood of re-incarceration.

Table N-10: CDCR Substance Abuse Treatment Programs–3

	Parolee Substance Abuse Program (PSAP)	**Substance Abuse Programs (SAPs)**	**Substance Abuse Service Coordinating Agency (SASCA)**
Program Location	Folsom State Prison, serving parolees from Sacramento, Yolo, Butte, San Joaquin, Alpine, Amador, Sutter, Yuba, and Stanislaus Counties	21 adult institutions.	Statewide.
Program Capacity	200 offenders.	9,000 offenders.	2,000 offenders.
Eligibility	Parole violators with a history of substance abuse. Ineligible: violent offenders, sex offenders, gang members or associates, or parolees housed in a secure housing unit (SHU) within six months of their release.	Offenders with substance abuse problems and between 6 and 36 months remaining on their sentences. Ineligible: gang members and inmates placed in SHU due to a serious assault incident within the past year.	Offenders on parole who have completed an in-prison SAP or Drug Treatment Furlough. Ineligible: serious and violent offenders.
Program Content	In-custody cognitive-behavioral substance abuse treatment supplemented with employability and life skills courses, and voluntary aftercare.	Cognitive-behavioral substance abuse treatment delivered in a therapeutic community setting, with transitional planning.	Placement of offenders in substance abuse aftercare, with advocacy and case management.
Program Duration	90 days	6 to 36 months.	180 days.
Completion Criteria	Complete in-prison program phases and a Community Transition Plan in 90 days.	Completion of the final program phase and parole from the program.	Meet the requirements of the community-based provider and their treatment goals.
Partnerships with Other Programs/ Agencies	PSAP Independent Study Teachers well versed in available community programs.	SAPs host in-reach activities from a variety of community programs, with a focus on substance abuse aftercare providers such as Substance Abuse Coordinating Service Agency (SASCA).	SASCA contracts for services with a wide variety of community-based aftercare and treatment providers, and recruits clients from SAPs and Drug Treatment Furlough.
Evaluation	Based on Substance Abuse Treatment and Recovery curriculum, which has been evaluated by San Diego State University as a component of PPCP.	Extensive evaluation by UCLA Integrated Substance Abuse Program, indicating that participation in SAPs and post-release aftercare is associated with reduced recidivism, but participation in SAPs without aftercare has negligible impact on recidivism.	None.

Table N-11: CDCR Substance Abuse Treatment Programs–4

	Substance Abuse Treatment and Recovery (STAR)	Transitional Treatment Program (TTP)
Program Location	Parole offices in 19 counties.	Folsom State Prison.
Program Capacity	568 offenders.	203 offenders.
Eligibility	All offenders on parole are eligible.	Offenders with a history of substance abuse and between 120 days and 6 months remaining on their sentences. Ineligible: offenders housed in a SHU due to a serious assault incident within the past year, or classified to the Enhance Outpatient Program.
Program Content	Cognitive-behavioral substance abuse curriculum delivered in a classroom setting.	Cognitive-behavioral substance abuse treatment delivered in a therapeutic community setting, with an emphasis on transitional planning.
Program Duration	4 weeks.	4-6 months.
Completion Criteria	Completion of 20 days of class and a Community Transition Plan.	Completion of required assignments consistent with length of time in the program and paroling from the program.
Partnerships with Other Programs/ Agencies	Participants complete Community Transition Plans which identify community-based agencies that can assist them with their specific needs.	Collaborative case management activities with TTP participants, institutional correctional counselors, SASCA staff and DARS.
Evaluation	As part of Preventing Parolee Crime Program evaluation by San Diego State University. Completion associated with reduced likelihood of re-incarceration; participation without completion associated with an increased likelihood of incarceration.	None.

NRRPI SURVEY INSTRUMENT, P1

Survey for the CDCR Offender Risk Reduction Program Inventory and CPAP Assessment

Please submit your program manual, staff training curriculum materials and other program documentation, and address each of the following questions. If the program material you are submitting contains the answer to one of the questions, simply indicate where it can be found.

This survey is intended to gather basic program information on a variety of institutional and community/parole programs. As a result, there may be questions that are not relevant or appropriate to the type of program you operate. If a question is not relevant or appropriate to your program, please indicate "Not applicable."

Electronic copies of the survey and program materials should be returned to Jesse Jannetta, UC Irvine, at jjannett@uci.edu and to Tina Leonard, CDCR Office or Research, at tina.leonard@cdcr.ca.gov. Hard copy surveys and program material should be sent to:

Tina Leonard
Office of Research, CDCR
1515 S Street
Sacramento, CA 95814

Questions about the survey can be directed to Jesse Jannetta, at jjannett@uci.edu, or 949-824-5324.

Thank you very much for completing this survey.

A. Program Characteristics

1. Program Name: _____

2. Program Director: _____
   Phone:_____ E-mail:_____

3. Program Location: _____

4. When did the program begin operation? _____

5. Please list the program goals.

NRRPI SURVEY INSTRUMENT, P2

6. What is the treatment/service delivery approach employed by the program to meet the goals?

7. What research evidence supports the program's approach? Please provide documentation or citation.

8. What is the theory underlying the program approach?

B. Program Eligibility and Admissions

1. Which offenders are eligible for the program?

2. Which offenders are ineligible for the program?

3. How is program eligibility determined?

4. Does the program target offenders at a certain risk level (high, medium, low)?
Yes ___ No____
   a. If so, how is that risk level assessed?

NRRPI SURVEY INSTRUMENT, P3

5. What criminogenic needs/deficits does the program seek to address?

__ Antisocial thinking/attitudes
__ Weak problem-solving/decision-making skills
__ Vocational/employment deficit
__ Criminal association
__ Aggression/anger management
__ Other _____
__ Substance Abuse
__ Educational deficit
__ History of abuse/neglect
__ Weak socialization

6. How are offender needs assessed?

7. How does the program use needs assessment information?

8. What is the program capacity? _____

9. How are program participants selected from the pool of eligible offenders?

C. Program Structure

1. What activities and services constitute the program? (Group meetings, mentoring, individual counseling, classroom instruction, role playing, etc.)

2. How would you characterize the setting in which the program is delivered? (classroom, one on one, therapeutic community, self-study, etc.)

3. How long are program sessions? _____ hrs. (Estimate average and/or range if it varies.)

NRRPI SURVEY INSTRUMENT, P4

5. How long does the program last? _____ mos. (Estimate average and/or range if it varies.)

6. Are there different phases or steps in the program? If so, what must participants do to advance from one phase or step to the next?

7. What criteria, if any, must participants meet in order to successfully complete the program?

8. Does the program utilize cognitive behavioral or social learning methods?
Yes ___ No____
b. If "Yes," please describe.

9. What methods do program staffers utilize to support and encourage offender motivation to change? (Behavior modeling, motivational interviewing, social learning, etc.)

10. How does the program respond to individual differences in offender learning style, level of motivation, level of maturity, cultural background, and other relevant differences in receptiveness?

11. What positive reinforcement and incentives does the program offer for participants?

12. What sanctions exist for program non-compliance?

13. What continuities exist between program activities and offender families, community support networks, or other programs?

D. Staff Qualifications/Selection/Training

1. How many staffers are dedicated to the program? _____

2. How are program staff trained? (Please attach training material.)

3. How many program staff members have undergraduate degrees? _____
   a. Of those with undergraduate degrees, how many have degrees in a helping profession? (social services/social work, substance abuse treatment, etc.) _____

4. Does the program have a strategy for recruitment and retention of staff?
Yes ___ No____
   a. If "Yes," please describe.

5. Was the current program director involved in the design of the program?
Yes ___ No____

NRRPI SURVEY INSTRUMENT, P5

NRRPI SURVEY INSTRUMENT, P6

7. Does the director have a degree in social work or a related field? (if a related field, please indicate which) Yes ___ No____

E. Measurement and Evaluation

1. What performance measurement data does the program collect?

2. Does the program collect individual-level data on program participation?
Yes ___ No____

3. What are the program's outcome measures, and how are they tracked?

4. Is program data forwarded to and analyzed by a non-program entity?
Yes ___ No____
   a. If so, who?

5. Has the program had an outside evaluation of program effectiveness?
Yes ___ No____
   a. If "Yes," who conducted this evaluation? Where can it be obtained?

   b. If "No," is such an evaluation planned?

CPAP Scoring Worksheet

Effective Interventions Scale

Item and Scoring Rules	*Rationale*	*Po*
1. Risk Assessment at Pre-Program Phase		
Scoring rules: • Program conducts or relies on a risk assessment instrument to determine the appropriateness of the program to the risk level of the offender • Risk assessment instrument is meaningful (offenders can be excluded from program based on assessment) • Assessment tool is reliable and valid, as shown by previous research (validity must be based on CA data within the past five years) • 2 points awarded for use of a valid risk assessment • 1 point awarded for targeting high risk offenders *Maximum point value: 3*		
2. Needs Assessment at Pre-Program Phase		
Scoring rules: • Program conducts or relies on a needs assessment instrument to determine services required by offender • Needs assessment instrument is meaningful; needs identified by instrument must align with a case plan • Program must target criminogenic needs of the offender • Assessment tool is reliable and valid, as shown by previous research (see above for criteria) *Maximum point value: 4 (all points or none)*		

RATER SCORE SHEET, P1

CPAP Scoring Worksheet

Item and Scoring Rules	*Rationale*	*Po*
3. Program Model		
A. Theoretical Base Scoring rules: • Program must be based on a clearly articulated theoretical model that links the intervention directly to an offender's criminogenic needs • No points awarded for programs that address only non-criminogenic needs, or fail to link the intervention to addressing a criminogenic need *Maximum point value: 2*		
B. Program Manual Scoring rule: • Program manual or curricular materials exist *Maximum point value: 2 (all points or none)*		
C. CBT/Social Learning Scoring rule: • Program uses cognitive behavioral therapy or social learning methods *Maximum point value: 2 (all points or none)*		
D. Intrinsic Motivation Scoring rule: • Program enhances intrinsic motivation (i.e., motivational interviewing techniques are used) *Maximum point value: 1*		
E. Program Continuity Scoring rules: • Produces continuities between program activities and communities, families, and other programs • 1 point awarded for community coordination • 1 point awarded for coordination with families or other programs		

RATER SCORE SHEET, P2

CPAP Scoring Worksheet

Maximum point value: 2	
Item and Scoring Rules	***Rationale***
F. Variable Program Dosage Scoring rules: • Program dosage varies with offender risk level (higher risk offenders receive greater program dosage) • No points awarded to programs that do not determine the risk level of participants • Programs that only serve high-risk offenders cannot be scored (indicate "N/A") *Maximum point value: 1*	
G. Responsivity Scoring rules: • Program design reflects the responsivity principle • Program has procedures to determine the preparedness of the offender for the program • Program has procedures to match delivery of program to learning style of offender • No points awarded for programs that deliver to all offenders in the same manner. *Maximum point value: 1*	

RATER SCORE SHEET, P3

RATER SCORE SHEET, P4

CPAP Scoring Worksheet

H. Positive Reinforcement Scoring rule: • Program design identifies positive reinforcement strategies, not just sanctions *Maximum point value: 1*	
Item and Scoring Rules	***Rationale***
4. Program Administration	
A. Staff Education Scoring rules: • 1 point awarded if 75% or more of service staff possess an undergraduate degree • 1 point awarded if, among those with degrees, 75% have degrees in a helping profession *Maximum point value: 2*	

RATER SCORE SHEET, P5

CPAP Scoring Worksheet

B. Relevant Work Experience Scoring rule: • 75% of staff have worked in offender treatment programs for at least two years *Maximum point value: 1*		
C. Recruitment and Retention Strategies Scoring rule: • There is an explicit strategy for recruitment and retention of staff (i.e., incentives such as opportunities for advancement and ongoing training) *Maximum point value: 1*		
Item and Scoring Rules	***Rationale***	***Poin***
D. Initial Training Scoring rule: • Staff undergo an initial training on the program model that includes written training materials *Maximum point value: 1*		
E. Program Director Scoring rules: • 1 point awarded if program director was		

RATER SCORE SHEET, P6

CPAP Scoring Worksheet

involved in the design of the program • 1 point awarded for program directors with at least three years experience with offenders • 1 point awarded for program director with a degree in social work or a related field *Maximum point value: 3*	
5. Quality Assurance	
Scoring rules: • 1 point awarded if program collects data to monitor performance • 1 point awarded for inclusion of individual-level data on participation • 1 point awarded for identification of the eligible population • 1 point awarded if data is forwarded and analyzed by a non-program entity *Maximum point value: 4*	
TOTAL EFFECTIVE INTERVENTION POINTS AWARDED (MAX 31 POINTS)	

Research Basis Scale

Item and Scoring Rules	***Rationale***
1. Expert Recommendation	
Scoring rule: • An expert committee, respected advisory group, or Best Practices panel recommends program *Point value: +1*	
2. Multiple Positive Evaluations	

CPAP Scoring Worksheet

Scoring rules: • Multiple positive evaluations exist • 1 point awarded for multiple positive evaluations, with one or none at a Level 3 or above (see Research Rigor scale below) • 2 points total awarded for multiple positive evaluations at or above a Level 3 *Point value: +2*	
3. Peer-Reviewed Publication	
Scoring rule: • 2 points awarded for positive evaluations reported in a peer-reviewed publication *Point value: +2 (all points or none)*	
4. Negative/No Effect Evaluations	
Scoring rule: • 1 point subtracted from Research Basis score for evaluations that show no program effect, or that demonstrate that program increases recidivism *Point value: – 1*	
Item and Scoring Rules	***Rationale***
5. Research Rigor (Note: The Research Rigor scale is independent of the other items on the Research Basis scale. Programs ca from 0 to 10 points on this scale; they cannot be awarded points for multiple levels of rigor. Points should b to the research rigor of the program's strongest evaluation study.)	

RATER SCORE SHEET, P7

CPAP Scoring Worksheet

Level 1 scoring qualifications: • Correlation between program participation and recidivism reduction, OR • Temporal sequence between program participation and recidivism reduction clearly observed, OR • Comparison group present without demonstrated comparability to treatment group (with no controls present) *Point value: + 1 point*	
Level 2 scoring qualification: • Comparison between two or more units of analysis, one with and one without the program (with partial controls) *Point value: + 4 points*	
Item and Scoring Rules	***Rationale***

RATER SCORE SHEET, P8

CPAP Scoring Worksheet

Level 3 scoring qualifications: • Comparison between multiple units with and without the program, controlling for other factors, OR • Comparison between multiple units with and without the program, using a non-equivalent comparison group with only minor differences evident *Point value: + 6 points*	
Level 4 scoring qualification: • Random assignment and analysis of comparable units to program and comparison groups *Point value: + 10 points*	
TOTAL RESEARCH BASIS POINTS AWARDED (MAX 15 POINTS)	

RATER SCORE SHEET, P9

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