



C-ROB



California Rehabilitation Oversight Board

BIANNUAL REPORT JANUARY 15, 2008

STATE OF CALIFORNIA

PREFACE

Pursuant to Penal Code section 6141, the California Rehabilitation Oversight Board (C-ROB or the Board) is mandated to regularly examine and report biannually to the Governor and the Legislature regarding rehabilitative programming provided by the California Department of Corrections and Rehabilitation (CDCR or the Department) to the inmates and parolees under its supervision. C-ROB held its first meeting on June 19, 2007. The Board has held five public meetings since then.

According to statute, C-ROB is required to biannually report on January 15 and July 15 and its reports must minimally include findings on:

- ✓ Effectiveness of treatment efforts
- ✓ Rehabilitation needs of offenders
- ✓ Gaps in rehabilitation services
- ✓ Levels of offender participation and success

The first biannual report was presented to the Governor and the Legislature on July 15, 2007. This document is the second biannual report. As required by statute, this report utilizes the findings and recommendations published by the Expert Panel on Adult Offender and Recidivism Reduction Programs. In addition, this report reflects information provided by CDCR during public hearings as well as supplemental materials provided to C-ROB by the Department.

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EXECUTIVE SUMMARY

The California Rehabilitation Oversight Board (C-ROB or the Board) was established pursuant to Assembly Bill 900 (AB 900), the Public Safety and Offender Rehabilitation Services Act of 2007.

Pursuant to Penal Code section 6141, the California Rehabilitation Oversight Board is mandated to regularly examine and report biannually to the Governor and the Legislature regarding rehabilitative programming provided by the California Department of Corrections and Rehabilitation (CDCR or the Department) to the inmates and parolees under its supervision. C-ROB held its first meeting on June 19, 2007. The Board has held five public meetings since then.

According to statute, C-ROB is required to biannually report on January 15 and July 15 and its reports must minimally include findings on the effectiveness of treatment efforts, the rehabilitation needs of offenders, gaps in rehabilitation services, and levels of offender participation and success.

In performing its duties, C-ROB is required by statute to utilize the Expert Panel on Adult Offender and Recidivism Reduction Programming's report titled "A Roadmap for Effective Offender Programming in California" (the Expert Panel report).¹

CDCR created the Expert Panel in response to authorization language in the Budget Act of 2006–07. The Legislature directed CDCR to contract with correctional program experts to assess the state's adult prison and parole programs designed to reduce recidivism. In addition, CDCR tasked the Expert Panel to provide it with recommendations for improving programming in California's prison and parole system. The Expert Panel submitted its report to the Legislature in June 2007.² The Expert Panel's report included 11 main recommendations and 35 sub-recommendations. The Board reviewed the Expert Panel report and concurs with its recommendations.

In preparing this biannual report, C-ROB recognizes that its mandate is long-term. As the Expert Panel noted in its report, "correctional change takes time." More specifically, the Expert Panel noted the following:

Because correctional change involves often competing (or at least differing) stakeholders—citizens, administrators, offenders, corrections officers, parole officers, families, legislators, etc.—it often takes a long time, at least two to five years, for agencies to achieve consistent and sustainable results.³

Thus far, the Board has been impressed by the Department's level of cooperation. Representatives from throughout CDCR have made themselves available, as needed, to present regular updates to C-ROB. However, the Department has been unable to share some information with C-ROB, particularly related to internal planning efforts. In certain cases, the Department may be awaiting final internal decisions and/or approval, while in other cases, the uncertainty associated with the budget process may prohibit CDCR from disclosing details before the budget is released on

¹ Specifically, Penal Code section 6141 requires: "In performing its duties, the board shall use the work products developed for the department as a result of the provisions of the 2006 Budget Act, including Provision 18 of Item 5225-001-0001."

² "California Department of Corrections and Rehabilitation Expert Panel on Adult Offender and Recidivism Reduction Programming Report to the California State Legislature: A Roadmap for Effective Offender Programming in California," submitted to the Legislature on June 29, 2007, p. vii.

³ Expert Panel report, p. 15.

January 10, 2008. Regardless of the reasoning, however, many of the planning documents, which C-ROB needs to review to determine whether the Department has appropriately considered all relevant factors and weighed priorities accordingly, have not been available to the Board. In order to carry out its mandate, C-ROB must be provided with more details, including information related to the Department's planning efforts.

That said, the Board notes that, in most areas in which the Department has been able to report, CDCR is working toward implementing an effective rehabilitative model, as recommended by the Expert Panel. These implementation efforts include the following:

- C-ROB commends the Department for its willingness to commit to an evidence-based treatment model.
- The Department has already begun the first steps toward implementing a rehabilitative model. For example, CDCR has begun conducting inmate assessments using the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) at reception and prior to release on parole.
- C-ROB is not taking a position regarding whether or not the COMPAS tool was the right selection for California. However, the Board is impressed that the Department appears to have relied upon expert recommendations and carefully examined various alternatives. At this time, the Board is satisfied that the Department is making every effort to adapt this tool as necessary while committing to working within the guidelines and principles of evidence-based programming.
- C-ROB agrees with the Department's decision to phase in the new treatment model using what it calls "proof projects" (demonstration projects at designated locations) instead of trying to attempt statewide implementation. This approach should enable the Department to evaluate and modify the model, as needed, before attempting statewide implementation.
- The Department has developed a spending plan for approximately \$90 million in funds it received as part of the Budget Act of 2007-08 for reducing recidivism strategies.
- The Department has appropriately recognized the critical role of its Office of Research and is involving research staff and outside experts in most, if not all, of the key areas—not just in evaluation, but in planning and development, as well.
- The Department has acknowledged the importance of alternative sanctions for parole violators and agreed in an April 2007 stipulation in the *Valdivia* lawsuit (regarding due process procedures at parole revocation hearings) to establish a certain level of remedial sanctions. A recent review by the special master in the *Valdivia* lawsuit commended the Department for its efforts in this area. Specifically, the special master reported that the "defendants [CDCR] have made excellent progress on remedial sanctions during this reporting period [May 2007 through September 2007]."⁴

⁴ "Third Report of the Special Master on the Status of Conditions of the Remedial Order." (*Valdivia v. Schwarzenegger*, Case No. CIV S-94-0671 LKK/GGH (E.D. Cal.).)

- The Department has worked hard to actively engage community partners in its reentry-related efforts. As a result of these efforts, as of December 2007, the Department had received “agreements to cooperate” from 16 counties who expressed an interest in establishing a secure reentry facility in their community, including agreements from three counties whose interest was not contingent upon receiving jail bond funding.

Despite these significant accomplishments, based on information available to the Board, C-ROB has a number of concerns regarding the status of CDCR’s rehabilitative programming efforts. It should be noted that the Board’s concerns are not based on an assumption that the Department should have already resolved or completed all of the issues identified below. Rather, C-ROB raises these concerns as red flags, which if not addressed in the near future, will ultimately threaten the Department’s chances for success.

- The Board has not seen evidence of a comprehensive and integrated plan dedicated specifically to improving rehabilitative programming. Instead, the Department’s efforts appear fragmented with multiple plans that are related in some ways, but unrelated in other ways. For example, the efforts to conduct COMPAS assessments at intake are entirely separate from the efforts to conduct COMPAS assessments prior to release. In either case, it is not clear how effectively, if at all, the staff members who work directly with inmates and parolees are using these assessments.
- Despite the Department’s laudable effort to begin conducting assessments upon intake and prior to release on parole, significant numbers of inmates are still not being assessed. Even more importantly, the assessments’ value is questionable because the Department has not yet developed a case management plan that will serve to connect inmates and parolees to the programs they need.
- While the COMPAS tool will serve as the basis for the risk and criminogenic needs assessment, the Department has acknowledged that other secondary assessments will be needed to effectively assess inmates and parolees and assign them to appropriate programming. These assessments have yet to be identified. To the extent that additional resources must be secured, this may delay CDCR’s ability to implement an effective treatment model.
- C-ROB agrees with the Department that a multidisciplinary team is crucial to an effective case plan for each offender. However, the Board has not been informed as to which staff members will comprise this multidisciplinary team, how their roles will be defined, or who will serve as the case planner. Successful implementation will require that these staff members are adequately trained and assigned reasonable caseloads to effectively complete their jobs.
- It is the Board’s belief that during the “proof projects” the case management plans will be documented in writing. C-ROB understands that this may be necessary until an automated case management system is developed; however, C-ROB ultimately believes that a system that automates the case management plans must be a priority. In an organization the size of CDCR, effective case management, multidisciplinary treatment, and continuity between treatment in prison and parole settings will be virtually impossible without an effective information technology (IT) system. Therefore, efforts to improve CDCR’s IT system must be expedited.

- CDCR must be provided with sufficient resources to ensure effective rehabilitative programming for the inmates and parolees under its supervision. In addition, the Department must ensure that appropriate space is constructed and/or made available for effective rehabilitative programming.
- Without a complete inventory of existing rehabilitative programs and a statewide assessment of rehabilitative needs, C-ROB cannot determine the gap between available and needed services. Eventually, a range of rehabilitative programming, as determined necessary by the risk-needs assessments, will need to be available statewide. At a minimum, at least one program in each major offending area must be available as part of the “proof projects.”
- Until CDCR has adequate and appropriate rehabilitative programming, C-ROB is concerned about how the Department will allocate its limited programs among various inmates and parolees.
- The Board notes that there is a potential for significant overlap between the Department’s efforts to improve rehabilitation programming and the health care receiver’s efforts. Effective coordination will be required to address this overlap.
- CDCR received \$50 million in fiscal year 2007-08 to begin implementing the rehabilitative components of AB 900. To date, C-ROB has not received a spending plan for these funds.
- The Department appears to be working hard to coordinate reentry efforts, yet the stigma and resistance to siting some of these facilities continues to be problematic. (This is a problem that cannot be blamed on the Department, but it must be resolved nevertheless.) The Department would benefit from expanding its collaborative efforts with law enforcement to include key leaders of community service systems, e.g., county directors of behavioral health, mental health, and human services, among others, to maximize support for reentry efforts.

I. BACKGROUND

C-ROB AND ASSEMBLY BILL 900

Assembly Bill 900 (AB 900), the Public Safety and Offender Rehabilitation Services Act of 2007, established the California Rehabilitation Oversight Board. By legislative design, C-ROB is a multidisciplinary public board with representatives from various state and local entities. C-ROB actively engages leaders from the fields of law enforcement, education, mental health, substance abuse, and criminal justice research in working to ensure effective and sustainable rehabilitative programming throughout California's prison and parole systems. A list of C-ROB members is included as Appendix G.

AB 900 was enacted to address the serious problem of overcrowding in California's prisons and to improve rehabilitative outcomes among California's inmates and parolees. Specifically, to reduce overcrowding and to help address the many problems associated with overcrowding, AB 900 provided CDCR with the authority to construct or renovate up to 16,000 beds at existing prisons to replace the use of "temporary" beds (i.e., beds currently placed in gymnasiums, classrooms, hallways, or other public spaces that were not originally constructed to house inmates). AB 900 also gave CDCR the authority to create 16,000 beds in secure reentry facilities and to construct up to 8,000 medical, dental, and mental health beds. AB 900 further provided funding to increase county jail beds by approximately 13,000 and authorized the transfer of up to 8,000 prisoners out of state.⁵ AB 900 also made it clear, however, that the Department must prioritize the improvement of rehabilitative programming. For example, AB 900 requires that any new beds constructed must be associated with full programming.⁶ Moreover, AB 900 provides its funding in two phases and requires the Department to meet certain benchmarks, including some of which are related to rehabilitative programming, before it can obtain the second phase of funding.⁷

Given this interrelation between AB 900 and C-ROB, some have assumed that C-ROB's mandate is to provide oversight of AB 900. However, this is not the case.⁸ In some regards, C-ROB's mandate is narrower than AB 900, and in other ways, it is broader. For instance, C-ROB's purview is not limited to the rehabilitation programming required by AB 900 (i.e., programming associated with the new beds or the 10 percent increase required as one of the AB 900 benchmarks). Instead, C-ROB is mandated to examine and report on rehabilitative programming and the implementation of an effective treatment model *throughout* CDCR, including programming provided to all inmates and parolees.

⁵ Assembly Bill 900 (Solorio), Chapter 7, Statutes 2007.

⁶ Government Code section 15819.40 (AB 900) mandates that "any new beds constructed pursuant to this section shall be supported by rehabilitative programming for inmates, including, but not limited to, education, vocational programs, substance abuse treatment programs, employment programs, and pre-release planning."

⁷ Penal Code section 7021 (AB 900), paragraphs 1 to 13.

⁸ Technically, the oversight of AB 900 is described in Penal Code section 7021 (AB 900), which states that phase II of the construction funding (as outlined in section 15819.41 of the Government Code) may not be released until a three-member panel, composed of the State Auditor, the Inspector General, and an appointee of the Judicial Council of California, verifies that all 13 benchmarks, which are outlined in paragraphs 1 to 13 of Penal Code section 7021, have been met.

EXPERT PANEL REPORT

In performing its duties, C-ROB is required by statute to utilize the Expert Panel on Adult Offender and Recidivism Reduction Programming's report titled "A Roadmap for Effective Offender Programming in California" (the Expert Panel report).⁹

CDCR created the Expert Panel in response to authorization language in the Budget Act of 2006–07. The Legislature directed CDCR to contract with correctional program experts to assess California's adult prison and parole programs designed to reduce recidivism. In addition, CDCR tasked the Expert Panel to provide it with recommendations for improving programming in California's prison and parole system. The Expert Panel submitted its report to the Legislature in June 2007.¹⁰ The Expert Panel's report included 11 main recommendations and 35 sub-recommendations. The Board reviewed the Expert Panel report and concurs with its recommendations. A complete table of these recommendations is included as part of Appendix F.

In recommending that CDCR adopt a comprehensive and effective rehabilitative treatment model, the Expert Panel dubbed its proposed model the "California Logic Model." The Department has made it clear both in verbal testimony to C-ROB as well as in written responses to the Legislature that it has accepted and intends to implement the core principles of the California Logic Model. Therefore, as C-ROB examines the Department's progress in developing an effective treatment model in this and future reports, C-ROB will do so using the eight basic components of the California Logic Model, as recommended by the Expert Panel report.

The basic components of the California Logic Model include:

- **Assess high risk.** Target offenders who pose the highest risk for re-offending.
- **Assess needs.** Identify offender's criminogenic needs/dynamic risk factors.
- **Develop behavior management plans.** Utilize assessment results to develop an individualized case plan.
- **Deliver programs.** Deliver cognitive behavioral programs, offering varying levels of duration and intensity.
- **Measure progress.** Periodically evaluate progress, update treatment plans, measure treatment gains, and determine appropriateness for program completion.
- **Prep for reentry.** Develop a formal re-entry plan prior to program completion to ensure a continuum of care.
- **Reintegrate.** Provide aftercare through collaboration with community providers.
- **Follow up.** Track offenders and collect outcome data.

⁹ Specifically, Penal Code section 6141 requires: "In performing its duties, the board shall use the work products developed for the department as a result of the provisions of the 2006 Budget Act, including Provision 18 of Item 5225-001-0001."

¹⁰ Expert Panel Report, p. vii.

II. METHODOLOGY

In preparing this biannual report, C-ROB held public meetings on September 25, 2007; November 7, 2007; and December 3, 2007, each in Sacramento.¹¹ At these meetings, the Board received testimony and information from a variety of departmental representatives, including members of the Rehabilitation Strike Team, which the Governor established shortly after the passage of AB 900 to “fundamentally reform California’s prison rehabilitation programs.” (C-ROB considered work products and testimony from the Governor’s Rehabilitation Strike Team as representative of the Department’s perspective.)

While CDCR provided some planning documents to it, the Board mainly relied upon verbal testimony at the public meetings for updates on CDCR’s status. As a result, the findings and scope of this report are based primarily on information received up to and including the meeting on December 3, 2007.

As C-ROB examines the Department’s efforts related to implementing an effective treatment model, the following questions will be explored in this and future C-ROB reports:

- Planning and Development
 - Does CDCR have an implementation plan that includes appropriate timelines?
 - Does this plan seem comprehensive and reasonable?
 - Does CDCR have an appropriate staffing plan for these programs?
 - Is external approval (i.e., Legislature, control agencies) necessary? If so, what is the status?
 - Have the appropriate tools (i.e., assessments, program curricula, training standards, policies, evaluation criteria) been developed?
 - Have the appropriate partners and stakeholders been involved in planning and development activities?
- Implementation
 - What is the status of implementation at the institution or parole region level?
 - What is the status of statewide implementation?
 - What barriers or challenges are impeding progress?
 - What strategies have been identified to address those barriers or challenges? (C-ROB may recommend alternative strategies.)
- Quality Assurance and Evaluation
 - Is CDCR adequately and appropriately monitoring quality assurance?
 - What progress has CDCR made with respect to process measures?
 - What progress has CDCR made with respect to outcome measures?
- Program Improvement
 - Are programs and/or processes being modified based upon quality assurance and evaluation findings?

Part I of this biannual report provides a background to C-ROB’s mission and scope. Part II describes the report’s methodology. Part III reports on the Department’s efforts to implement an effective treatment model. This section includes four subsections that cover the following phases:

¹¹ In calendar year 2008, C-ROB plans to conduct several of its meetings in southern California to ensure that public participation is not limited to those who live in the Sacramento area.

1) planning and development; 2) implementation; 3) quality assurance and evaluation; and 4) program improvement. Part IV of the report discusses the Department's efforts related to building capacity for rehabilitative programming. This section includes a brief discussion of efforts related to reducing overcrowding, implementing parole reforms, improving information technology, improving staff development and training, and improving management capacity and stability. Part V contains the Board's conclusions.

A significant portion of this report is included as appendices. These appendices present the types of information that C-ROB will be tracking and reporting upon in future reports. Given the limited amount of time and information available for this report, C-ROB did not attempt to complete these sections for this January 2008 report. The Board anticipates reporting on many of these areas, at least with baseline data, by the next report in July 2008.

There are many instances noted throughout this report in which C-ROB does not have sufficient information to answer the questions listed above. In some cases, this lack of information may be because the question was premature. In many cases, however, the Department was still in the decision-making process or was otherwise unable to share information publicly.

Because of the limited information available to the Board, particularly details related to planning efforts, this biannual report is rather narrow in its conclusions.

It is important to note that C-ROB has not validated the information contained in this report. For future reports, C-ROB may request the Office of the Inspector General to verify or follow up on information submitted to the Board.

III. ESTABLISHING AN EFFECTIVE TREATMENT MODEL

This part of the report examines the Department's progress toward establishing an effective treatment model. The Board recognizes and supports the Department's decision to implement the California Logic Model, as described in the Expert Panel report.

Specifically, this section examines the Department's effort to establish an effective treatment model using the following four phases: 1) planning and development; 2) implementation; 3) quality assurance and evaluation; and 4) program improvement. Given the early stages of the Department's planning efforts, most of the information available at this time relates to the planning and development phase.

Each section follows the framework of the California Logic Model, which includes the following basic components: assess high risk, assess needs, develop behavior management plans, deliver programs, measure progress, prep for reentry, reintegrate, and follow up.

PLANNING AND DEVELOPMENT

Thus far, CDCR has not provided C-ROB with a comprehensive plan outlining its proposal to improve rehabilitative programming. The Department has engaged in multiple planning efforts related to AB 900 (e.g., out-of-state transfers, infill bed construction, and secure reentry facilities), but there does not appear to be a comparable plan dedicated specifically to rehabilitative programming. Absent such a comprehensive plan, the information in this section is necessarily based on testimony and reports from a variety of departmental sources, including the Rehabilitation Strike Team.

CDCR has accepted the Expert Panel's recommendation that a validated risk-needs assessment is key to an effective treatment model. Furthermore, CDCR has reported to C-ROB that it will use the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) tool, which it began using in the Division of Adult Parole Operations (DAPO) in January 2006, as the basis for this risk-needs assessment. After exploring other options, the Rehabilitation Strike Team concluded that, based on the Department's plan to modify and validate the COMPAS tool, moving forward with COMPAS as the basis for the risk-needs assessment was the best option for California.

According to testimony provided to C-ROB in November and December 2007, CDCR is currently modifying the COMPAS tool to improve its ability to identify criminogenic needs and ultimately to serve as the basis for individualized case plans. CDCR's Office of Research, along with outside research experts is helping with the modifications, and the Department anticipates the modifications to be completed by mid to late January 2008.

Based on CDCR testimony at the December 2007 C-ROB meeting, Rehabilitation Strike Team members are in the process of developing a report that will lay out a roadmap to link the COMPAS risk-needs assessments with case planning and program delivery. CDCR indicated that this process, which will include a case planner (staffing classification yet to be specified), will begin in July 2008. This proposal was not available in time for C-ROB to review in time for this report.

In the meantime, a report from the Rehabilitation Strike Team in October 2007 titled "Governor's Rehabilitation Strike Team: A Status Report and Roadmap" described some of the proposed components of a case management plan. This Status Report refers to the case management plan as

the Offender Accountability and Rehabilitation Plan (OARP). According to this report, the OARP (which was cited in the Expert Panel report as a behavior management plan) is currently in development and slated to be demonstrated in a reception center, prison, and parole region in 2008. These demonstration projects are being called “proof projects.”

As indicated by the Rehabilitation Strike Team’s October 2007 Status Report, the key components of an effective case management system will include establishing and training a multidisciplinary team, developing and deploying an OARP, providing and using modern information technology, providing rehabilitation services, and utilizing the ongoing evaluation of the OARP.

As noted in the October 2007 Rehabilitation Strike Team Status Report, at least one core program will need to be available as part of the “proof projects” in each of the six major offender programming areas. These programming areas, which were defined in the Expert Panel report, are as follows:

- Academic, vocational, and financial
- Alcohol and other drugs
- Aggression, hostility, anger, and violence
- Criminal thinking, behaviors, and associations
- Family, marital, and relationships
- Sex offending

CDCR has reported that it is creating an inventory of existing programs, which may include an analysis of as many as several hundred program varieties. The Board, however, has yet to receive a copy of this document and therefore cannot comment on its content.

CDCR received approximately \$140 million in fiscal year 2007-08 to increase or improve rehabilitative programming, including \$50 million as part of Assembly Bill 900 and \$90 million as part of its reducing recidivism strategies. While C-ROB has not been provided yet with a spending plan for the \$50 million, the Department has developed a spending plan for the \$90 million for strategies to reduce recidivism.

With respect to academic and vocational programming, the Rehabilitation Strike Team reported in its October 2007 Status Report that this was a priority for the team. This Status Report included a number of recommendations intended to promote an interdisciplinary effort geared toward a thorough integration of parolees into the workforce. At this time, however, these are only recommendations and not an approved plan. A status on this plan has not been provided to C-ROB but is due to the Legislature by January 15, 2008.

C-ROB has received very little information to date regarding the Department’s plans to measure an offender’s progress, i.e., reducing the offender’s risk to reoffend. The Expert Panel recommended that CDCR provide inmates and parolees with incentives for positive behavior. While some of the Expert Panel’s recommendations require legislative change, there are several that do not. As of December 2007, the Department had not provided the Board with specific information regarding modifications to the current incentive structure for inmates or parolees.

Based on testimony provided to C-ROB, the Department is engaging in several distinct efforts to improve reentry services. The first effort is the use of the COMPAS assessment prior to release. The second effort, which was authorized by AB 900, is the creation of secure reentry facilities.

While many parameters of the secure reentry facilities were outlined in AB 900, many details remain to be resolved. The Department conducted a series of ten regional workshops across the state in collaboration with local associations. As of December 2007, the Department received signed “agreements to cooperate” from 16 counties. While these agreements are not binding, they express an interest on the part of local governments to establish reentry facilities in their counties. Of the 16 agreements, however, most counties have agreed to site reentry facilities dependent upon their receiving jail bond funding. Only three counties have agreed to site reentry facilities regardless of receiving jail bond funds, which means that the Department may have more trouble than anticipated in establishing the secure reentry facilities.¹² To date, the only reentry facility that has been sited is one that will be developed at the former Northern California Women’s Facility in Stockton.

According to CDCR testimony at the December 2007 C-ROB meeting, CDCR is implementing two grant programs related to improving parolee reintegration to the communities—one for community-based organizations and the other for local governments. In total, CDCR has awarded 20 grants, including six planning grants for intergovernmental agencies to develop strategic plans around reentry for their local areas. The remaining grants are designed to develop or improve service delivery, including eight for community-based organizations. With the exception of the planning grants, which are for six months, these grants are for 30 months and will begin in February 2008.

CDCR also received a two-year federal prisoner reentry initiative grant from the U.S. Department of Justice in 2006. This grant was designed to improve the ability of community-based organizations to come into the institutions and provide services to inmates before their release. This initiative is being implemented at seven institutions and includes liaisons with the cities of Sacramento, San Diego, Fresno, and Oakland.

With respect to overall evaluation efforts or “follow-up” as it is termed in the California Logic Model, CDCR testified that it is currently developing plans for a comprehensive evaluation system for the Department. While this plan will be phased in as resources become available, the Department states that its greatest challenge at this time is collecting the actual data. Currently, C-ROB does not have sufficient detail regarding the Department’s evaluation plan.

IMPLEMENTATION

C-ROB is aware that the Department does not currently have the ability to implement full programming for all inmates and parolees. Indeed, CDCR is not currently funded for full programming. As such, C-ROB understands the Department’s decision to phase in a new comprehensive treatment model, beginning at demonstration sites, called “proof projects.” However, there are certain components, such as risk-needs assessments, which the Department has begun to implement statewide. C-ROB will attempt to track CDCR’s implementation progress, taking into consideration the full context of CDCR’s capacity, funding, and planning schedule (to the extent that this information is made available to the Board).

¹² With respect to jail bond funding, the Corrections Standards Authority agreed in its December 2007 meeting to increase the preference in its grant formula for the distribution of jail bond funds to reward counties that site secure reentry facilities. (See the Department’s press release: “Board Significantly Increases Preference for Jail Bond Funds to Reward Counties Siting Secure Community Reentry Facilities,” December 13, 2007, California Department of Corrections and Rehabilitation.)

CDCR began implementation of the COMPAS assessment within the Division of Adult Parole Operations (DAPO) in January 2006. Since that time, DAPO has completed approximately 85,000 pre-parole assessments. The DAPO assessment is administered by parole services associates to eligible inmates who are within 240 days of release.¹³ While it is C-ROB's understanding that the Department is attempting to use these assessments to help develop reentry plans, the effectiveness of this process is still uncertain. (Refer to the following section on Quality Assurance and Evaluation for information about CDCR's efforts to evaluate this process.)

In June 2007, CDCR began implementing the COMPAS tool in four of its reception centers. By November 2007, the Department was using COMPAS in all 12 reception centers. Teachers at the reception centers administer the COMPAS tool to newly arrived inmates who have 240 days or longer to serve. As of December 3, 2007, CDCR had conducted approximately 2,800 assessments at its reception centers. While CDCR was unable to calculate the exact percentage of inmates it was reaching with the intake assessment, given that there was an average of 4,139 new admissions every month in fiscal year 2006–07, the Board can estimate that the percentage of new admissions currently being assessed is extremely low.¹⁴ At this point, given the small percentage of assessments being conducted and the lack of a case management process, the Department is focusing more on testing the assessment process at reception rather than using the assessments for case planning purposes. Ultimately, however, the goal should be to use the assessments to inform individual case plans and determine placement into rehabilitative programs.

In the meantime, while the COMPAS tool is being administered at reception and prior to release on parole, CDCR is in the process of validating its effectiveness for California inmates and adapting it to incorporate a screening for criminogenic needs. C-ROB has requested that the Department keep the Board apprised of any changes to the assessment process as a result of this validation. Additionally, C-ROB will continue to question the extent to which the various assessment processes are integrated with each other and, ultimately tied to case management and rehabilitative programs for inmates and parolees.

As mentioned earlier, CDCR has indicated its intention to phase in the new treatment model as “proof projects” at designated sites, including one prison, one reception center, and one parole region. At a minimum, it is C-ROB's belief that the Department intends to implement programs in each of six major offending areas (i.e., academic, vocational, and financial; alcohol and other drugs; aggression, hostility, anger, and violence; criminal thinking, behaviors, and associations; family, marital, and relationships; and sex offending) as part of the “proof projects.” As of the drafting of this report, the Board had not received any information regarding the specific numbers or types of programs that would be provided.

¹³ According to DAPO, as of December 2007, the following groups of inmates are excluded from the full assessment process because they receive similar services through other programs: inmates pending deportation with an active United States immigration hold; civil narcotic addicts (non-felon commitments); and inmates receiving pre-release services through the Mental Health Services Continuum Program's Enhanced Outpatient Clinic. In addition, the following groups are not receiving the COMPAS assessment prior to parole because of staffing limitations: CDCR inmates released from fire camps; CDCR inmates released from county jail facilities; inmates released from community correctional facilities; and parole violators returned to custody serving less than six months ineligible (for good time credit) or less than 12 months eligible (for good time credit).

¹⁴ The average monthly count for new admissions was provided by CDCR's Population Projections Unit. The figure of 4,139 reflects new admissions only and does not include parole violators who return with a new term or parole violators who are returned to custody. If these numbers were included in the intake figure, the monthly average intake for fiscal year 2006–07 was 11,859 inmates.

The Board was informed at its December 2007 meeting that the Department plans to conduct training for staff on cognitive behavioral methods, which the Expert Panel identified as a critical component of evidence-based programming, but no further information has been provided.

C-ROB does not have implementation schedules for the secure reentry facilities or the reintegration grants other than to note that the reintegration grants begin in February 2008.

QUALITY ASSURANCE AND EVALUATION

Based on testimony provided by CDCR at the November and December C-ROB meetings, CDCR has entered into a contract with the University of California, Los Angeles (UCLA) to evaluate the COMPAS tool in three different phases. The first phase examined the effectiveness of COMPAS in predicting risk to reoffend based on selected risk elements. Although this phase was initially completed, because of the small sample size, the Department decided to conduct further analysis with a larger sample size. This further evaluation is still in progress. The second phase, which is currently underway, will review the usability of COMPAS in the field—in other words, whether it is being used appropriately, whether it is useful in terms of real world application, and other factors. The third phase will assess how well COMPAS works as a criminogenic screening tool (i.e., a tool to identify each offender's risk and need factors so they can be placed in the appropriate rehabilitative programs). This final phase will begin in early 2008.

In addition to evaluating the usability and effectiveness of the COMPAS tool, the Department must assess the effectiveness of its various treatment programs. As part of the Expert Panel report, CDCR selected 34 of its programs for assessment. The Expert Panel assessed 11 of these 34 programs for their adherence to evidence-based principles and recommended that the remaining 23 be assessed. In conducting this assessment, the Expert Panel used the Correctional Program Assessment Protocol (CPAP), which was developed by a team from CDCR and the Center for Evidence-Based Corrections at the University of California, Irvine (UCI). Based on testimony at the December 2007 C-ROB meeting, CDCR has contracted with UCI to conduct the remaining 23 assessments. The target date for completion is mid-February 2008. However, CDCR's assistant secretary of research indicated there are hundreds of programs that will eventually need to be assessed for their effectiveness and adherence to evidence-based principles.

The Expert Panel report made it clear that quality assurance and evaluation are critical to successful implementation of evidence-based programming. At this time, C-ROB has not been provided with sufficient information regarding the Department's intent to monitor and evaluate ongoing programs. The Board was informed, however, that the Department is in the process of developing a comprehensive evaluation plan, which it will share with the Board as soon as it is completed.

PROGRAM IMPROVEMENT

Other than the processes described earlier with respect to modifying the COMPAS assessment to improve its ability to screen criminogenic needs, it is too early to anticipate significant reporting on program improvement.

IV. CAPACITY FOR REHABILITATIVE EFFORTS

While the primary focus of C-ROB's mission and its biannual reports is to examine the availability and effectiveness of rehabilitative programming throughout CDCR, the Department has recognized that several basic capacity issues must be addressed in order to achieve sustainable change. Toward that end, C-ROB has requested information and will continue to report on those areas considered essential to establishing the necessary capacity for rehabilitative programming, including reducing overcrowding, improving information technology systems and infrastructure, improving staff development and training, and improving management capacity and stability, among others.

REDUCING OVERCROWDING

To date, the Board has received testimony from the Department regarding its efforts to reduce overcrowding through its infill bed plan and out-of-state transfers. As noted earlier, AB 900 specifically authorized the Department to engage in these two processes.

It should be noted that this biannual report does not address the recent media articles about CDCR's alleged proposal for the early release of over 20,000 inmates.¹⁵ These articles were published while this report was being drafted. As a result, the Board did not have an opportunity to receive testimony or clarification from the Department in time for this report.

With respect to the Department's infill bed plan, this plan represents CDCR's proposal as to where prison beds will be constructed or renovated. The plan does not currently include a summary of where the temporary beds, as defined by AB 900, would be removed. At the December 2007 C-ROB meeting, the Board was presented with an overview of CDCR's proposed changes to the original infill bed plan, as outlined in AB 900. According to the Department, the original infill bed plan was inadequate for a number of reasons, such as a lack of input from the health care receiver on medical-related construction plans; an assumption about the comingling of inmates with different security levels that the Department no longer feels is safe; an inadequate assessment of the construction or operational challenges posed by the original sites; and the failure to assume full rehabilitative programming in the original plan.

The revised infill bed plan assumes construction at four facilities: Kern Valley State Prison, Wasco State Prison, North Kern State Prison, and the California Correctional Institution.

To the extent that the revised plan will result in additional rehabilitative programming space as suggested by CDCR, C-ROB will continue to request information regarding the design and construction proposals for this space. C-ROB will also be tracking the extent to which the Department's infill bed plan makes existing program space available.

With respect to more immediate efforts to reduce overcrowding, the Department continues to transfer certain inmates out of state. According to CDCR's testimony at the December 2007 C-ROB meeting, the Department has transferred over 2,000 inmates to facilities in Tennessee, Mississippi, and Arizona. CDCR asserted that it had recently negotiated for the transfer of 7,752 total inmates to five facilities, including a facility in Oklahoma that will be activated in January 2008,

¹⁵ Articles included "Early prison release plan draws bipartisan opposition" by Andy Furillo, *Sacramento Bee*, 12/21/07; Governor considers early release of 22,000 from state's prisons" by Kevin Fagan, *San Francisco Chronicle*, 12/21/07; and "Prison releases 'DOA,' foe says" by Andy Furillo, *Sacramento Bee*, 12/22/07.

and a facility in Midway, Arizona, that is currently under construction. According to CDCR, the Department's goal is to transfer approximately 400 inmates per month out of state and, to date, the Department has been accomplishing that goal. The inmates who have been transferred include approximately 400 who volunteered and the remainder who were transferred involuntarily. Currently, the Department is evaluating Level III inmates¹⁶ for transfer, beginning with those who do not receive visits or have work assignments.

In the future, C-ROB will likely request information from the Department regarding the types, amount, and effectiveness of rehabilitative programming received by out-of-state inmates.

PAROLE REFORMS

The Expert Panel report included several recommendations related to parole reforms. Specifically, the Expert Panel recommended that CDCR "develop structured guidelines to respond to technical parole violations based on risk to reoffend, level of the offender, and the seriousness of the violation."¹⁷ CDCR has contracted with the Center for Effective Public Policy to develop a decision-making matrix for parole violators. A draft of this tool is expected in mid-January 2008. However, this matrix will only be useful if there are sufficient and effective alternative sanctions available. Acknowledging the importance of alternative or remedial sanctions, the Department agreed in an April 2007 stipulation in the *Valdivia* lawsuit (regarding due process procedures at parole revocation hearings) to establish a certain level of remedial sanctions. A recent review by the special master in the *Valdivia* lawsuit commended the Department for its efforts in this area. Specifically, the special master reported that the "defendants [CDCR] have made excellent progress on remedial sanctions during this reporting period [May 2007 through September 2007]."¹⁸

The Expert Panel also recommended that CDCR "implement an earned discharge parole supervision strategy for all parolees released from prison after serving a period of incarceration for an offense other than those listed as serious and violent under California Penal Code Section 1192.7 (c) and 667.5(c) criteria."¹⁹ According to the Department's testimony at the December 2007 C-ROB meeting, a draft version of the earned discharge matrix is expected by the end of January 2008. The phase I rollout should include approximately 4,800 parolees in Orange and San Bernardino counties. C-ROB does not have sufficient information at this time to report on the Department's plans or implementation status with respect to earned discharge, but the Board is encouraged that the Department is proceeding with the Expert Panel's recommendations.

The Expert Panel also recommended that CDCR release certain non-violent inmates without placing them on parole supervision. Specifically, the Expert Panel recommended that "based on a normed and validated instrument assessing risk to reoffend, the Department should release low-risk, non-violent, non-sex registrants from prison without placing them on parole."²⁰ To date, C-ROB has not received any testimony or information from the Department regarding this recommendation.

¹⁶ California's inmates are assigned to a security classification level ranging from I-IV, with level I representing a relatively lower security risk and IV representing a higher security risk.

¹⁷ Expert Panel report, p. 47.

¹⁸ "Third Report of the Special Master on the Status of Conditions of the Remedial Order." (*Valdivia v. Schwarzenegger*, Case No. CIV S-94-0671 LKK/GGH (E.D. Cal.))

¹⁹ Expert Panel report, p. 13.

²⁰ Expert Panel report, p. 41.

IMPROVING INFORMATION TECHNOLOGY

As noted in the Expert Panel report, an automated case management system is critical to a successful rehabilitative treatment model. If CDCR intends to establish a multidisciplinary model that regularly measures progress and bases treatment on assessed risks and needs, its current information technology capacity will have to be greatly improved.

At the December 2007 C-ROB meeting, the Board was assured that CDCR is working to incorporate the case management components of the new treatment model into its current information technology projects.

IMPROVING STAFF DEVELOPMENT AND TRAINING

The Expert Panel was clear in its recommendations that “only qualified and appropriately trained staff members should deliver programs.”²¹ As a result, C-ROB will regularly request information from the Department regarding its staff development and training efforts. To date, C-ROB has received limited updates in this area. Therefore, C-ROB does not have enough information to provide comment.

IMPROVING MANAGEMENT CAPACITY AND STABILITY

Penal Code section 2061 (pursuant to AB 900) requires the Department to develop and implement by January 15, 2008, a plan to address management deficiencies within the Department. The Board will review CDCR’s management capacity and stability in the July 2008 biannual report after reviewing the January 2008 report.

²¹ Expert Panel report, p. 14.

V. CONCLUSIONS

C-ROB recognizes that it is not easy to plan, implement, and report at the same time. Consequently, the Board wishes to thank the Department for its willingness to cooperate with C-ROB's process. Thus far, the Board has been impressed by the Department's level of cooperation. Representatives from throughout CDCR have made themselves available, as needed, to present regular updates to C-ROB.

However, the Department has been unable to share some information with C-ROB, particularly related to internal planning efforts. In certain cases, the Department may be awaiting final internal decisions and/or approval, while in other cases, the uncertainty associated with the budget process may prohibit CDCR from disclosing details before the budget is released on January 10, 2008. Regardless of the reasoning, however, many of the planning documents, which C-ROB needs to review to determine whether the Department has appropriately considered all relevant factors and weighed priorities accordingly, have not been available to the Board. In order to carry out its mandate, C-ROB must be provided with more details, including information related to the Department's planning efforts.

That said, the Board notes that, in most areas in which the Department has been able to report, CDCR is working toward implementing an effective rehabilitative treatment model, as recommended by the Expert Panel. These implementation efforts include the following:

- C-ROB commends the Department for its willingness to commit to an evidence-based treatment model.
- The Department has already begun the first steps toward implementing a rehabilitative model. For example, CDCR has begun conducting inmate assessments at reception and prior to release on parole.
- C-ROB is not taking a position on whether or not the COMPAS tool was the right selection for California. However, the Board is impressed that the Department appears to have relied upon expert recommendations and carefully examined various alternatives. At this time, the Board is satisfied that the Department is making every effort to adapt this tool as necessary while committing to working within the guidelines and principles of evidence-based programming.
- C-ROB agrees with the Department's decision to phase in the new treatment model using what it calls "proof projects" (demonstration projects at designated locations) instead of trying to attempt statewide implementation. This approach should enable the Department to evaluate and modify the model before attempting statewide implementation.
- The Department has developed a spending plan for approximately \$90 million in funds it received as part of the Budget Act of 2007-08 for reducing recidivism strategies.
- The Department has appropriately recognized the critical role of its Office of Research and is involving research staff and outside experts in most, if not all, of the key areas—not just in evaluation, but in planning and development, as well.

- The Department has acknowledged the importance of alternative sanctions for parole violators and agreed in an April 2007 stipulation in the *Valdivia* lawsuit (regarding due process procedures at parole revocation hearings) to establish a certain level of remedial sanctions. A recent review by the special master in the *Valdivia* lawsuit commended the Department for its efforts in this area. Specifically, the special master reported that the “defendants [CDCR] have made excellent progress on remedial sanctions during this reporting period [May 2007 through September 2007].”²²
- The Department has worked hard to actively engage community partners in its reentry-related efforts. As a result of these efforts, as of December 2007, the Department had received “agreements to cooperate” from 16 counties who expressed an interest in establishing a secure reentry facility in their community, including agreements from three counties whose interest was not contingent upon receiving jail bond funding.

Despite these significant accomplishments, based on the information available to the Board, C-ROB has a number of concerns regarding the status of CDCR’s rehabilitative programming efforts. It should be noted that the Board’s concerns are not based on an assumption that the Department should have already resolved or completed all of the issues identified below. Rather, C-ROB raises these concerns as red flags, which if not addressed in the near future, will ultimately threaten the Department’s chances for success.

- The Board has not seen evidence of a comprehensive and integrated planning document describing CDCR’s plan to improve rehabilitative programming. Instead, the Department’s efforts appear fragmented with multiple plans that are related in some ways, but unrelated in other ways. For example, the efforts to conduct COMPAS assessments at intake are entirely separate from the efforts to conduct COMPAS assessments prior to release. In either case, it is not clear how effectively the staff members who work directly with inmates and parolees are using these assessments.
- Despite the Department’s laudable effort to begin conducting assessments at reception and prior to release on parole, significant percentages of inmates are still not being assessed. Perhaps more importantly, the assessments’ value is questionable because the Department has not yet developed a case management plan that will serve to connect inmates and parolees to the programs they need.
- C-ROB is not convinced that the Department has carefully analyzed the appropriate staffing classifications or numbers of staff members necessary to administer the assessments. The Board has heard multiple testimonies that there is not currently sufficient staff administering these assessments. As a result, a seemingly high percentage of inmates, particularly at the front end, are not being assessed.
- Moreover, while the COMPAS tool will serve as a basis for the risk and criminogenic needs assessment, the Department has acknowledged that other secondary assessments will be needed to effectively assess inmates and parolees and assign them to appropriate programming. These assessments have yet to be identified. To the extent that additional resources must be secured, this may delay CDCR’s ability to implement an effective model.

²² “Third Report of the Special Master on the Status of Conditions of the Remedial Order.” (*Valdivia v. Schwarzenegger*, Case No. CIV S-94-0671 LKK/GGH (E.D. Cal.))

- C-ROB agrees with the Department that a multidisciplinary team is crucial to an effective case plan for each offender. However, the Board has not been informed as to which staff members will comprise this multidisciplinary team, how their roles will be defined, or who will serve as the case planner. Successful implementation will require that these staff members are adequately trained and assigned reasonable caseloads to effectively complete their jobs.
- It is the Board's belief that during the "proof projects" the case management plans will be documented in writing. C-ROB understands that this may be necessary until an automated case management system is developed; however, C-ROB ultimately believes that a system that automates the case management plans must be a priority. In an organization the size of CDCR, effective case management, multidisciplinary treatment, and continuity between treatment in prison and parole settings will be virtually impossible without an effective information technology system. Therefore, efforts to improve CDCR's IT system must be expedited.
- CDCR must be provided with sufficient resources to ensure effective rehabilitative programming for the inmates and parolees under its supervision. In addition, the Department must ensure that appropriate space is constructed and/or made available for effective rehabilitative programming.
- Without a complete inventory of existing rehabilitative programs and a statewide assessment of rehabilitative needs, C-ROB has no way to determine the current gap between available and needed services. Eventually, a range of rehabilitative programming will need to be available statewide, as determined necessary based on the risk-needs assessments. At a minimum, at least one program in each major offending area must be available as part of the "proof projects."
- Until CDCR has adequate and appropriate rehabilitative programming, C-ROB is concerned about how the Department will allocate its limited programs among various inmates and parolees.
- The Board notes that there is a potential for significant overlap between the Department's efforts to improve rehabilitation programming and the health care receiver's efforts. Effective coordination will be required to address this overlap.
- CDCR received \$50 million in fiscal year 2007-08 to begin implementing the rehabilitative components of AB 900. To date, C-ROB has not received a spending plan for these funds.
- The Department appears to be working hard to coordinate reentry efforts, yet the stigma and resistance to siting some of these facilities continues to be problematic. (This is a problem that cannot be blamed on the Department, but it must be resolved nevertheless.) The Department would benefit from expanding its collaborative efforts with law enforcement to include key leaders of community service systems, e.g., county directors of behavioral health, mental health, and human services, among others, to maximize support for reentry efforts.

In preparing this report, C-ROB recognizes that its mandate is long-term. As the Expert Panel noted in its report, “correctional change takes time.”

However, while C-ROB recognizes that correctional change will take time, the Board is also aware that there have been multiple attempts over the years to improve California’s correctional system. Unfortunately, many of these efforts did not survive the passage of time. The state cannot afford to fail in its current reforms. C-ROB is determined to vigilantly monitor and support these efforts until California has successfully implemented a sustainable and effective rehabilitative treatment model.

APPENDIX A. IDENTIFYING THE REHABILITATIVE NEEDS OF OFFENDERS

Future C-ROB biannual reports will include an analysis of the rehabilitative needs of offenders under CDCR's supervision.

Specifically, C-ROB will request and analyze updated reports from the Department that include the following:

- A. Total estimated types of rehabilitative treatment needs among prisoners and parolees at each institution and parole region. At a minimum, the Department will be expected to report on offenders' needs in the following major program areas:
 - a. Academic, vocational, and financial
 - b. Alcohol and other drugs
 - c. Aggression, anger, and violence
 - d. Criminal thinking, behaviors, and associations
 - e. Family, marital, and relationships
 - f. Sex offending

Note for the July 15, 2008, report: To the extent that this information is not fully available in time for the next biannual report, C-ROB will report on the Department's plans, efforts, and capacity to collect the necessary data.

APPENDIX B. DETERMINING GAPS IN REHABILITATIVE SERVICES

Future C-ROB biannual reports will report on the existing gaps in rehabilitative services at CDCR. These gaps will be defined as the need for rehabilitative programming (as identified in Appendix A) minus the current program capacity.

Specifically, C-ROB will report:

- A. Number of program slots needed (by institution and parole region)
- B. Number of existing program slots available (by institution and parole region)
- C. Existing gap in rehabilitative services

At a minimum, the Department will be expected to report on the need, availability, and gap in services in the following areas:

- a. Academic, vocational, and financial
- b. Alcohol and other drugs
- c. Aggression, hostility, anger, and violence
- d. Criminal thinking, behaviors, and associations
- e. Family, marital, and relationships
- f. Sex offending

Note for the July 15, 2008, report: To the extent that this information is not fully available in time for the next biannual report, C-ROB will report on the Department's plans, efforts, and capacity to collect the necessary data.

APPENDIX C. DETERMINING LEVELS OF OFFENDER PARTICIPATION AND SUCCESS

Future C-ROB biannual reports will measure offender participation and performance in rehabilitative programs at each institution and parole region.

Specifically, C-ROB will report:²³

Capacity:

- A. Number of slots per program at the beginning of the reporting period
- B. Number of program hours per reporting period

Assignment:

- C. Number of participants assigned at the beginning of the reporting period

Actual Participation:

- D. Number of participant hours per reporting period (i.e., hours participant actually attended)

Program Completion:

- E. Number and percentage of participants to successfully complete program during the reporting period
- F. Number and percentage of participants who left the program without completion during the reporting period
- G. Number and percentage of participants who are still in the program at the end of the reporting period

At a minimum, the Department will be expected to report on program participation in the following areas:

- a. Academic, vocational, and financial
- b. Alcohol and other drugs
- c. Aggression, hostility, anger, and violence
- d. Criminal thinking, behaviors, and associations
- e. Family, marital, and relationships
- f. Sex offending

Note for the July 15, 2008, report: To the extent that this information is not fully available in time for the next biannual report, C-ROB will report on the Department's plans, efforts, and capacity to collect the necessary data.

²³ These measures represent areas the Board intends to monitor. As necessary, however, C-ROB will work with CDCR to modify these measures to better capture available data.

APPENDIX D. DETERMINING THE EFFECTIVENESS OF REHABILITATIVE PROGRAMMING

Future C-ROB biannual reports will include information related to specific outcome measures (e.g., reduction in risk to reoffend, reduction in recidivism rates, and increase in protective factors). These outcome measures will be developed by CDCR and C-ROB.

Note for the July 15, 2008, report: To the extent that this information is not fully available in time for the next biannual report, C-ROB will report on the Department's plans, efforts, and capacity to collect the necessary data.

APPENDIX E. DETERMINING ADHERENCE TO EVIDENCE-BASED PRINCIPLES

Future C-ROB biannual reports will report on the extent to which CDCR's rehabilitative programs are based on evidence-based principles.

Specifically, C-ROB will report (based on information provided by the Department) on how well CDCR's rehabilitative programs incorporate the following evidence-based principles:

- A. Assesses risk and targets high risk
- B. Assesses criminogenic needs and delivers services accordingly
- C. Clearly articulates a theoretical model
- D. Has a program manual or curriculum
- E. Uses cognitive behavioral or social learning methods
- F. Enhances intrinsic motivation
- G. Has continuities with other programs and community support networks
- H. Varies program dosage by risk level
- I. Responds to offender learning style, motivation, and culture
- J. Uses positive reinforcement
- K. Employs qualified staff members
- L. Has a staff recruitment and retention strategy
- M. Trains new staff
- N. Employs qualified program directors
- O. Collects and analyzes program data
- P. Bases program on research

Note for the July 15, 2008, report: To the extent that this information is not fully available in time for the next biannual report, C-ROB will report on the Department's plans, efforts, and capacity to collect the necessary data.

APPENDIX F. STATUS OF EXPERT PANEL RECOMMENDATIONS

Future C-ROB biannual reports will track CDCR’s progress in responding to the Expert Panel recommendations. The columns represent the four phases C-ROB will analyze.

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 1: Reduce overcrowding in CDCR prison facilities and parole offices.²⁴</i>				
<i>Recommendation 2: Enact legislation to expand the system of positive reinforcements for offenders who successfully complete their rehabilitation program requirements, comply with institutional rules in prison, and fulfill their parole obligations in the community.</i>				
<i>Recommendation 2a: Award earned credits to offenders who complete any rehabilitation program in prison and on parole.</i>				
<i>Recommendation 2b: Replace Work Incentive Program (WIP) credits with statutorily-based good time incentive credits.</i>				

²⁴ Given the broad scope of certain recommendations, C-ROB’s reports will note planning and development efforts for certain recommendations but will focus primarily on outcomes and less on details.

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 2c: Implement an earned discharge parole supervision strategy for all parolees released from prison after serving a period of incarceration for an offense other than those listed as serious and violent under California Penal Code section 1192.7(c) and 667.5(c) criteria.</i>				
<i>Recommendation 3: Select and utilize a risk-assessment tool to assess offender risk to reoffend.</i>				
<i>Recommendation 3a: Adopt a risk-assessment instrument for the prison population.</i>				
<i>Recommendation 3b: Utilize COMPAS or a similar assessment tool for the parolee population.</i>				
<i>Recommendation 3c: Develop a risk-assessment tool normed for female prisoner and parole populations.</i>				
<i>Recommendation 3d: Develop a risk-assessment tool normed for young adult prisoner and parolee populations.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 3e: Norm and validate all the selected risk-assessment instruments for CDCR's adult offender population and validate these tools at lease once every five years.</i>				
<i>Recommendation 3f: When assigning rehabilitation treatment programming slots, give highest priority to those offenders with high and moderate risk-to-reoffend scores.</i>				
<i>Recommendation 3g: Provide low-risk offenders with rehabilitation programs that focus on work, life skills, and personal growth rather than rehabilitation treatment programs.</i>				
<i>Recommendation 3h: Provide short-term prisoners with reentry services and reintegration skills training rather than rehabilitation treatment programs.</i>				
<i>Recommendation 4: Determine offender rehabilitation treatment programming based on the results of assessment tools that identify and measure criminogenic and other needs.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 4a: Do not assess the criminogenic needs of offenders at low risk to reoffend (identified in the tools in recommendation #3).</i>				
<i>Recommendation 4b: Utilize additional evidence-based tools to supplement criminogenic needs assessments.</i>				
<i>Recommendation 5: Create and monitor a behavior management plan for each offender.</i>				
<i>Recommendation 6: Select and deliver in prison and in the community a core set of programs that covers the six offender programming areas: (a) academic, vocational, and financial; (b) alcohol and other drugs; (c) aggression, hostility, anger, and violence; (d) criminal thinking, behaviors, and associations; (e) family, marital, and relationships; and (f) sex offending.</i>				
<i>Recommendation 6a: Develop and offer rehabilitation treatment programs to those offenders with high and moderate risk-to-reoffend scores and lengths of stay of six months or more.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 6b: Develop and offer rehabilitation programs focused on work, life skills, and personal growth for all prisoners and parolees at low risk to reoffend who have lengths of stay of six months or more.</i>				
<i>Recommendation 6c: Develop and offer reentry programming for all offenders who have lengths of stay less than six months.</i>				
<i>Recommendation 6d: Develop and offer “booster” programs before reentry and within the community to maintain treatment gains.</i>				
<i>Recommendation 6e: Assign offenders to programs based on responsivity factors relating to their motivation and readiness, personality and psychological factors, cognitive-intellectual levels, and demographics.</i>				
<i>Recommendation 6f: Develop and offer a core set of programs that is responsive to the specific needs of female offenders.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 6g: Develop and offer a core set of programs that is responsive to the specific needs of youthful offenders.</i>				
<i>Recommendation 7: Develop systems and procedures to collect and utilize programming process and outcome measures.</i>				
<i>Recommendation 7a: CDCR should develop a system to measure and improve quality in its adult offender programming.</i>				
<i>Recommendation 7b: CDCR should develop the capability to conduct internal research and evaluation that measures and makes recommendations to improve the quality of its programming.</i>				
<i>Recommendation 7c: The Legislature should create an independent capability to assist with developing and monitoring CDCR's quality assurance system.</i>				
<i>Recommendation 8: Continue to develop and strengthen CDCR's formal partnerships with community stakeholders.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 8a: Develop formal reentry plans for those offenders with high and moderate risk-to-reoffend scores.</i>				
<i>Recommendation 8b: Provide offenders who have high risk to reoffend with intensive treatment services for at least their first 90 days on parole.</i>				
<i>Recommendation 8c: Ensure that transition and reentry programming includes family member participation and addresses family unit integration skills development.</i>				
<i>Recommendation 8d: Ensure that parole programming and transition services respond to the specific needs of female offenders.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<p><i>Recommendation 9: Modify programs and services delivered in the community (parole supervision and community based programs and services) to ensure that those services: (a) target the criminogenic needs areas of high- and moderate-risk offenders; (b) assist all returning offenders to maintain their sobriety, locate housing, and obtain employment; and (c) identify and reduce the risk factors within specific neighborhoods and communities.</i></p>				
<p><i>Recommendation 9a: Based on a normed and validated instrument assessing risk to reoffend, release low-risk, non-violent, non-sex registrants from prison without placing them on parole supervision.</i></p>				
<p><i>Recommendation 9b: Focus programs and services on the highest criminogenic needs.</i></p>				
<p><i>Recommendation 9c: Ensure that community-based providers develop and deliver programming that addresses criminal thinking for male offenders.</i></p>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 9d: Train parole agents how to deal with unmotivated and resistant offenders.</i>				
<i>Recommendation 9e: Train parole agents how to mitigate the community risk factors.</i>				
<i>Recommendation 10: Develop the community as a protective factor against continuing involvement in the criminal justice system for offenders reentering the community on parole and/or in other correctional statuses (probation, diversion, etc.).</i>				
<i>Recommendation 10a: Develop a strategy for ensuring that the community is able to provide the necessary health and social services to prisoners and parolees after they are discharged from the criminal justice system.</i>				
<i>Recommendation 11: Develop structured guidelines to respond to technical parole violations based on the risk-to-reoffend level of the offender and the seriousness of the violation.</i>				

Expert Panel Recommendation	Status of Planning & Development	Status of Implementation	Status of Quality Assurance & Evaluation	Status of Program Improvements
<i>Recommendation 11a: Restrict the use of total confinement for parole violators to only certain violations.</i>				
<i>Recommendation 11b: Develop a parole sanctions matrix that will provide parole agents with guidelines for determining sanctions for parole violations.</i>				

APPENDIX G. MEMBERS OF THE CALIFORNIA REHABILITATION OVERSIGHT BOARD

Matthew Cate, Inspector General

James Tilton, Secretary, California Department of Corrections and Rehabilitation

Debra Jones, Administrator, Adult Education Programs (Designee for Jack O'Connell, State Superintendent of Public Instruction)

José Millan, Vice Chancellor (Designee for Diane Woodruff, Interim Chancellor, California Community Colleges)

Renée Zito, Director, State Department of Alcohol and Drug Programs

Stephen Mayberg, Director of Mental Health

Bruce Bikle, Professor, California State University, Sacramento (appointee by Chancellor of California State University)

Susan Turner, Professor, University of California, Irvine (appointee by President of the University of California)

Michael Carona, Sheriff, Orange County (appointee by Governor)

Loren Buddress, Chief Probation Officer (appointee by Senate Committee on Rules)

William Arroyo, Regional Medical Director, Los Angeles County Department of Mental Health (appointee by Speaker of the Assembly)