

SUBCOMMITTEE NO. 5

Agenda

Senator Loni Hancock, Chair
Senator Joel Anderson
Senator Lois Wolk



Tuesday, December 6, 2011
10 a.m.
Room 2040

Consultant: Joe Stephenshaw

Item Number and Title

Page

5225	California Department of Corrections and Rehabilitation	
	(1) Overview of offender programs.....	4
	(2) Offender program research and findings	8

Panelists

Aaron Edwards, Fiscal and Policy Analyst, Legislative Analyst's Office
Elizabeth Siggins, Chief Deputy Secretary, Adult Programs, CDCR
Tom Bolema, Literacy Coordinator, San Quentin Prison
Bruce Cosby, Automotive Instructor, Folsom Prison
Cindy Geer, Literacy Coordinator, Valley State Prison
Marie Stortz, GED Teacher, CRC
Shawn Jenkins, Regional Vice President, WestCare CA Inc.
David Conn, PHD, Mental Health Services Inc.

Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Senate Committee hearing, or in connection with other Senate services, may request assistance at the Senate Rules Committee, 1020 N Street, Suite 255 or by calling 916-324-9335. Requests should be made one week in advance whenever possible.

CA Department of Corrections and Rehabilitation (5225)

Departmental Overview. Effective July 1, 2005, the California Department of Corrections and Rehabilitation (CDCR) was created pursuant to the Governor's Reorganization Plan 1 of 2005 and Chapter 10, Statutes of 2005 (SB 737, Romero). All departments that previously reported to the Youth and Adult Correctional Agency (YACA) were consolidated into CDCR and include YACA, the California Department of Corrections, Youth Authority, Board of Corrections (now the Corrections Standards Authority (CSA)), Board of Prison Terms, and the Commission on Correctional Peace Officers' Standards and Training (CPOST). Effective July 1, 2012, Chapter 36, Statutes of 2011 (SB 92, Committee on Budget and Fiscal Review) creates the Board of State and Community Corrections ("BSCC"). At that time the BSCC will supersede the CSA.

According to the department's website, its mission is to "enhance public safety through the safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities."

The CDCR is responsible for the incarceration, training, education, and care of adult felons and non-felon narcotic addicts, as well as juvenile offenders. The CDCR also supervises and treats adult and juvenile parolees (juvenile parole is in the process of being realigned to counties). Until June 30, 2012, the department is responsible for setting minimum standards for the operation of local detention facilities and selection and training of law enforcement personnel, as well as provides local assistance in the form of grants to local governments for crime prevention and reduction programs.

The department operates 33 adult prisons, including 12 reception centers, a central medical facility, a treatment center for narcotic addicts under civil commitment, and a substance abuse facility for incarcerated felons. The CDCR also operates three juvenile correctional facilities. In addition, CDCR operates dozens of adult and juvenile conservation camps, the Richard A. McGee Correctional Training Center, and nearly 200 parole offices, as well as contracts to house inmates in several in-state and out-of-state correctional facilities. However, due to the 2011 Public Safety Realignment, the department no longer plans to house inmates in the in-state contract facilities beyond the current fiscal year.

Budget Overview. The 2011 Budget Act includes approximately \$9.8 billion for the CDCR. In addition, the department is budgeted for approximately 64,900 positions.

2011 Public Safety Realignment. Earlier this year, Governor Brown signed Assembly Bill (AB) 109 and AB 117, historic legislation that will enable California to close the revolving door of low-level inmates cycling in and out of state prisons. It is the cornerstone of California's solution for reducing the number of inmates in the state's 33 prison to 137.5 percent of design capacity by June 27, 2013, as ordered by the Three-Judge Court and affirmed by the United States Supreme Court. In a May 23, 2011 decision, the United States Supreme Court affirmed the judgment of a three-judge panel

convened pursuant to the Prison Litigation Reform Act of 1995 (18 U. S. C. §3626) ordering California to reduce its prison population to no more than 137.5 percent of its design capacity within 2 years.

Hearing Objective. This hearing is a follow up to a May 10, 2011 Senate Budget and Fiscal Review Subcommittee 5 hearing regarding prison education programs. The focus of this hearing is to get an update of the status of all CDCR offender programs, the department's plans for future program administration and the effect public safety realignment may have on offender programs (both in-prison and in the community).

Overview of Offender Programs

In fiscal year 2009-10, CDCR's budget for adult rehabilitative programs was cut by \$250 million. To stay within the revised budget, meet the Budget Act reduction guidelines, and maintain the principles of the California Logic Model, the department:

- Developed five new academic models and a literacy program that adjusted the number of hours each week an inmate spent in class while maximizing the number of inmates with access to academic education programs.
- Reduced its vocational programs by almost 50 percent, retaining only those programs that are industry certified, market driven based on employment development outlook data, have a minimum starting pay of \$15 an hour, and can be completed within 12 months.
- Reduced in-prison substance abuse treatment to 90 days at nine male and three female institutions. Leo Chesney Community Correctional Facility continued to offer its six-month trauma/gender responsive treatment program. The Civil Addict Programs at California Institution for Women and the California Rehabilitation Center were six month programs for the timeframe of the report.

After implementing the new models, and as a result of input received from teachers and other stakeholders, the department reassessed the education service delivery models and determined it could adjust the inmate-to-teacher ratios, reduce the number of teaching assistant positions, and add literacy coordinators at each prison. Then, earlier this year, in direct response to issues and concerns related to the academic models, the department replaced the five academic models with three structures 1) General Population, 2) Isolated Population, and 3) Voluntary Education Program. The department reports that the new structures provide flexibility that was missing in the five academic models and have been well received by education staff in the institutions.

In addition to the recent academic model changes, CDCR also made further changes to its substance abuse treatment models, increasing the length of the program to five months, as recommended by its Substance Abuse Treatment Policy Advisory Committee.

Following are brief outlines of CDCR's current rehabilitative programs:

Education, General Population Academic Program (GP) Description. The GP is designed to serve Adult Basic Education through GED/HS. The GP consists of a daily morning and afternoon session; each session is assigned 27 students. Classes are scheduled five days per week for three hours each day according to the teachers' work calendar.

Education, Isolated Population Academic Program (IP) Description

The IP is designed for inmates in need of academic programming who are separated from the general inmate population. The IP consists of daily morning and afternoon sessions, which may be either enrolled or assigned, depending on location. The student-to-teacher ratio is 54-108:1 with 6 to 12 students participating. Student participation may vary from class to class. In exceptional circumstances, participation can be below 6 or above 12, as long as total participation is 54-108.

Education, Voluntary Education Program (VEP) Description

CA Penal Code 2053.1 requires CDCR to “implement in every state prison literacy programs that are designed to ensure that upon parole inmates are able to achieve a ninth-grade reading level.” The VEP provides a means for inmates to achieve academic competency on a voluntary basis in a variety of settings within an institution or conservation camp.

Vocational Programs

As mentioned above, the department eliminated many of its longstanding vocational training programs in response to the budget cut in FY 2009-10. Vocational programs that were retained meet three criteria as determined by CDCR: they are industry certified, market driven, and completed within 12 months. Market driven is defined as over 2,000 entry level jobs annually and a starting pay rate of at least \$15 per hour. Prior to the budget cuts in FY 09/10, vocational education program capacity was 9,300. The current capacity is 4,914 inmates with 142 teacher positions of which 44 were vacant as of the latest California Rehabilitation Oversight Board report. Vocational programs offered include:

Auto Body	Auto Mechanics
Building Maintenance	Carpentry
Electronics	Electrical Construction Work
Heating, Ventilation, and Air Conditioning	
Machine Shop	Manicuring
Masonry	Office Services and Related Technologies
Plumbing	Sheet Metal Work
Small Engine Repair	Welding

Substance Abuse

As previously mentioned, the 90 day in-prison model has recently been revised to five months. In addition to the in-prison program, which is currently offered at 12 institutions, additional CDCR substance abuse services include:

- **Community-Based Substance Abuse Programs.** Community-based substance abuse treatment programs (also referred to as “continuing care” or “aftercare”) for parolees provide continuing care services through the Substance Abuse Services Coordination Agencies (SASCA). There are four SASCAs, one in each parole region. SASCAs refer, place, and track parolees in continuing care programs. SASCAs also provide transportation from prison to treatment facilities.

- **Female Offender Treatment and Employment Program (FOTEP).** The goal of FOTEP is to reduce recidivism through a continuation of intensive substance use treatment, family reunification, vocational training, and employment services. This program offers gender-responsive counseling services, job preparation to women who have completed a substance abuse program in prison. Women parolees receive up to fifteen months of residential treatment services and are allowed up to two minor children to reside with them during their participation in the program.
- **Parolee Services Network (PSN).** This network provides community-based alcohol and drug abuse treatment for eligible parolees (felons and civil addicts) who may or may not have participated in a SAP, but who have substance abuse problems. The PSN is a partnership between CDCR and the Department of Alcohol and Drug Programs. PSN programs provide community alcohol and drug treatment and recovery services to parolees in 17 counties statewide. These programs provide up to 180 days of treatment and recovery services and are designed to support parolee reintegration into society by encouraging a clean and sober lifestyle.
- **The In-Custody Drug Treatment Program (ICDTP).** The ICDTP is a 150 day program and provides two separate and distinct treatment programming options: Program I is comprised of 60 days county jail time followed by 30 days of residential community based aftercare treatment followed by an additional 60 days in residential, outpatient and/or sober living environment or a combination of these modalities. Program II is comprised of 90 days of residential community based aftercare treatment followed by an additional 60 days in residential, outpatient and/or sober living environment or a combination of these modalities. Outpatient treatment programming may include self-help programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other aftercare services.

Volunteer and Community Programs

The department's Office of Community Partnerships (OCP) is responsible for volunteer support in the institutions, employment transition services, and community support. In July 2011, as part of its headquarters reduction plan, CDCR consolidated the OCP within the Office of Offender Services and transferred some functions to the Division of Adult Institutions.

Each institution has a community resource manager who serves as the critical link between the department and the community by coordinating volunteer-based and self-help programming, manages the citizens advisory group, supervises the chaplains and religious programs, and provides monthly data reporting. The volunteer advisory task force—made up of volunteer stakeholders and department representatives—was created in 2010 and assists the wardens and the community resource managers with how to most effectively use volunteers for inmate programming needs.

The family liaison services contract placed a family liaison services coordinator at each institution to assist inmates and family members with reentry referrals, counseling services, reunification, and locating lost relatives to help ensure that inmates have close ties to their communities when paroled.

In collaboration with the Division of Adult Parole Operations, the OCP developed and maintains the *Community Resource Directory*: a listing of community organizations with contact information, services provided, and the regions served to help parolees with reentry. There are also links to county resource guides.

Program Spending. The chart below summarizes CDCR spending by program area over the last five fiscal years, including what is budgeted for the current year. The department is projected to spend approximately \$143 million less on rehabilitative programs in 2011-12 than in 2010-11. This reduction is primarily due to a \$101 million one-time funding decrease contained in the current Budget Act.

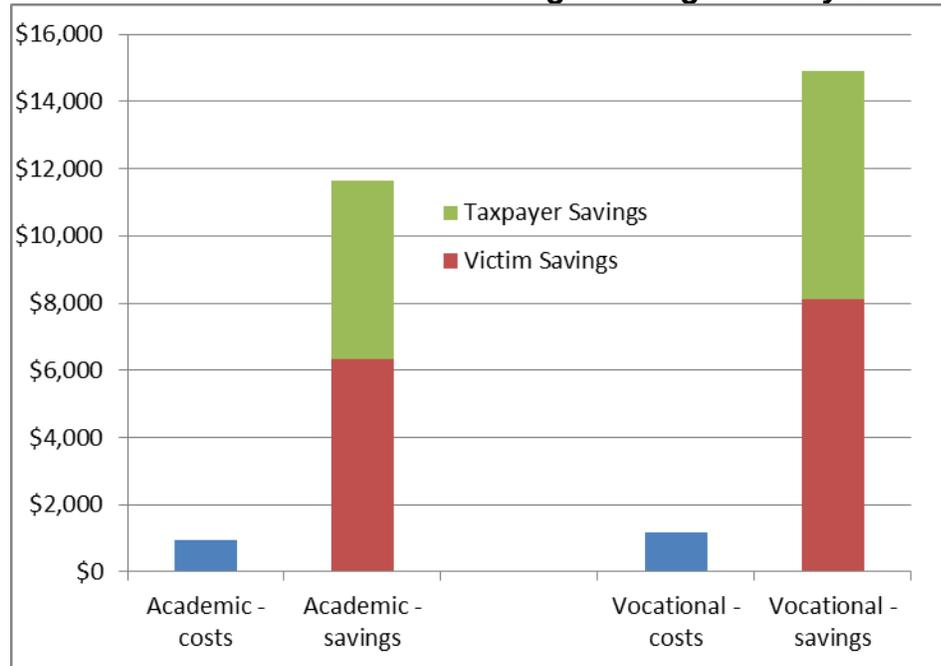
Rehabilitation Spending by Program					
<small>(dollars in millions)</small>					
Program	2007-08	2008-09	2009-10	2010-11	2011-12
FRCC	\$1.0	\$2.7	\$8.1	\$8.1	\$8.1
Prison Mother	-	-	-	3.1	2.7
Family Foundation	-	-	-	5.2	5.2
Community Based Programs	78.3	82.3	73.4	135.6	87.4
Community Partnerships	9.3	12.3	-	-	-
Academic Ed	145.9	162.9	117.4	118.5	81.2
Vocational Ed	39.9	43.8	30.8	24.6	18.3
Library	3.9	6.6	3.9	2.6	2.6
Substance Abuse	170.7	199.1	188.0	191.6	141.2
Admin	39.2	42.8	22.1	31.3	31.0
Total	488.2	552.5	443.7	520.6	377.7

Offender Program Research and Findings

Following are brief research examples that highlight the potential of offender treatment programs for reducing recidivism and incarceration costs:

Research on Prison Education Programs. According to studies, only about one-quarter of state inmates are able to read a high school level. Research consistently finds that effectively designed and operated rehabilitation programs are an effective tool to reducing reoffending when inmates are released from prison. For example, the Washington State Institute for Public Policy (WSIPP) has conducted meta-analyses which compile and consolidate the findings of numerous other reports and concluded that inmate education and vocational programs reduce recidivism by 7 percent and 9 percent, respectively. As shown in the figure below, WSIPP found that the savings to taxpayers and the public from providing these programs far outweighs the costs to provide them. In their report, WSIPP estimated that these programs resulted in *net savings* of \$10,700 per academic education participant and \$13,700 per vocational education participant. These findings suggest that funding for these programs not only benefits public safety, but can yield long-term fiscal benefits to taxpayers.

Financial Benefits of Education Programs Significantly Outweigh Costs



Source: Washington State Institute for Public Policy, October 2006.

Substance Abuse. From the National Conference on State Legislatures on substance abuse treatment and prisoner reentry:

Addiction, which appears at both ends of the criminal justice spectrum, is a leading cause of parole and probation violations. Every year, state prisons release approximately 600,000 inmates into society. Roughly two-thirds of them are arrested again within three years. Recidivism is a more significant problem among those with substance abuse problems. For example, of first-time offenders, four percent are regular heroin users. Of those convicted of a fifth offense, 27 percent are regular users. For regular cocaine users, the numbers are 16 percent for the first offense and 40 percent for the fifth. The ratio for crack users is 3:1 of those with five versus one offense. This represents 81 percent of five-time offenders with a history of regular drug use, compared to 41 percent of first offenders.

Treatment for prisoners has helped reduce these numbers. Recidivism rates for inmates who have taken part in a residential treatment program while in prison are 9 percent to 18 percent lower than for inmates who receive no treatment. Drug relapse rates are 15 percent to 35 percent lower. These numbers improve even more when treatment is continued after prisoners are released. For example, one Texas study found that prisoners who completed an in-prison program and continued with a community-based after-care program had significantly lower rates of re-incarceration. The re-incarceration rate for this group was 25 percent, compared to 42 percent for those who never underwent treatment and 64 percent for those who took part in an aftercare program but dropped out before completion. Other studies have shown that re-arrest rates for offenders who complete community-based aftercare programs are 50 percent lower than for those who do not.

Cognitive Behavioral Treatment. From a summary of findings by the Council of State Governments Justice Center regarding cognitive behavioral programs:

Numerous correctional program models exist inside and outside of prison settings to help individuals to accept their circumstances, improve their relationship and social interaction skills, and learn how to make better decisions. One particular model, cognitive-behavioral treatment, is significantly associated with reduced recidivism and is cost-effective. Cognitive-behavioral treatment programs, which aim to help participants develop better reasoning skills and, ultimately, to change their negative behavior, have been increasing in popularity among correctional institutions. A substantial body of scientific research has consistently found that participants in cognitive behavior programs have recidivism rates that are 10 to 30 percent lower than rates for offenders who did not receive such services. Among the general population of prisoners, cognitive behavior treatment decreased recidivism by 27 percent. Larger gains have been noted with higher risk prisoners, whose recidivism was reduced by nearly 60 percent after receiving interventions administered by providers with at least a moderate amount of training. Research has also demonstrated that adult cognitive-behavioral treatment programs can be particularly cost-effective relative to other therapy models. Studies have estimated economic returns of from \$2.54 to \$11.48 for every program dollar invested in cognitive behavioral treatment, while punishment-oriented interventions have yielded returns of only 50 to 75 cents for every program dollar spent.

Previous Findings, Initiatives and Recommendations. In recent years, various reports have been issued and legislation has been passed related to CDCR's rehabilitation programs, including:

Expert Panel. The CDCR created the Expert Panel on Adult Offender Reentry and Recidivism Reduction Programs in response to authorization language placed in the Budget Act of 2006-07. 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.

The expert panel's report: *A Roadmap for Effective Offender Programming in California* provided an assessment of the state of correctional programming in California's adult prison and parole systems. The report also included recommendations intended to guide California in creating a model rehabilitation programming system.

The expert panel's 11 key recommendations were:

- *Reduce overcrowding in prison facilities.*
- *Enact legislation to expand positive reinforcements for offenders who complete rehabilitation programs and follow the rules. CDCR must improve on matching offender needs with program objectives.*
- *Select and utilize a risk assessment tool to assess an offender's risk to reoffend. Risk assessments tools have been utilized for parolees, and should be expanded to assess all offenders.*
- *Determine offender rehabilitation programming based on the results of assessment tools that identify and measure risks and needs. CDCR should develop and utilize a risk-needs matrix to assign offenders to programming.*
- *Create and monitor a behavior management (or case) plan for each offender. Case plans are critical to assigning offenders to the right programs.*
- *Select and deliver a core set of programs for offenders that cover major offender areas. These include: academic, vocational and financial; alcohol and drugs; anger management; criminal thinking; family; and sex offenses.*
- *Develop systems and procedures to collect and utilize programming process and outcome measures. This will allow CDCR to determine the effectiveness of programs, reasons for outcomes, and ways to improve.*

- *Continue to develop and strengthen formal partnerships with community stakeholders. This will improve coordination of transition services for offenders moving from prison to their home communities.*
- *Modify community based programs to ensure they target the crime patterns of offenders, meet their basic needs upon return, and identify risk factors in their home community.*
- *Engage the community to help reduce likelihood offenders will return to a life of crime. Critical thinking, positive relationships, and healthy behaviors are critical to offenders' success upon release.*
- *Develop structured guidelines to respond to technical parole violations, based on risk and seriousness. Sanctions and incentives are important tools.*

AB 900. On May 23, 2007, Governor Schwarzenegger signed into law Chapter 7, Statutes of 2007 (AB 900, Solorio), in order to relieve the significant overcrowding problems facing state prisons. Specifically, AB 900 authorized a total of approximately \$7.7 billion for a broad package of prison construction and rehabilitation initiatives.

AB 900 required the CDCR to improve and expand its drug treatment, academic education, and other rehabilitative programs for inmates and parolees. For example, the measure included requirements to increase inmate education participation rates, reduce teacher vacancies, and conduct risk and needs assessments of inmates. AB 900 required that any new construction of prison beds must be associated with full rehabilitative programming and required the CDCR to meet certain benchmarks, some of which relate to rehabilitative programming, before obtaining second phase funding. In order to assist the Department in these efforts, AB 900 provided a one-time General Fund appropriation of \$50 million to support CDCR's rehabilitative programs, which was utilized to support such priorities as; Risk and Needs Assessments, Proof Project, Prison to Employment, Day Treatment and Crisis Care Beds, Substance Abuse Treatment, and EdFirst.

CDCR's Strategic Plan. In 2010, CDCR released a new department Strategic Plan. This plan differs from previous plans in that it identifies specific measurable objectives. Two objectives in the Strategic Plan speak to in-prison rehabilitation programs, specifically:

Objective 3.2 – By June 30, 2015, CDCR will increase by 50 percent the number of eligible offenders who receive, prior to release, evidence-based rehabilitative programming consistent with their risks and needs.

Objective 3.3 – By June 30, 2015, 50 percent of facilities will meet CDCR's space standards for custody, healthcare, and rehabilitation.

California Rehabilitation Oversight Board. AB 900 also established the California Rehabilitation Oversight Board (C-ROB) within the Office of the Inspector General. C-ROB is made up of state and local law enforcement, education, treatment, and rehabilitation professionals who are mandated to examine and report biannually on rehabilitative programming provided by the CDCR. In performing its duties, C-ROB is required by statute to use the work of the expert panel.

C-ROB uses the California Logic Model as the framework by which to evaluate CDCR's progress in implementing rehabilitative programming. The California Logic Model is eight evidence-based principles and practices, identified by the expert panel, that show what effective rehabilitation programming could look like as an offender moves through the states correctional system. The eight areas are: (a) assess high risk; (b) assess need; (c) develop behavior management plan; (d) deliver programs; (e) measure progress; (f) preparation for reentry; (g) reintegrate; and (h) follow-up.

Risk Assessment. Citing AB 900 and the Expert Panel's report, CDCR initiated a plan to implement the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessments, for identifying the criminal risk factors of inmates entering the prison system and those approaching their parole dates. COMPAS is a family of software products that can be used for offender assessment, classification, and case management that was created and is owned by the Northpointe Institute for Public Management, Incorporated (Northpointe). Northpointe's COMPAS product includes the COMPAS core and COMPAS reentry modules, which can be used to predict incoming and outgoing inmates' risk of reoffending and to assess their criminal risk factors. Both of these modules measure criminal risk factors from different perspectives. The COMPAS core module focuses on events and circumstances in inmates' pasts that led to their criminal acts, such as crime in their social environment or a family history of jail or incarceration. The COMPAS reentry module focuses on criminal risk factors of inmates being released and reentering society, such as difficulty finding a job or controlling their temper.

Originally, CDCR intended to use the portions of COMPAS that assess both the risk that an inmate will reoffend and the inmate's criminal risk factors. However, the risk of reoffending portion had not been tested to ensure that it was appropriate for California's offender population. In lieu of validating Northpointe's proprietary risk assessment, CDCR opted to develop its own risk assessment, called the California Static Risk Assessment (California risk assessment). According to the department, it began using the California risk assessment in February 2009 and ultimately entered into an agreement with Northpointe in January 2010 to include the California risk assessment within COMPAS.

Legislative Analyst's Office, "From Cellblocks to Classrooms: Reforming Inmate Education to Improve Public Safety" February 2008. The LAO made various recommendations designed to improve both the performance and accountability of programs in the near term, as well as provided options for how to expand program capacity in the longer term. Recommendations included funding education based on

attendance rather than enrollment, developing incentives for participation and achievement, filling teacher vacancies, limiting the impact of lockdowns on programs, utilizing effective case management practices, and creating half-day programs. The LAO argued that these efforts would better leverage the state's existing investments in prison education programs to increase the number who participate as well as improve the quality of programs provided.

Questions for Legislative Consideration. As previously mentioned, this hearing is a follow-up to a May 2010 hearing specific to prison programs. Many of the questions raised at the May hearing also apply to offender programs in general. Below are some of the questions that were raised at the last hearing as well as some additional questions to consider.

Education/Vocation

What's the current education and vocation program capacity and what are the identifiable gaps?

How many inmates are actually served? Are there issues with program placement?

How does the high level of vacant teacher and teacher assistant positions affect delivery of education programs?

Should criteria for vocational programs be reconsidered?

Substance Abuse

How was 5 months determined to be the appropriate program length for Substance Abuse (is this timeframe based on best practices)?

What is the process for transfer to community treatment upon release?

How will realignment affect the department's aftercare services?

Will inmates who are going to be released to post-release community supervision receive in-prison treatment?

Cognitive Behavioral

How do cognitive behavioral programs fit into the department's planning efforts?

What steps are being taken to improve the department's use of COMPAS?

General Question's From Prior Hearing

Outcomes. How well is CDCR doing at achieving measurable outcomes in offender programs? How do these outcomes compare to prior to budget cuts and redesign of certain program delivery models? Are there any steps currently underway or that should be undertaken to improve outcome rates?

Prison Operations. What are the specific challenges of operating programs in a prison environment? Is provision of programs beneficial to prison operations in any way?

Criteria for Effective Programs. To what extent are CDCR's current delivery models consistent with evidence-based practices?

Accountability. What are the lines of responsibility for program effectiveness? To what extent are wardens evaluated based on the operation and effectiveness of programs within their prisons? How does headquarters remedy situations where less effective programs are operating?

Next Steps. What are concrete ideas panelists would recommend to improve the provision of offender programs, specifically under current fiscal constraints? What are the specific things CDCR is committed to working on in coming months as part of its ongoing efforts to improve these programs?