

*Review of the California Expert Panel on Adult Offender and  
Recidivism Reduction Programming*

*Summary of Findings from the Program  
Review Subcommittee*

*Testimony Before the Senate Budget and Fiscal Review  
Subcommittee No. 4 on State Administration, General  
Government, Judicial and Transportation*

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Thank you for the opportunity to discuss the findings of the recently completed Expert Panel on Adult Offender and Recidivism Reduction Programming (the Panel).<sup>1</sup> I am Joan Petersilia, co-chair of the panel, and currently a Professor at the University of California, Irvine, where I direct the Center for Evidence-Based Corrections. I am also a member of the AB900 Rehabilitation Strike Team. I was pleased to serve as the co-chair of the Expert Panel with Ms. Montes, and I thank Senator Machado and the Legislature for supporting the authorizing legislation.

My primary role on the Expert Panel was to chair one of the two subcommittees. My subcommittee, the Program Review Subcommittee, was comprised of myself and two other Expert Panel members, Dr. Barry Krisberg and Dr. Reggie Wilkinson, both of whom are here today. We were greatly assisted in our work by the CDCR research division, under the direction of Dr. Steven Chapman, and the staff at the UCI Center for Evidence-Based Corrections.

Our subcommittee assessed the current state of rehabilitation programming in CA's adult prison and parole system. Specifically, the Legislature asked us to:

1. inventory existing rehabilitation programs, including type of program, capacity, and characteristics of participants, and
2. assess whether these programs were likely to impact recidivism for participants.

In short, the Legislature wanted to know how well California was doing in providing programs to inmates and parolees before making further investments. Since 1990, there have been 15 major reports published that deal with the crisis in California's adult prison system but none had examined in detail prison programming--who gets what, under what conditions, and to what impact? That was our goal.

"Programs" for our purposes were limited to programs that: 1) were either contracted for or provided directly by CDCR, 2) included a set of structured services designed to achieve specific goals and objectives for individuals over a specific period of time, and 3) the goal was to reduce recidivism. We also gathered what data we could on activities, and volunteer programs, but much less information existed on those programs. This was a short, 4-month study, and was limited to summarizing existing data from the state's many (more than 80!) unconnected computerized databases.

Allow me to summarize succinctly what I believe are the six major conclusions from the Program Review subcommittee:

**First, CDCR does not offer a sufficient range of rehabilitation programs, and some significant programs are missing altogether.**

CDCR identified 34 programs that they believed had the potential to reduce recidivism: they fell into six program areas:

- 15 academic and vocational programs,
- 12 alcohol and drug programs,
- 2 aggression, anger management programs,
- 2 criminal thinking
- 3 family and relationship, and
- 0 sex offending.

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<sup>1</sup> The complete report, Expert Panel on Adult Offender and Recidivism Reduction Programming: Report to the California State Legislature (2007) can be found at CDCR's www, <http://www.cdcr.ca.gov/Communications/press2007> or <http://ucicorrections.seweb.uci.edu/pubs.shtml>. The details of my testimony are found in Part II, Appendix M, and Appendix N.

The Expert Panel (EP) noted that some other states and the ‘best practices’ literature have found positive results with programs that do not even exist in CA. California’s programs are best viewed as very traditional programs (e.g., vocational education, literacy, therapeutic communities) and some of the newer programs (e.g., cognitive behavioral treatment approaches) are seldom offered, and those that the public seems most concerned about--sex offending--aren’t offered at all.

Nearly all of these CDCR programs are filled to capacity – most running at over 90% capacity, the highest being the vocational education programs, with about 10,000 lots, which was running at 98% capacity.

**Second, the vast majority of CA prisoners and parolees --- more than 90% -- did not participate in any state-funded “recidivism reduction” program while under State control, despite their serious need for them.**

Like prisoners of all other states, CA prisoners have problems with substance abuse, lack of education, and inadequate job skills. My 2006 report to the Legislature, *Understanding California Corrections*<sup>2</sup> found (summarizing data collected by the U.S. Bureau of Justice Statistics in 1997):

- Over 40% of CA inmates admitted to having serious alcohol problems that contributed to their crimes,
- Nearly 60% of CA inmates admitted to having drug addiction problems that contributed to their crimes,
- About 15% of CA inmates would be considered extremely difficult to employ--they have few job skills, little education, and sporadic, if any, former employment.

When I compared these inmate needs with the needs of inmates in other large states, I found that CA inmates report having more serious needs for treatment, but have less chance of having those needs addressed while in prison than inmates in other states.

My subcommittee looked at prison program participation in two ways:

1. We took a snapshot of all persons **currently in prison** on one recent day – March 10, 2007. On that day, there were about 164,000 prisoners in prison, and we found that approximately three quarters them were eligible to participate in programs or have a job assignment. Approximately one-quarter were ineligible to participate in programs, primarily due to the fact they were newly admitted to a prison reception center, were deemed medically or mentally unable to work, or were in administrative segregation.
2. All those who **exited prison in 2006** which equaled about 134,000 persons. We wanted to know if they had participated in CDCR programs or activities at any point before their release.

One might find that one-day snapshot reveals low participation but by the time prisoners were released, they had participated in relevant programming. That did not turn out to be the case.

Detailed program and activity tables are contained in the full Expert Panel report, Appendix M. These tables show each program type, capacity, total inmates assigned, total inmates participating, percent of capacity filled, and percent of all prisoners participating.

For example, for the approximately 134,000 prisoners who left CA prisons in 2006 (the exit cohort),

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<sup>2</sup> This report is available free at <http://ucicorrections.seweb.uci.edu/pubs.shtml>

- just 7% will have participated in substance abuse programs,<sup>3</sup> (about 10,000 of the 134,000 prisoners exiting),
- just 10% will have participated in vocational education or prison industries (about 8,800),
- 20% of all exiting prisoners will have been in the Bridging education program (an in-cell life skills program operating in reception centers),
- and about 18% will have participated in more traditional classroom academic education (GED, some college programs),
- 30% will have had an assignment to support services (most common were kitchen worker and janitor).

Most inmates do *not* participate in more than one program while in prison—despite the fact that prisoners have multiple needs. Perhaps most alarming is this statistic: fully 50% of all exiting CA prisoners did not participate in any rehabilitation or work program, nor do they have a work assignment, during their entire prison term.

We did the same type of inventory for parole programs. Here we looked at inmates released from CA prisons and placed on parole in 2005, to allow sufficient time to document program participation while on parole in 2006.<sup>4</sup>

CA is one of only two states<sup>5</sup> that puts everyone on parole supervision for at least one year after release from prison. It might be true that even though few inmates participated in rehabilitation while in prison, prisoners might receive programming help while they are on parole. But few parolees participated in rehabilitation and work programs either. The data show that:

- 34% of all released parolees participated in the Police and Corrections Team (PACT) programs, which are mandatory ‘service fair’ meetings hosted by local law enforcement and social services agencies to inform parolees of the services and responsibilities of being on local parole. They operate statewide,<sup>6</sup>
- roughly 10% of parolees participated in substance abuse programs (5% in Substance Abuse Treatment and Recovery and 4% in Substance Abuse Services Coordinating Agencies (SASCA),
- and about 10% participated in education or vocational programs.

And, 56% of parolees didn’t participate in any parole programming at all. Of course, parolees could have been participating in non-state funded programs, such as NA or AA, which would not have been captured in this analysis. Just as with the prison programs, parole programs were filled to capacity.

Bottom line: most prisoners and parolees leave CDCR with their literacy, substance abuse, and employment needs unmet. In other words, they are unprepared for success.

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<sup>3</sup> Inmates may have also participated in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), but that is not measured here.

<sup>4</sup> Parolees appear only once in the cohort used for this analysis (N=113,000).

<sup>5</sup> The other state is Illinois.

<sup>6</sup> PACT was excluded from the program inventory and the CPAP assessment because it didn’t meet the definition of a program. It is a service fair that parolees attend once and only once, and no services are delivered through it.

**Third, low prison and parole program participation rates are explained by a multitude of complex factors, and only some of them are under the control of the CDCR.**

Low CDCR program participation rates are explained, in part, by:

1. **Lack of good intake assessments** identifying those with highest need. Research has shown that high and moderate risk to reoffend offenders achieve the greatest gain in recidivism reduction, because these offenders have greater deficits to overcome in areas of pro-social skills, substance abuse, and criminal thinking. It is worth noting, however, that since the EP's study, CDCR has piloted the implementation of a risk and needs assessment instrument (COMPAS) at four of its reception centers.
2. **A correctional culture that is more oriented towards control rather than rehabilitation,**
3. **Almost no prison program space.** CDCR currently houses about 173,000 prisoners in facilities built to hold about 100,000. The CDCR currently has about 18,000 prisoners sleeping in space originally designed for other purposes (gyms, classrooms, and cafeterias). The Expert Panel's recommendation #1 urges the State to reduce overcrowding in its prison and parole offices, and believes this is a pre-condition to delivering effective programs. I know that the Division of Parole Operations (DAPO) recently signed a contract with the Center for Effective Public Policy (CEPP) in Washington D.C., for the purpose of designing and piloting a California parole violation decision matrix. The express purpose of this tool, which will be piloted in the next several months, is reduce the number of parole violators returning to prison. In my opinion, California returns far too many parole violators to prison, and does not fully use intermediate community sanctions to divert low-risk parolees from prison. With a parole violation matrix and intermediate sanctions in place, fewer parolees should be returning to prison, hence reducing the size of the prison population, and ultimately creating more prison program space.
4. **Lack of funding.** Of the \$43,287 spent annually per inmate in California, just \$2,053 (5%) is spent on rehabilitation programming. Forty-five percent (\$19,561) is spent on security, 21% on health care, 14% on operations, 8% on administration, and 6% on prisoner support (e.g., toiletries, clothing, gate money). We spend about \$4,400 per parolee, per year, with about 7% of parole dollars allocating to offender programming.
5. **Staff vacancies** – There are significant CDCR staff shortages throughout the organization which impact rehabilitation programming. For example, during April 2007 when the Panel was collecting its data, CDCR had about 1,600 authorized total teaching staff positions, but 18% of them were unfilled.<sup>7</sup> CDCR had just 1,315 teachers. CDCR has been making significant gains in this area, however. Today, CDCR has 1,609 teachers, and has reduced the teacher vacancy rate to 12%. This was accomplished by a number of outreach and marketing activities as well as streamlining and expediting the CDCR hiring process.
6. **Prison lockdowns** – When wardens implement security lockdowns, they often shut down all programming in the affected areas. The Expert Panel collected data on the number of lockdowns in 2006, and found that there were about 450 of them over the 33 prisons, averaging between 3 and 20 days each [see Expert Panel Report, Appendix F, Table E-1]. There were 28 lockdowns in 2006 that lasted over 60 days each. When facilities are in lockdown, program participation comes to a standstill. I know that CDCR is working with prison managers to keep classes up and running even during lockdowns using a number of innovative strategies.

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<sup>7</sup> The teaching staff includes vocational training instructors as well as traditional academic classroom teachers and teachers involved in the in-cell Bridging program.

And the two most important, in my opinion:

7. **Lack of incentives to encourage or reward inmates for program participation.** CA treats offenders who participate in prison programs virtually the same as those who do not. All prison programs are voluntary and we want prisoners to enroll and complete them. Other states use a variety of incentives to encourage participation, for example: paying prisoners a nominal wage for program participation, expanding visitation privileges, locating prisoners in prisons closer to their homes, providing long distance phone calls, shortening time served, and issuing vouchers for the prison canteens. CA actually has *disincentives* for inmates participating in prison rehabilitation programming, since inmates are paid *only* for having a prison job (e.g., sweeping floors) or participating in prison industries, but *not* if they are in substance abuse or education programs. Other states pay inmates for *either* working or being in rehabilitation programs. Recommendation #2 of the Expert Panel report urges the State to enact legislation to expand its system of positive reinforcement for offenders who successfully complete rehabilitation programs and fulfill their parole obligations. I am currently working with Tom Hoffman, Director of Adult Parole Operations (DAPO) to develop and test an 'earned discharge' parole system, which will discharge from parole supervision low risk parolees who are performing well.
8. For parole programs, **lack of community willingness to help**, particularly in issuing the permits (e.g., conditional use permits) required to site and operate halfway houses, drug treatment programs, and other residential programs.

Many of these issues dovetail and exacerbate each other. For example, gang influences often lead to institutional violence, which leads to prison lockdowns, which encourages a culture focused on security rather than rehabilitation, which creates a work environment that makes recruiting difficult and produces high vacancy rates. High staff vacancies mean that programs can't get fully staffed with qualified personnel, inmates return home with few skills to succeed, more of them recidivate, which leads to prison crowding, which in turn, increases gang influences...and the process goes on and on.

CDCR can do much to address this situation – they can increase rehabilitation funding, train staff differently, designate 'honor yards' which provide a safe environment for inmates who wish to program, and they can provide better incentives such as those identified above. But CDCR can only do so much. The Legislature, the local criminal justice system (particularly sheriffs who operate the jails), and the community --- and also importantly, the offenders themselves -- have to be willing to join the effort.

**Fourth, California has several programs that incorporate scientific evidence-based principles, but risk and needs assessments are generally not used to target high- and medium- risk offenders for program services.**

We conducted a detailed records review of 11 rehabilitation programs now offered by CDCR. The programs were: Family Foundations Program (FFP), Incarcerated Youth Offenders (IYO), Substance Abuse Program (SAP) at California Substance Abuse Treatment Facility, Transitional Case Management Program - Mental Health Services Continuum (TCMP-MHSCP); Day Reporting Center (DRC), Female Offender Treatment and Employment Program (FOTEP), In-Custody Drug Treatment Program (ICDTP), Parolee Employment Program (PEP), Residential Multi-Service Center (RMSC), and the Substance Abuse Treatment Recovery Program (STAR).

These programs were reviewed with the new California Program Assessment Process (CPAP), which rates programs for the presence of about 20 program characteristics that research has shown are related to program success--for example, whether the program has curriculum, whether the program assessed inmates prior to participation, whether the program uses positive reinforcement, whether the staff and

program director have experience and relevant qualifications, whether the program collects and analyzes performance data, and so forth. [see the Report's Executive Summary, Table A for how each program scored in March 2007].<sup>8</sup>

We found that most of the programs scored pretty well on the CPCP. For example, the Family Foundations program (12 month residential program for mothers with young children program in San Diego and Santa Fe Springs), the Substance Abuse Program (SAP) at SATF, and the parolee Day Reporting Center in Fresno scored quite well. All but four of the programs scored 65% or higher on the Effective Interventions Scale, indicating that many of the CDCR programs were designed with the principles of effective interventions in mind (e.g, staff training, a program manual or curriculum, staff with experience working with offenders) [see Part II, Figure 7]. The biggest issue found in the CPAP ratings were that risk and needs assessments were generally not used (so you couldn't be sure the right program content went to the right people), and that external evaluations of these programs was very limited. None of the eleven programs assessed risk and targeted services specifically to high-risk inmates.

**Fifth, CDCR does not assign offenders to programs based on their needs, risks to reoffend, or anticipated time to release. In other words, our limited dollars and space are not targeted to where they will do the most good.**

Offenders and programs are not matched. Inmates are often assigned to programs based on factors unrelated to their risk level or of consideration to when they will be released from prison. The subcommittee learned of one case where an inmate with a Master's degree had participated twice in the GED program – he earned day-for-day time credit for participating in programming, and found it easier to sit in class than accept a job assignment. We found that prison program participation is mostly dependent on an inmates' length of stay. Inmates with longer sentences eventually work their way into the more premium program slots (e.g., Prison Industries).

Parole services were not targeted as well as they could be either, although parolees are generally assigned to caseload type and intensity of services based on risk level. Research has shown that the peak rates of committing a new crime or violating the terms of parole occur in the first days, weeks and months after releases. Deaths among releases are also very high in the first few weeks after release, more than 12 times the average for the general population.<sup>9</sup> I believe we should front-load parole supervision and services to the first three months out, where the risk of reoffending and death is the highest.

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<sup>8</sup> The complete *CPAP Training Manual* (Revised March 2007) by Ryken Grattet, Ph.D., and Jesse Jannetta, M.P.P., and Jeffrey Lin, Ph.D. is available free at <http://ucicorrections.seweb.uci.edu/pubs.shtml>

<sup>9</sup> Petersilia, Joan and Richard Rosenfeld (co-chairs), *Parole, Desistance from Crime, and Community Integration*, report of the National Research Council of the National Academy of Sciences, July 2007. A prepublication copy of this report is available free at [http://www.nap.edu/catalog.php?record\\_id=11988](http://www.nap.edu/catalog.php?record_id=11988)

**Sixth, until recently, CDCR did not routinely evaluate the quality, costs, or content of its programs, or measure how program participation impacted post-prison performance (e.g., recidivism, employment). Without such data, we don't know which programs are making a difference and should be funded, and which are not. But this is changing, and CDCR is now making a serious commitment to program evaluation.**

Surprisingly, California has no longitudinal study of who comes into prisons, what their experiences are, and how those experiences affect post-prison behavior, making it impossible to accurately project the costs and benefits of participating in different programs. In fact, the research unit for the former CA Dept. of Corrections was abolished in the mid-1990s and was only reestablished in 2005. I believe such a study should be a top priority for the department. Before we make further investments in one program or another, we should know whether they are worth their cost. Other states, such as Washington, Ohio, Texas, and Pennsylvania do a much better job of continually evaluating their rehabilitation programs, and using that evaluation data to refine their program offerings so that greater resources are provided to programs able to show an impact. Recommendation #7 of our Expert Panel report urged the CDCR to develop policies that evaluate and assess the outcomes of every state-funded program delivered.

I am pleased to report that CDCR's commitment to research and program evaluation has increased significantly in the last year. I have already mentioned that CDCR's research division developed the CPAP, a tool for determining whether offender change programs are likely to reduce recidivism. The CPAP tool is being used internally to evaluate recommendations for new program concepts. I also know that the new Division of Community Partnerships is requiring consistent data collection from all its recent grantees, and the Division of Adult Parole Operations (DAPO) has a contract with San Diego State University to evaluate four of its parole programs. Moreover, Secretary Tilton has implemented COMPSTAT for the entire agency -- where wardens and other managers routinely report benchmark data in a group setting and highlight areas for improvement.<sup>10</sup>

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In sum, our Program Review subcommittee found that despite serious needs, the vast majority of California's prisoners and parolees fail to participate in the work, education, and substance abuse programs they need -- obviously contributing to California's very high recidivism rates. Two thirds (66%) of all persons released from California's prisons will return to a California prison within three years.<sup>11</sup> The national rate of prisoner returns is much lower--in Florida for example, it is 53%, in Illinois, 38%, and in Texas, 26%.<sup>12</sup> Clearly, our prison overcrowding crisis is exacerbated by these very high recidivism rates. We don't spend much--about \$2,000 per inmate, per year--and the programs we do have aren't targeting the right people. Inmates who do choose to participate are at a financial disadvantage -- since they don't get a 'pay number -- and they sometimes participate in programs at their own peril--since the gang culture often discourages program enrollment. Prison program drop-out rates are high, and teachers and counselors have to contend with the constant turnover in pupils--and of course, the lockdowns which disrupt the learning process. But the committee also recognizes that our study took a snapshot of an organization that is undergoing change. I have noticed an emerging receptivity and

<sup>10</sup> See Jannetta, Jesse, *COMPSTAT for Corrections*, UCI Center Bulletin, December 2006, available free at <http://ucicorrections.seweb.uci.edu/pubs.shtml>

<sup>11</sup>Fischer, Ryan, *Are California's Recidivism Rates Really the Highest in the Nation?* UCI Center for Evidence-Based Corrections, September 2005. Available free at <http://ucicorrections.seweb.uci.edu/pubs.shtml>.

<sup>12</sup> Fischer (2005).

commitment from CDCR management to bring in outside experts to help them design and implement higher quality programs. And there is a strong research division developing under the leadership of Dr. Steven Chapman, so many of these new programs should have corresponding evaluations. As Oliver Wendell Holmes said, "I find the great thing in this world is not so much where we stand but in what direction we are moving." We have a *very* long way to go to create a corrections system we can be proud of I believe they are, at least, moving in the right direction.

I want to end by making one final comment about my subcommittees' findings. These are data-driven conclusions about how the system is operating and fail to put a human face on what I saw while completing this work. These statistics say nothing about the dedicated prison and parole staff who continue to work every day, under difficult circumstances, against what often seemed to me to be nearly impossible odds, to help offenders turn their lives around. I interviewed dozens of staff who believe they can make a difference and refuse to give up. I interviewed many prisoners who wanted to be in programs but were sitting on long waiting lists -- it is useful to remind ourselves, that despite few incentives for program participation, most prison and virtually all parole programs today are filled to capacity. And, in my continuing work on prisoner reentry, I have also interviewed dozens of former offenders where participating in a California prison or parole program helped them turn their lives around. It is useful to remind ourselves that one-third of people who leave California's prison system do *not* return -- and perhaps for some of them, it was their participation in a program that made the difference.

Rehabilitation programs are not for every inmate, and money shouldn't be wasted on prisoners who lack the motivation to change. But let's also not be foolish. Inmates who wish to live crime-free lives when they return home should have every opportunity in prison to change. It is no longer justifiable to say that "nothing works." There is scientific evidence that prison and parole programs can reduce recidivism.<sup>13</sup> It's not easy. It's not inexpensive. But it is possible.

The Expert Panel's second subcommittee, the Model Program Subcommittee which was composed of some of the nation's most experienced correctional agency administrators, lays out a blueprint for making that happen and provides a two-year implementation timetable. With these recommended strategies fully implemented, the Panel believes it is possible to reduce recidivism and increase public safety.

Thank you for the opportunity to testify before you today. It is my hope that my testimony and the hard work of the Expert Panel will provide added impetus for increasing correctional rehabilitation programs. Those who say rehabilitation programs are "soft on crime" are shortsighted. No one is more dangerous than a criminal who has no incentive to straighten himself or herself out while in prison and who returns to society without a plan. As ironic as it sounds, it is in the interest of public safety to support rehabilitation programs. Good rehabilitation and reentry programs translate into going home to stay and living as law-abiding citizens. That benefits all Californians.

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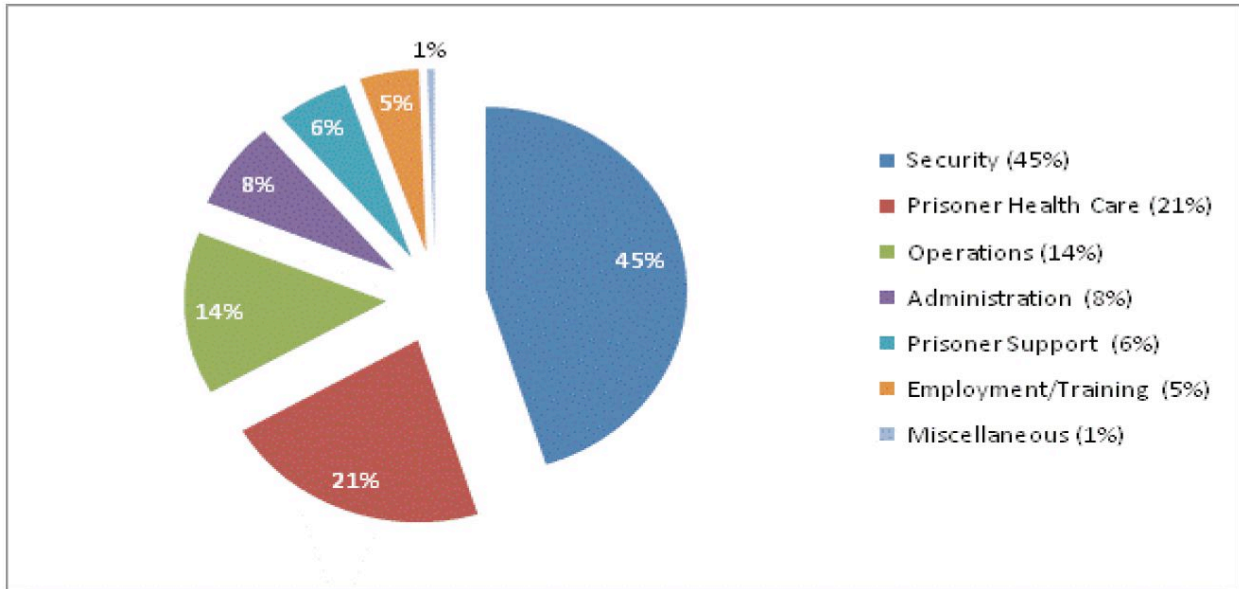
<sup>13</sup> For reviews, see Wilson, David, Catherine A. Gallagher, and Doris L. MacKenzie, A Meta-Analysis of Corrections-Based Education, Vocational, and Work Programs for Adult Offenders, *Journal of Research in Crime and Delinquency*, Vol. 37, No. 4, 347-368, 2000; MacKenzie, Doris, *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*, Cambridge University Press, 2006; and Aos, Steve, Marna Miller, and Elizabeth Drake, Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates. Olympia: Washington State Institute for Public Policy, 2006.

# Appendix

*Supporting Tables and Figures from the Expert Panel Report*

Available free at [www.cdc.com](http://www.cdc.com)

Figure A: California Annual Costs to Incarcerate a Prisoner



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

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											
<b>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</b>											

Table 12: CDCR-Nominated Recidivism Reduction Program Inventory

<b>Prison Programs</b>
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
<b>Parole Programs</b>
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)
<b>Prison &amp; Parole Programs</b>
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)
<i>*Alternative to incarceration.</i>

Table 13: 11 Programs Selected for CPAP Review

	<b>Program</b>	<b>Site</b>
<b>Institutions Programs</b>	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
<b>Parole-Community Programs</b>	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.		

Appendix M— Detailed CDCR Adult Offender Programs and Activities Tables p.148

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

Activity-Program Type	Capacity <sup>1</sup>	Total Assignment	Number of Prisoners Participating <sup>2</sup>	% Capacity <sup>3</sup>	% 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*

<sup>1</sup> Contains both full- and half-time job assignment positions; a prisoner may have two half-time job assignments at any point in time.

<sup>2</sup> A prisoner with more than one job assignment position per program type is counted only once.

<sup>3</sup> Percent capacity is defined as the total number of assignments divided by capacity.

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

<b>Activity-Program Type</b>	<b>Number of Prisoners Participating<sup>1</sup></b>	<b>% of Released Prisoners (n=134,148)</b>
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*  
<sup>1</sup> A prisoner with more than one job assignment position per program type is counted only once.

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

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

*Source: CDCR*

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

<b>Program Type</b>	<b>Releases<sup>1</sup></b>	<b>% of all releases (n=113,839)</b>
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) <sup>2</sup>	1,386	1.2%
Residential Multi-Service Centers (RMSC)	943	0.8%
In-Custody Drug Treatment Program (ICDTP)	181	0.2%

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