



Improving In-Prison Rehabilitation Programs

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LAO 

Executive Summary

In-Prison Rehabilitation Programs Intended to Reduce Recidivism. The California Department of Corrections and Rehabilitation (CDCR) offers inmates various rehabilitation programs while they are in prison, including education and substance use disorder treatment programs. The primary goal of these programs is to reduce recidivism—the number of inmates who reoffend after they are released from prison.

Key Principles for Rehabilitation Programs to Reduce Recidivism. Research shows that a rehabilitation program generally is effective at reducing recidivism if it possesses three key principles. First, the program should be “evidence based”—meaning it is modeled after a program shown to reduce recidivism and actually operates in the same manner as the proven program. Second, the program should be evaluated for cost-effectiveness. Third, the program should focus on the highest-risk and highest-need inmates, as this has the greatest potential to reduce recidivism.

CDCR In-Prison Rehabilitation Programs Have Several Shortcomings. Based on our review of CDCR’s in-prison rehabilitation programs, we conclude that they have several shortcomings. This is because CDCR (1) often falls short in adhering to the above three key principles for reducing recidivism, (2) does not effectively use all of its rehabilitation program slots despite waitlists for such programs, and (3) has a flawed approach to measuring program performance, which makes it difficult to determine whether existing program resources are being used effectively.

LAO Recommendations. In order to address the above shortcomings, we recommend several steps to improve CDCR’s in-prison rehabilitation programs. Specifically, we recommend the Legislature:

- ***Require Programs Be Evidence Based.*** We recommend directing CDCR to provide a report detailing whether each rehabilitation program is research based. The Legislature could make the provision of this information a condition for receiving ongoing state funding for the program. Programs should also be regularly evaluated to ensure they are implemented in the same manner as the modeled program. These steps would help ensure that the programs have the potential to reduce recidivism.
- ***Measure Actual Cost-Effectiveness of Rehabilitation Programs.*** We recommend having independent researchers evaluate the cost-effectiveness of rehabilitation programs. Such an evaluation could track the programs that inmates participate in and whether inmates that complete these programs are less likely to recidivate.
- ***More Effectively Target Programs to Highest-Risk and Highest-Need Inmates.*** We recommend establishing a review committee to select the assessment tools most effective at determining which inmates are the highest-risk to recidivate and have the highest-need for rehabilitation programs to address those needs. We also recommend that the Legislature direct CDCR to prioritize the enrollment of its highest-risk and highest-need inmates in its programs.
- ***Improve Efficient Use of Existing Rehabilitation Resources.*** We recommend that the Legislature direct CDCR to conduct an assessment of all existing CDCR facilities to determine the level of resources required to meet all the rehabilitative needs for the highest-risk and highest-need offenders. We also recommend the Legislature consider incorporating actual inmate attendance

into rehabilitation program funding decisions in order to help limit the number of program slots that are not used efficiently.

- ***Improve Performance Measures to Conduct Regular Oversight.*** We recommend directing CDCR to improve its rehabilitation program performance measures in order to enable regular program oversight, such as by requiring the reporting of certain performance measures—including the percentage of inmates with unmet needs nearing release.

INTRODUCTION

California state prisons house nearly 130,000 inmates. Each year, these prisons release tens of thousands of offenders into the community after serving their sentences. While incarcerated in prison, offenders often participate in various rehabilitation programs that seek to improve the likelihood that offenders will lead a productive, crime-free life upon release from prison by addressing the underlying factors that led to their criminal activity. These programs include education and substance use disorder treatment. When such programs are well-designed and implemented effectively, various studies show that they

can reduce the number of offenders who recidivate (or reoffend) and that the resulting savings can more than offset their costs.

In this report, we (1) provide background information on the state's in-prison rehabilitation programs (including their intended goals), (2) outline key program principles for maximizing reductions in recidivism, (3) identify key shortcomings in the state's rehabilitation programs, and (4) make recommendations to improve how the state provides in-prison rehabilitation programs.

OVERVIEW OF STATE'S IN-PRISON REHABILITATION PROGRAMS

Rehabilitation programs are generally offered to offenders who are incarcerated in either state prison or county jail, as well as those who are supervised in the community by state parole agents or county probation officers. Below, we provide a general overview of the rehabilitation programs provided in state prisons and managed by the California Department of Corrections and Rehabilitation (CDCR)—the primary focus of this report.

Primary Goal Is to Reduce Recidivism

Many California inmates reoffend after they are released from prison. Specifically, of the 36,000 inmates released in 2012-13, 16,500 (or 46 percent) were convicted of a subsequent crime within three years of

release (CDCR's definition of recidivism). The primary goal of rehabilitation programs is to reduce the level of recidivism. (Please see the nearby box for information on the different ways recidivism can be measured.) In order to help achieve this goal, CDCR attempts to identify and address the various factors that may have led to an offender's original criminal activity. Research has shown that eight factors are particularly significant in influencing future criminal activity. For example, criminal thinking—meaning attitudes, values, or beliefs that can lead to an individual committing a criminal offense—is a significant factor. The eight different factors are summarized in **Figure 1** (see next page).

Research shows that rehabilitation programs can be designed to address these factors. For example,

Measuring Recidivism Rates

Recidivism—the number of inmates that reoffend after release—can be measured in different ways. For example, the California Department of Corrections and Rehabilitation (CDCR) currently measures recidivism based on the number of inmates who are convicted of a subsequent crime within three years of their release from state prison. Alternatively, some organizations measure recidivism as the total number of offenders who return to prison. However, this calculation does not include offenders who were returned to jail. While there is no universally agreed upon method for measuring recidivism, various measures can help agencies understand the extent to which offenders remain involved with the criminal justice system following their release.

Figure 1**Eight Significant Criminal Risk Factors**

- ✓ **Antisocial Behavior.** Inability to avoid criminal activity when placed in high-risk situations.
- ✓ **Antisocial Personality.** Displays impulsive, exploitative, aggressive, or manipulative behavior.
- ✓ **Criminal Thinking.** Attitudes, values, and beliefs that can lead to crime.
- ✓ **Antisocial Relationships.** Association with other criminal actors and isolation from noncriminal actors.
- ✓ **Family and Marital Status.** Poor relationships with family and/or spouse.
- ✓ **School and Work Status.** Low performance, involvement, and satisfaction with school and/or work.
- ✓ **Leisure and Recreational Activities.** Low involvement or satisfaction with activities that are not associated with criminal involvement.
- ✓ **Substance Use.** Problems with alcohol and/or other drugs.

substance use disorder treatment programs can help reduce or eliminate the criminal risk resulting from an offender's problems with alcohol and/or other drugs.

Various Fiscal Benefits From Reducing Recidivism. If rehabilitation programs are successful at reducing recidivism, they not only can reduce crime but also can result in both direct and indirect fiscal benefits to the state. Direct fiscal benefits include reduced incarceration costs—as offenders will not return to prison—as well as reduced crime victim assistance costs. Indirect benefits could include reduced costs for public assistance, as some offenders may receive job training that leads to employment, thereby reducing the level of public assistance needed. If rehabilitation programs are operated effectively, these benefits can exceed the costs of providing the programs and result in net fiscal benefits to the state.

Other Program Goals. In addition to reducing recidivism, rehabilitation programs can also serve other related goals, such as making it easier to safely manage the inmate population, improving overall inmate wellbeing, and improving inmate educational attainment. These secondary goals can also result in direct and indirect fiscal benefits. For example, an easier-to-manage inmate population could result in fewer inmates needing to be housed in higher security units, which could minimize the need and costs for additional security staff.

State Funds Various In-Prison Rehabilitation Programs

As discussed in greater detail later in this report, upon admission to prison, CDCR assesses inmates' rehabilitative needs and assigns them to programs. The state funds six categories of in-prison rehabilitation programs within CDCR. (As discussed in the nearby box, there are also various nonstate funded rehabilitation programs offered at prisons.) These programs can be operated by CDCR employees, other governmental employees, private entities, or nonprofits. These categories are:

- **Academic Education.** Academic education programs include adult basic education, General Education Development (GED) certification, the high school diploma program, and various college programs. State law requires inmates with low literacy scores to attend adult basic education programs.
- **Career Technical Education (CTE).** CTE programs provide job training for various career sectors, including masonry, carpentry, and auto repair.
- **Cognitive Behavioral Therapy (CBT).** CBT programs are designed to help offenders change the patterns of behavior that led to criminal activity. Specifically, these programs provide various forms of therapy to address rehabilitative

needs—such as criminal thinking and anger management—that, if left unaddressed, can increase the likelihood of recidivism.

- **Employment Preparation.** Employment preparation programs provide employment skills, such as job readiness and job search techniques, for inmates up to six months prior to their release in order to aid their transition back into society.
- **Substance Use Disorder Treatment (SUDT).** SUDT programs focus on helping inmates treat their substance use disorders, avoid relapse, and successfully reintegrate into society. Unlike for other rehabilitation programs which inmates generally attend on a voluntary basis, CDCR requires certain inmates who are caught using alcohol or illegal substances while in prison to attend SUDT programs.
- **Arts-in-Corrections.** Arts-in-Corrections programs focus on providing inmates with arts programs ranging from theatre to creative writing.
- **Innovative Programming Grants.** Innovative programming grants provide limited-term funding to support various volunteer-run programs—such as prison gardening programs and mentorship projects—at certain prisons.

CDCR Operates 114,000 Rehabilitation Program Slots

Each year, CDCR is generally budgeted for a specific number of slots in its rehabilitation programs. Slots are generally defined as the number of inmates who could be enrolled for the full duration of the program in any given year. For example, a six-month long CBT program with 20 students equals 40 slots. The 2017-18 budget provides funding to support a total of 114,000 program slots. (This does not include Arts-in-Corrections or Innovative Programming Grant programs, which are not budgeted based on slots.) The number of slots budgeted for in the current year is more than twice the number of slots budgeted for in 2015-16. This increase is primarily due to additional funding provided in 2016-17 to offer rehabilitation programs at all institutions rather than at only certain institutions. As shown in **Figure 2** (see next page), nearly half of the program slots in 2017-18 are for education-related purposes.

The total number of inmates served in all programs over the course of the year does not match the number of slots provided for a couple reasons. First, as we discuss in greater detail later, not all rehabilitation program slots are utilized due to various factors, including a lack of teachers or programs being locked

Nonstate-Funded Rehabilitation Programs

In addition to the state-funded rehabilitation programs, the California Department of Corrections and Rehabilitation (CDCR) allows certain nonstate entities and the California Prison Industry Authority (CalPIA) to offer rehabilitation programs at prisons.

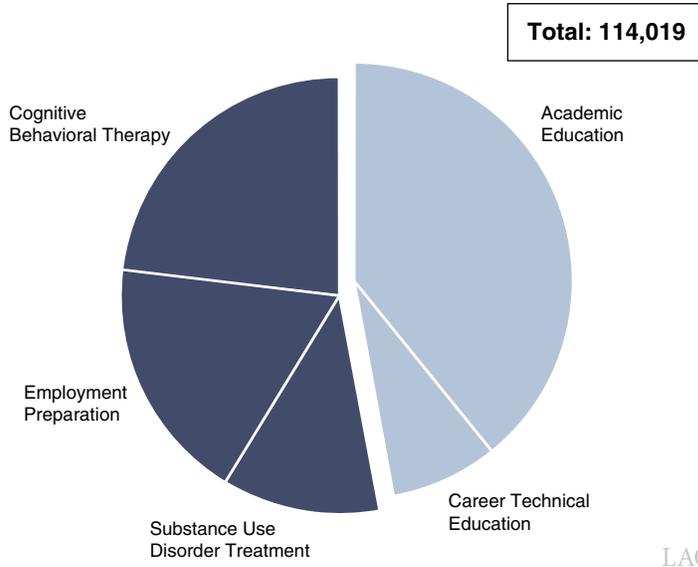
Programs Led by Inmates or Outside Organizations. Inmates and outside organizations can operate rehabilitation programs with CDCR approval. These programs are generally referred to as Inmate Leisure Time Activity Groups (ILTAGs). Specifically, ILTAGs are groups initiated by inmates and volunteers that provide various rehabilitation opportunities—such as self-help support, creative writing, or peer mentorship. These programs allow inmates to be engaged in activities outside state-funded rehabilitation programs and/or work assignments. (Work assignments allow inmates to earn wages for jobs they perform within prisons, such as janitorial work or cooking meals.) Some of the programs require inmates to complete a specific rehabilitative curriculum, such as a one-year long violence prevention and life skills program. Other programs have a less clearly defined curriculum, such as the various self-help support groups in prisons.

CalPIA. CalPIA is a semi-autonomous state agency that provides work assignments and vocational training (similar to certain Career Technical Education rehabilitation programs) to inmates. It is funded primarily through the sale of the goods and services produced by the program. State law requires state agencies to purchase products and services offered by CalPIA whenever possible.

Figure 2

Nearly Half of CDCR Program Slots Are for Education-Related Purposes

2017-18



Inmate Risk and Rehabilitative Needs Inform Program Assignment

Assessments Conducted to Determine Risk and Needs. At prisons with reception centers (which receive inmates being admitted to CDCR) inmates are evaluated to determine which prison would be most appropriate for the inmate to serve his or her sentence. While at the reception center, CDCR staff generally determine the criminal risk factors that increase each inmate’s risk to recidivate, as well as the specific rehabilitative needs necessary to address those risk factors. The department currently uses assessments to help determine which specific needs should be addressed and which inmates should receive priority

down for security concerns. Second, the same inmate can be enrolled in multiple slots at the same time, meaning the number of inmates actually served could be less than the number of slots. In addition, it is possible that the number of inmates served in a year is greater than the number of slots. This is because some inmates leave programs before completing them. In 2015-16, almost half of inmates were released without receiving rehabilitation programs for which they have an assessed need, as we discuss later.

when assigning inmates to rehabilitation programs. Specifically, CDCR uses the following two assessments:

- **California Static Risk Assessment (CSRA).** The CSRA uses an offender’s age, gender, and past criminal history to identify his or her risk of recidivating. Based on their score, CSRA classifies

In-Prison Rehabilitation Program Budget

The 2017-18 Budget Act included \$315 million in General Fund support (3 percent of CDCR’s total budget) for CDCR’s various in-prison rehabilitation programs. As shown in **Figure 3**, most of the funding for these programs is spent on academic and career technical education.

Figure 3

Majority of CDCR Rehabilitation Spending on Education-Related Purposes

2017-18

Program Budget	Amount (In Millions)	Percent of Total
Academic Education	\$140.9	45%
Career Technical Education	57.6	18
CBT/SUDT	72.1	23
Adminstration	21.3	7
Innovative Programming Grants	8.5	3
Arts-in-Corrections	8.0	3
Employment Preparations	6.3	2
Totals	\$314.8	100%

CBT = cognitive behavioral therapy and SUDT = substance use disorder treatment.

offenders into three categories—high, moderate, and low risk. As of June 30, 2017, 98 percent of the inmate population received a risk assessment. Of those who received an assessment, roughly half had a moderate or high risk of recidivating, with the other half classified as low risk. CDCR high-risk inmates have a 62 percent recidivism rate, moderate-risk inmates have a 44 percent recidivism rate, and low-risk inmates have a 21 percent recidivism rate.

- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS).** When administering COMPAS, CDCR staff collect inmates’ basic demographic data, criminal histories, and responses to interview questions that seek additional background information (such as the inmate’s existing family relationships, perceptions of peers and social environment, and education and work history). COMPAS uses all of this information to identify an inmate’s criminal risk factors and assess whether the offender has a low, moderate, or high need for certain rehabilitation categories. As of June 30, 2017, 92 percent of the inmate population received a COMPAS needs assessment. As shown in **Figure 4** CDCR reports that in 2016-17 the most frequently identified rehabilitative needs were substance use disorder treatment, anger management, and criminal thinking.

As we discuss later in the report, research shows that rehabilitation programs should be targeted towards the highest-risk, highest-need offenders. This is

because research from other states has demonstrated programs are most cost-effective if targeted at highest-risk, highest-need offenders. CDCR defines its highest-risk and highest-need inmates as those with (1) a moderate or high risk of recidivating (based on their CSRA score) and (2) a moderate or high need for one or more rehabilitation programs (as identified by COMPAS). A total of 44 percent of inmates met this definition as of January 31, 2017.

CDCR Assigns Inmate to Rehabilitation Programs. Once the inmate is transferred from the reception center to the institution where he or she will be housed, the inmate meets with a CDCR correctional counselor to discuss the results of the risk and need assessments and whether the inmate is interested in particular rehabilitation programs. This is because inmate participation in rehabilitation programs is generally optional with a couple of exceptions. For example, inmates with a low literacy score or inmates caught using illicit substances while in prison may be required to attend academic education or substance use disorder rehabilitation programs even if they are low risk. After this initial discussion, the institution’s Unit Classification Committee (UCC), which consists of correctional counselors and representatives from state-funded rehabilitation programs, meets to determine the inmate’s specific housing assignment and rehabilitation program assignment. To make such decisions, the UCC typically considers various factors—including inmate risk, rehabilitative needs, and inmate interest. An inmate in the highest-risk and highest-need category receives priority for rehabilitation program slots when a space becomes available. If space is not immediately available, the inmate is placed on a waitlist. Given that many inmates have multiple needs, it is common for an inmate to be placed on multiple waitlists. Priority is also generally given to inmates who will be released from prison earlier than others regardless of risk.

Current Oversight of CDCR Rehabilitation Programs

CDCR is responsible for implementing and overseeing rehabilitation programs. In addition, state law created the Office of the Inspector General (OIG)—an independent state agency to provide independent oversight over CDCR’s processes and procedures, including the operation of rehabilitation programs.

Figure 4

Top Five Rehabilitative Needs Identified by COMPAS

2016-17

Rehabilitative Need	Assessed Inmates With a Moderate or High Need
Substance use disorder treatment	66%
Anger management	51
Criminal thinking	41
Employment services	38
Family support	22

COMPAS = Correctional Offender Management Profiling for Alternative Sanctions.

Most of OIG’s oversight of rehabilitation programs is conducted through the California Rehabilitation Oversight Board (C-ROB), which consists of 11 members who are appointed by the Governor and Legislature. The board is chaired by the Inspector General and supported by four OIG staff members.

C-ROB regularly monitors whether programs are operating at capacity and identifies what factors (such as teacher absences) prevent the programs from doing so. The board does this by regularly collecting data, visiting programs, and making recommendations to address issues it identifies.

KEY PRINCIPLES FOR REDUCING RECIDIVISM

Research shows that in-prison and other correctional rehabilitation programs that are effective at reducing recidivism—whether they are education, substance use, mental health, or other types of programs—generally possess key principles that make them effective. These key principles are summarized in **Figure 5** and discussed in more detail below.

Program Structure Should Be Evidence Based

According to research, “evidence based” programs are most-likely to be effective at reducing recidivism. To be evidenced based, a program must be both of the following:

- **Research Based.** Programs that are research based are designed to be similar to programs that have undergone rigorous evaluations showing that they reduce recidivism. For example, the Urban Institute determined that college correctional education programs in three states—Indiana, New Mexico, and Massachusetts—successfully reduced recidivism. Adopting the major features of the Indiana program would mean that California’s program is research based.
- **Implemented With Fidelity.** A research-based program that is implemented with fidelity not only

is designed to be similar to a proven program, but also *actually operates* in the same manner to the proven program. For example, a college correctional education program in California would be considered to be implemented with fidelity if it was both designed and operated at all state prisons in the same manner as the Indiana program described above. In contrast, a program that is designed to be similar to the Indiana program but fails to actually operate in a similar manner on a day-to-day basis would be research based, but not implemented with fidelity.

Ensuring that the program is implemented with fidelity to a research-based model increases the likelihood that it could successfully reduce recidivism.

The potential benefits of implementing evidenced-based programs are illustrated by a series of analyses carried out by the Washington State Institute for Public Policy (WSIPP). WSIPP reviewed evaluation studies of various types of in-prison and community rehabilitation programs and identified those that are research based. It then estimated the potential fiscal benefits to state and local governments in Washington State if the programs were implemented with fidelity in Washington.

WSIPP determined that certain programs (such as SUDT) had a significant amount of research showing that, if implemented with fidelity, they could potentially reduce recidivism enough to generate net fiscal benefits. For example, as shown in **Figure 6**, WSIPP estimated that in-prison CTE programs could generate an average of \$4,300 in net savings per inmate in Washington. Given that California operates similar programs, this suggests that California’s CTE

Figure 5

Key Principles for Rehabilitation Programs to Reduce Recidivism

- ✓ Evidence Based
- ✓ Evaluated for Cost-Effectiveness
- ✓ Focused on Highest-Risk and Highest-Need Inmates

programs could also reduce recidivism and result in net savings to the state. However, the magnitude of such net savings would differ depending on various factors such as (1) how certain costs differ in California compared to Washington (such as the cost of operating the prisons and rehabilitation programs) and (2) the extent to which California was implementing CTE programs with fidelity (such as whether inmates receive industry certification upon completion of the program).

Programs Should Be Evaluated for Cost-Effectiveness

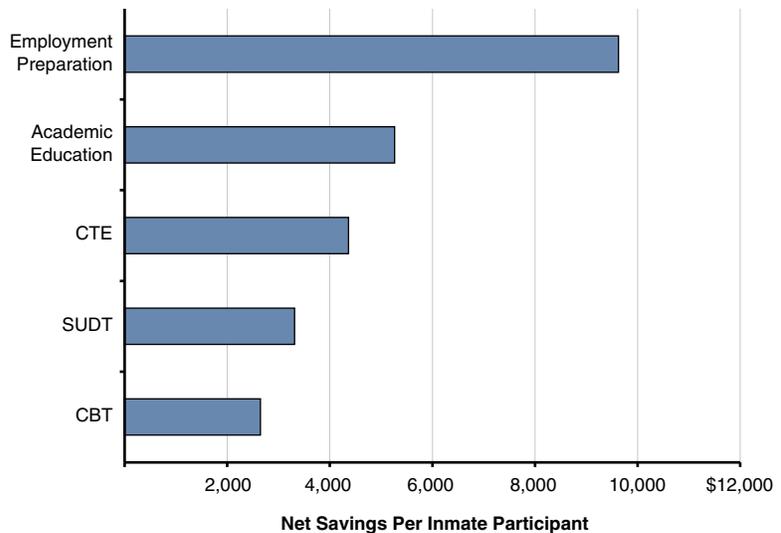
While being evidence based increases the likelihood that a rehabilitation program will reduce recidivism, the program itself still needs to be directly evaluated. Such an evaluation is necessary to determine (1) the actual effect that the program has on recidivism and (2) if the effect is significant enough to justify its continuation. Such a program evaluation is critical for two reasons. First, it is possible that an evidence-based program could reduce recidivism less (or even have no effect at all) in California, even if it has reduced recidivism elsewhere. For example, the program may have elements that cannot effectively be recreated in the state for various reasons, such as significant differences between California’s inmate population and the population of inmates that the program was originally targeted at. Second, ensuring that programs are cost-effective helps ensure that the state is allocating its limited resources for rehabilitation programs in a manner that has the maximum effect on recidivism. Accordingly, to the extent that the state is not allocating its resources to the most cost-effective programs, it is potentially allowing more crime to occur than would otherwise be the case.

Programs Should Focus on Highest-Risk and Highest-Need Inmates

Research has shown that targeting rehabilitation programs towards the highest-risk, highest-need offenders has the greatest potential to reduce recidivism rates. For example, a 2010 study of certain rehabilitation programs in Ohio found that high-risk offenders who remained in programs over one year had an 8 percentage point *lower* recidivism rate than high-risk inmates who did not participate or participated for less than one year. On the other hand, low-risk inmates who remained in programs for over one year had a 7 percentage point *higher* recidivism rate than those who did not participate or participated for less than one year. Accordingly, by providing effective rehabilitation programs to its highest-risk, highest-need inmates, CDCR could avoid the greatest number of future crimes and provide the greatest fiscal benefit to state and local governments.

Figure 6

WSIPP Estimate of Potential Washington State Savings From Various Rehabilitation Programs^a



^a Figure shows only the subset of rehabilitation programs assessed by WSIPP that are most similar to state-funded CDCR rehabilitation programs.

WSIPP = Washington State Institute for Public Policy; CTE = Career Technical Education; SUDT = Substance Use Disorder Treatment; CBT = Cognitive Behavioral Therapy; and CDCR = California Department of Corrections and Rehabilitation.

Source: Washington State Institute for Public Policy.



It is also important that the risk and need assessments used to classify inmates be validated whenever there is a significant change in the inmate population because the assessments were typically created using population information from prior years. Validation is a process in which the assessment is tested to ensure that it is correctly classifying inmates.

It is possible that assessments designed for inmate populations from prior years may no longer accurately categorize the current population. For example, a risk assessment that is not regularly validated could inappropriately characterize high-risk inmates as low risk, resulting in such inmates not receiving appropriate rehabilitative services.

STATE-FUNDED PROGRAMS HAVE SEVERAL SHORTCOMINGS

As we discuss below, state-funded rehabilitation programs have several shortcomings. This is because CDCR (1) often falls short in adhering to the key principles for reducing recidivism, (2) does not effectively use all of its rehabilitation program slots, and (3) has a flawed approach to measuring program performance.

CDCR'S IN-PRISON REHABILITATION PROGRAMS FALL SHORT OF KEY PRINCIPLES

Based on our review of CDCR's in-prison rehabilitation programs, we conclude that the programs often fall short in adhering to the three key principles needed to maximize recidivism reduction. Specifically, we find that (1) it is unclear whether some rehabilitation programs are evidence based, (2) there is insufficient evaluation of the cost-effectiveness of programs, and (3) CDCR is not always effectively targeting programs towards its highest-risk and highest-need inmates. **Figure 7** provides a summary of our findings, which we discuss in more detail below.

Unclear Whether Some Programs Are Evidence Based

Certain Programs Are Not Research Based. Most of CDCR's state-funded rehabilitation programs appear to be research based as they are modeled after programs in other

states that have been shown to reduce recidivism. This suggests that these programs could potentially be successful at reducing recidivism in California as well. However, it is unclear whether Arts-in-Corrections and the Innovative Programming Grant programs are research based. For example, California's Arts-in-Corrections program does not appear to be modeled after a similar program that has been shown to reduce recidivism elsewhere.

Unclear Whether Programs Are Implemented With Fidelity. Although most of CDCR's state-funded rehabilitation programs appear to be research based, the department currently does not evaluate whether these programs are implemented with fidelity. Without such an assessment, it is difficult to ensure that the programs are operating in a manner that maximizes a reduction in recidivism. For example, it is unclear whether the anger management programs are consistently employing the treatment techniques found

Figure 7

CDCR's In-Prison Rehabilitation Programs Fall Short of Key Principles

- ✓ **Unclear Whether Some Programs Are Evidence Based**
 - Certain programs are not research based.
 - Unclear whether programs are implemented with fidelity.
- ✓ **Limited Evaluation of Cost-Effectiveness**
- ✓ **CDCR Not Effectively Targeting Highest-Risk, Highest-Need Inmates**
 - Assessment tools may not accurately categorize population.
 - Low-risk/need inmates assigned to slots, while higher-risk/needs go unmet.

to be effective elsewhere. This raises questions about how effective the current programs are at reducing recidivism.

Limited Evaluation of Cost-Effectiveness

The department has taken some steps to evaluate the cost-effectiveness of its in-prison rehabilitation programs. For example, CDCR contracted with the California State University at Chico in December 2010 to evaluate 19 CTE courses offered at certain prisons out of the 230 courses currently offered statewide. This study found that inmates who participated in the CTE programs were around 3 percentage points less likely to recidivate than those who did not. However, the study did not complete an assessment of cost-effectiveness. Although it is not an evaluation of cost-effectiveness, CDCR recently began work with the Pew-MacArthur Results First Initiative to assess the *potential* cost-effectiveness of its rehabilitation programs if implemented with fidelity to a proven model, similar to the WSIPP analyses mentioned above. However, the assessment assumes that the CDCR programs will have the same effect on recidivism as the programs implemented elsewhere. (Please see the nearby box for a more detailed description of the Results First Initiative and the limitations of its evaluation.)

Despite the above steps, the department generally lacks evaluations of the actual cost-effectiveness of most of its rehabilitation programs. This makes it difficult for the department to determine which rehabilitation

programs are cost-effective, whether there are potential obstacles or challenges preventing them from operating cost-effectively, and whether some are more cost-effective than others. As such, it is impossible for the Legislature to assess which programs are the most successful at reducing recidivism and to target funding towards the most cost-effective programs that provide the greatest benefit to the state.

CDCR Not Effectively Targeting Highest-Risk, Highest-Need Inmates

Assessment Tools May Not Accurately Categorize Population. It is currently unclear whether the risk and need assessments used by CDCR accurately classify its current inmate population. While the CSRA is currently in the process of being revalidated, the most recent validation of COMPAS was completed in 2010 using population data from 2006 to 2009. This means both assessments currently being used do not take into account the significant changes in the inmate population that have occurred in recent years—such as the 2011 realignment, which shifted responsibility for tens of thousands of lower level offenders to county jail and probation departments. (Please see the box on page 12 for additional information on the various policy changes that have impacted the state's inmate population in recent years.) Thus, it is possible that these assessments may need to be modified to ensure that they continue to accurately identify the rehabilitation needs of the highest-risk and highest-need inmates. Moreover,

Pew-MacArthur Results First Initiative Examination of Rehabilitation Programs

The Pew-MacArthur Results First Initiative works with states and other governmental entities to identify cost-effective government programs, including those in criminal justice such as in-prison rehabilitation programs. The Results First Initiative will compare the California Department of Corrections and Rehabilitation (CDCR) rehabilitation programs—beginning with its substance use disorder programs—against an inventory of programs that have been evaluated elsewhere and shown to reduce recidivism. Results First uses the results of the evaluations to calculate the *potential* cost-effectiveness of CDCR programs. Specifically, it (1) assumes that CDCR's programs will have the same effect on recidivism as the programs implemented elsewhere and (2) estimates the potential costs and benefits of a specific CDCR program based on how much it costs to operate the program and the California-specific costs associated with recidivism (such as how much it costs to operate prisons). However, this initiative will not specifically evaluate CDCR programs' *actual* effects on recidivism.

CDCR does not currently have a policy requiring these assessments to be regularly revalidated to account for significant changes in the inmate population that may occur in the future.

Low-Risk/Need Inmates Assigned to Slots, While Higher-Risk/Needs Go Unmet. As mentioned previously, almost half (48 percent) of inmates were released from prison in 2015-16 without being enrolled and/or attending *any* rehabilitation programs that they had an assessed need for. While some of this could be due to limited resources, the problem of higher-risk, higher-need inmates being unable to address their needs is compounded by the department not effectively prioritizing its limited resources for this population. For example, CDCR reported that around 9,000 low-risk inmates and 10,000 low-need inmates were assigned to rehabilitation programs in 2015-16. While some of these inmates may have been required to be enrolled because of an SUDT or educational need, it is possible that thousands of slots were used at various times for inmates who were not classified as highest-risk and highest-need. According to CDCR, some low-risk, low-need inmates are assigned to empty rehabilitation

program slots if a high-risk, high-need inmate is not present at the institution to fill that slot. This is because the department does not want to leave a slot open until it can assign and transfer a high-risk, high-need inmate to the slot if there is a low-risk, low-need inmate who can fill the slot much sooner.

INMATES DO NOT ALWAYS ATTEND REHABILITATION PROGRAMS

As mentioned previously, many inmates are on waitlists for rehabilitation programs. Despite this, not all programs are fully enrolled—meaning many slots are vacant because CDCR has not assigned an inmate to fill them. Moreover, even in cases where inmates are enrolled in programs, they often do not attend classes every day the program is offered. For example, as shown in **Figure 8**, on average, inmates did not attend academic education slots in which they were enrolled 26 percent of the time in 2016-17.

While some of the causes for the low attendance rate are outside of the department's control (such as when an inmate chooses not to attend an assigned

Recent Policy Changes Impacting the Inmate Population

In recent years, the Legislature and voters enacted various constitutional and statutory changes that significantly impacted the composition of the state's inmate population. Some of the major changes include:

- **2011 Realignment.** The 2011 Realignment limited who could be sent to state prison. Specifically, it required that certain lower-level offenders serve their incarceration terms in county jail. Additionally, it required that counties, rather than the state, supervise certain lower-level offenders released from state prison.
- **Proposition 36 (2012).** Proposition 36 reduced prison sentences for certain offenders subject to the state's existing three-strikes law whose most recent offenses were nonserious, nonviolent felonies. It also allowed certain offenders serving life sentences to apply for reduced sentences.
- **Proposition 47 (2014).** Proposition 47 reduced penalties for certain offenders convicted of nonserious and nonviolent property and drug crimes from felonies to misdemeanors. It also allowed certain offenders who had been previously convicted of such crimes to apply for reduced sentences.
- **Proposition 57 (2016).** Proposition 57 expanded inmate eligibility for parole consideration, increased the state's authority to reduce inmates' sentences due to good behavior and/or the completion of rehabilitation programs, and mandated that judges determine whether youth be subject to adult sentences in criminal court.

rehabilitation program), there are some factors that are in fact within the department's control. For example, some prisons reported difficulty recruiting and retaining sufficient teachers for some programs. If inmates are not able to regularly attend their rehabilitation programs, they are less likely to be released with all their rehabilitative needs met, which makes them more likely to recidivate.

FLAWED PERFORMANCE MEASUREMENT

Lack of Sufficient Performance Metrics.

Currently, the department collects some rehabilitation statistics—such as the number of hours offenders attend programs and the number of offenders who achieve certain educational benchmarks. While this data provides some limited information on the programs, our review indicates that CDCR lacks key performance measures—such as participation rates for all state-funded rehabilitation programs, length of participation before release, progress measurements, and time needed to meet specified benchmarks—to assess the delivery of rehabilitative services. Such metrics could help illustrate (1) how effectively the department uses state resources, (2) whether inmates complete programs consistent with their needs, and (3) whether the department should change how it operates its programs. Without this information, it is difficult for the Legislature to conduct adequate oversight of CDCR's rehabilitation programs, such as

Figure 8

CDCR In-Prison Rehabilitation Programs Not Fully Attended in 2016-17

Programs^a	Percent of Time Enrolled Slots Not Attended
Academic education	26%
Career Technical Education	19
Substance use disorder treatment	19

^a Data did not report enrollment and utilization rates for cognitive behavioral therapy and employment preparation.

determining whether the level of resources provided and how such resources are used is appropriate.

Misleading Metrics. In addition, some existing performance measures are misleading. For example, until recently, the department classified an inmate's need for a particular rehabilitation program as having been met if the inmate attended at least one day of class—greatly overestimating how effectively the department meets inmate needs. In order to address this concern, the department now considers a need as being met if an inmate has engaged in “meaningful participation,” which it defines as the inmate being enrolled in a program for at least 30 calendar days. However, this definition is also problematic as enrollment does not mean an offender fully attended and participated in the program over the 30-day period. Additionally, it does not measure whether the inmate's needs were met. While 30 days of participation may be sufficient to meet some inmates' rehabilitative needs, other inmates may need to complete a program's entire curriculum—or may need to take the program again. (We note that rehabilitation programs vary in length, such as from three months for some CBT programs to over a year for some CTE programs.)

RECOMMENDATIONS TO MAXIMIZE RECIDIVISM REDUCTION FROM REHABILITATION PROGRAMS

In this report, we reviewed California's in-prison rehabilitation programs. Based on our review of the programs, as well as the key principles identified in existing research as being important to reducing recidivism, we identified several shortcomings with

the programs. To address these shortcomings, we recommend several steps to improve the CDCR's in-prison rehabilitation programs. Our specific recommendations are summarized in **Figure 9** (see next page) and discussed in greater detail below.

Figure 9**LAO Recommendations to Improve CDCR's In-Prison Rehabilitation Programs**

- ✓ Require Programs Be Evidence Based
- ✓ Measure Actual Cost-Effectiveness of State-Funded Rehabilitation Programs
- ✓ Direct CDCR to More Effectively Target Programs to Highest-Risk and Highest-Need Inmates
- ✓ Improve Efficient Use of Existing Rehabilitation Resources
- ✓ Improve Performance Measures to Conduct Regular Oversight

Require Programs Be Evidence Based

Only Fund Research-Based Programs. We recommend the Legislature direct CDCR to provide a report detailing whether each state-funded rehabilitation program is research based as a condition of receiving ongoing state funding for the program. This requirement could be satisfied by providing an inventory of state-funded rehabilitation programs and the empirical evaluations done showing whether each program is effective. The Legislature could eliminate funding for a program if CDCR is unable to show that program is research based within a specified timeframe. This would give CDCR time to identify or complete the necessary evaluations. Limiting funding to research-based programs would help the Legislature ensure that it maximizes the potential reduction in recidivism achieved from state-funded rehabilitation programs. However, to the extent that the Legislature wants to fund new and innovative rehabilitation programs on a pilot-basis to test whether they can reduce recidivism, we recommend it make a temporary exception to the above requirement that the programs must be research based to allow this research to occur.

Provide Regular Program Oversight to Ensure Implementation Fidelity. As discussed previously, to be evidenced based, a program must be implemented with fidelity in addition to being researched based. Accordingly, in addition to requiring that state-funded rehabilitation programs be research based, we recommend that the Legislature ensure that such programs are implemented with fidelity. Specifically, we recommend that state-funded rehabilitation programs

be regularly evaluated to ensure they are implemented with fidelity to the research-based program that they are modeled after. This will ensure that CDCR programs continually incorporate the best practices that have been demonstrated to be successful.

We believe that OIG is best positioned to conduct these fidelity assessments given their existing role in independently monitoring and evaluating various CDCR programs and procedures. These evaluations would require OIG staff to conduct more detailed examinations of

state-funded rehabilitation programs than are currently conducted. Specifically, OIG would measure the extent to which each CDCR program implements the best practices of the research-based program it is modeled after. We would note that there are existing tools developed by researchers available to conduct these fidelity assessments. These tools would allow OIG staff to measure how closely the program adheres to the best practices of the research-based model. For those rehabilitation programs that the OIG and C-ROB determine are not following best practices, we recommend the Legislature direct OIG to provide a corrective action plan to CDCR and the Legislature. The Legislature could then monitor CDCR's progress towards fully implementing the plan and determine whether legislative action is necessary (such as shifting funding to those programs shown to be evidence based). This would help the Legislature ensure all state-funded rehabilitation programs are likely to be effective at reducing recidivism.

Measure Actual Cost-Effectiveness of State-Funded Rehabilitation Programs

While being evidence based increases the likelihood that programs are effective at reducing recidivism, it is critical to measure the *actual* effect programs have on recidivism. Given that evaluating the cost-effectiveness of each rehabilitation program would likely prove difficult and costly, we recommend the Legislature work with independent researchers to determine how to design a cost-effectiveness evaluation of CDCR programs. For example, such an evaluation could

be a longitudinal study that would follow cohorts of inmates to document their risk and need levels, track the programs they participate in and complete, and measure the various impacts such programs have upon inmates' lives and behavior after release (such as whether an inmate recidivates and/or requires public assistance). We estimate that such a study could cost a couple of millions of dollars annually for a number of years. These evaluations would allow the state to assess (1) the cost-effectiveness of its rehabilitation programs, (2) which programs are most effective at reducing recidivism, (3) whether further expansion of such programs is appropriate, (4) whether existing programs need to be modified to improve their impact on inmate outcomes, and (5) whether other rehabilitative programs should be offered to address gaps in existing programming. As such, the Legislature would be better positioned to determine where limited rehabilitation funding can best be utilized to achieve the greatest benefit to the state in terms of reduced crime and costs.

More Effectively Target Programs to Highest-Risk and Highest-Need Inmates

Establish a Risk and Needs Assessment

Committee. In order to ensure that CDCR uses risk and need assessments that appropriately categorize its inmate population, we recommend the Legislature establish a review committee to select the most effective assessment tools and ensure that the selected tools are independently validated on a regular basis. As discussed previously, rehabilitation programs are most effective when they are tailored to provide the treatment needed to address identified inmate risks and needs. Thus, it is important to ensure that the tools used to identify such risks and needs remain valid and accurate. This requires a regular and ongoing review of CDCR's risk and need assessments—particularly as the state's inmate population continuously changes over time and new assessment tools become available. Our proposed review committee would be similar to one currently used by CDCR to oversee the use of an assessment tool specific to sex offenders. Based on the costs of operating that committee, we estimate that establishing and operating a risk and need assessment review committee could cost around a million dollars annually.

While the specific makeup of the committee and number of members could vary depending on

legislative priorities, we recommend that the committee include representatives from CDCR, research experts, and stakeholders experienced with reducing recidivism. For example, the committee could consist of seven representatives—two from CDCR with rehabilitation program experience, one from probation (as probation departments provide rehabilitation services in the community to many inmates released from CDCR), two independent research experts, and two rehabilitation stakeholders (such as contract and/or nonprofit service providers). Such a makeup would balance the technical expertise of the academics with the practical experience of stakeholders and rehabilitation providers, as well as CDCR's knowledge of the inmate population. Appointments could be made by both the Legislature and the Governor to ensure that the interests of both are represented. This collective knowledge could help the committee ensure that it selects tools that (1) can effectively assess the inmate population and (2) can be implemented and used accurately.

Prioritize Enrollment of Highest-Risk and Highest-Need Inmates. We recommend that the Legislature direct CDCR to prioritize the enrollment of its highest-risk and highest-need inmates in state-funded rehabilitation programs. This would help ensure that finite rehabilitation program funds are used to maximize recidivism reduction. (We note that the inmates required to attend basic education programs due to low literacy scores or SUDT programs due to substance use rules violations could continue to attend, as these programs have other goals in addition to recidivism reduction.)

In addition, CDCR should allocate slots to individuals in prison facilities based on the number of highest-risk and highest-need inmates at each facility with unmet needs, as well as the facility's ability to support rehabilitation programs. For example, the department could consider shifting unused rehabilitation slots or allocating a greater number of new rehabilitation slots to an institution which fully utilizes its existing slots or has a greater number of the highest-risk and highest-need inmates with unmet needs. This would help ensure that program slots are used as frequently as possible to provide treatment to the highest-risk and highest-need inmates. To accomplish this, we recommend the Legislature direct the department to provide a plan for allocating slots in a manner that maximizes the number of the highest-risk and highest-need inmates whose rehabilitative needs are fully met. Based on this plan,

the Legislature could determine whether legislative action—such as specifying how slots are to be allocated—is necessary.

Improve Efficient Use of Existing Rehabilitation Resources

Conduct Assessment of Resources Needed to Support Rehabilitation Programs. We recommend that the Legislature direct CDCR to conduct an assessment of all existing CDCR facilities to determine what level of resources would be needed at each institution to provide sufficient programs to allow all offenders to be released with all needs met. The study should also separately report the level of resources needed at each institution for the highest-risk and highest-need inmates to be released with all needs met. This assessment would identify (1) the number of inmates with particular rehabilitation program needs at each institution; (2) rehabilitation slots not currently being used; (3) current facility or staffing shortages preventing full utilization of existing slots; (4) facility and staffing resources needed to support the programs needed by the population; and (5) the maximum number of slots each prison can reasonably support given space, staffing, and time constraints. This assessment would provide the Legislature and CDCR with more information to determine how to allocate its existing rehabilitation resources effectively and prioritize the enrollment of the highest-risk and highest-need inmates.

Consider Incorporating Actual Attendance Into Rehabilitation Program Funding. Currently, CDCR receives funding for rehabilitation programs regardless of whether or not inmates attend programs. Instead of providing a base level of funding that is unaffected by actual attendance, we recommend the Legislature consider incorporating into rehabilitation program funding actual inmate attendance, similar to the Average Daily Attendance (ADA) methodology used in public K-12 schools and community colleges. CDCR would only receive its complete funding allocation if a certain level of attendance is maintained. This would provide the department with incentive to administer their programs effectively, such as limiting instances in which classes are closed for reasons under the prison's control or consolidating specific types of programs (and inmates who need such programs) at particular facilities. For example, CDCR could potentially allocate

additional welding slots to those prisons that are able to successfully recruit and retain instructors. During the inmate assignment process, those inmates for which welding meets a rehabilitative need would then be assigned to those prisons. This would help limit the number of slots that are not utilized due to instructor shortages.

To incorporate attendance into funding, the Legislature would need to decide the attendance rate that would be required to receive full funding and the level of funding provided per inmate in each of its state-funded rehabilitation programs. Additionally, the Legislature could consider whether to provide some level of funding stability to protect program service levels against fluctuations in attendance rates. For example, the Legislature could consider providing funding based on an average of multiple years instead of attendance in a single year or could consider providing the highest of two years of funding. Providing funding in this manner would give the department greater incentive to thoughtfully decide how to allocate and use its rehabilitation resources.

Incorporating attendance would increase CDCR's incentive to get inmates to attend programs, but would not provide a strong incentive for CDCR to improve program quality. To the extent the Legislature wanted to make funding contingent on program quality, it could also fund programs based on various outcome measures—such as the proportion of inmates who successfully complete programs.

Improve Performance Measures to Conduct Regular Oversight

We recommend the Legislature direct CDCR to improve its performance measures in order to enable regular oversight of rehabilitation programs. For example, we recommend the Legislature require CDCR to provide reliable information on (1) the percentage of inmates in a given year who are enrolled in programs that meet their needs; (2) the percentage of inmates released or nearing release with needs that are unmet; and (3) program waitlists—such as the number of inmates on a waitlist, how long they have been on the list, and their risk and needs. Requiring CDCR to collect and report such information would enable the Legislature, CDCR, and stakeholders to compare how effectively rehabilitation resources are used across various prisons and the extent to which further

legislative or departmental action is required (such as using this information to allocate slots to specific prisons).

We also recommend that the Legislature direct CDCR to improve its existing performance measures assessing whether an offender's need has been met. Specifically, offenders' needs should be considered met when they complete programs, as it is unlikely that offenders who do not complete programs are actually having their needs met. However, given that offenders may not complete programs for various reasons,

progress should also be measured at specified program checkpoints, such as when an inmate advances from a basic class to a more advanced class. If a program does not have such checkpoints, progress should be measured at an intermediate point, such as when the offender attends and completes half of a program. If the program is not fully completed, the department should also consider using other ways to measure its effect—such as an objective test or instructor observations to determine whether the program actually addressed the inmate's rehabilitative need.

CONCLUSION

In-prison rehabilitation programs play a key role in the state's efforts to reduce recidivism. In order to maximize recidivism reduction, in-prison rehabilitation programs should be designed according to certain key principles outlined in existing research, such as ensuring that programs are evidence based. However, we find that CDCR's programs do not consistently follow these key principles and that existing state resources could be more effectively targeted at the highest-risk,

highest-need inmates. In addition, CDCR does not currently have sufficient performance measures to conduct regular oversight over these programs. As such, we recommend the Legislature take various steps to improve CDCR's in-prison rehabilitation programs to maximize recidivism reduction, which would in turn reduce the number of victims in the future and result in state and local fiscal benefits.

LAO PUBLICATIONS

This report was prepared by Jonathan Peterson and Anita Lee, and reviewed by Drew Soderborg. The Legislative Analyst's Office (LAO) is a nonpartisan office that provides fiscal and policy information and advice to the Legislature.

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