

## **CPAP Assessment of CDCR Recidivism-Reduction Programs**

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## Introduction

There has been an increasing emphasis in recent years on correctional programming being "evidence-based." In its report issued in December of 2007,<sup>a</sup> the Governor's Rehabilitation Strike Team stated that "prisoners must be assessed, routed to appropriate evidence-based programs, and once released, continuity of treatment must be assured." Evidence-based practice in the field of corrections is the conscientious, explicit, and judicious use by correctional administrators of current best research evidence in selecting programs designed to manage offenders, reduce recidivism, and increase public safety. Evidence-based programs adhere to "principles of effective intervention" established by prior research. With California facing serious prison overcrowding challenges in addition to the long-standing public safety need to reduce recidivism to the lowest possible levels, the salience of having evidence-based recidivism-reduction programming in California is greater than ever.

This report assesses the degree to which 26 recidivism-reduction programs offered to prison inmates and parolees by the California Department of Corrections and Rehabilitation (CDCR) are evidence-based, as determined by a rating of the programs using the California Program Assessment Process (CPAP). The CPAP is an instrument designed to measure the conformity of offender change programs to research-derived principles of effective correctional programming and the extent of research evidence supporting the program's model.

The CPAP assessment project proceeded in two stages. In the first stage, eleven programs were assessed in March and April of 2007, under the direction of the CDCR Expert Panel on Adult Offender Reentry and Recidivism Reduction Programs. The Expert Panel elected to assess a selection of programs in order to gain insight into the overall state of CDCR programming. The results of those CPAP assessments were summarized in *A Roadmap for Effective Offender Programming in California: Report to the California State Legislature*, released June 29, 2007. Some of the material presented here also appeared in that report.

The second stage of the CPAP assessment project was the result of a recommendation included in the Expert Panel's report to expand the CPAP assessment project to include all CDCR recidivism-reduction programming. At the request of the CDCR Office of Research, the Center for Evidence-Based Corrections conducted CPAP assessments of an additional fifteen recidivism-reduction programs from December of 2007 to January of 2008. The results of

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<sup>a</sup> Petersilia, J. (Panel Chair). (2007). *Meeting the Challenges of Rehabilitation in California's Prison and Parole System: A Report from the Governor's Rehabilitation Strike*. Sacramento, CA: Governor's Office of Policy and Planning.

all 26 CPAP assessments are contained in this report. The results provide a comparative snapshot of the evidence basis of CDCR's recidivism-reduction programming.

These CPAP ratings represent an initial step in a systematic effort to determine the extent to which CDCR programming is evidence-based. This information may be less useful for judging the quality of individual programs, which were generally not designed and selected according to the CPAP criteria, than for judging the overall promise of the CDCR recidivism-reduction program portfolio. Indeed, some rating elements of the CPAP, such as the use of risk and needs assessment and the existence of outcome evaluations of program effectiveness, are properly the responsibility of CDCR as a whole rather than of any individual program.

## The CPAP

The CPAP was developed in 2005 by Dr. Ryken Grattet, Professor of Sociology at the University of California, Davis and acting CDCR Assistant Secretary, Office of Research from 2005 to 2006; Dr. Jeffrey Lin, postdoctoral fellow at the Center for Evidence-Based Corrections; and Jesse Jannetta, M.P.P., research specialist at the Center for Evidence-Based Corrections. The CPAP is based on published research findings from the "what works" literature in the field of criminology.<sup>b</sup> The CPAP was developed to provide the California Department of Corrections and Rehabilitation with its own tool for the identification, selection, and development<sup>c</sup> of rehabilitative programs that align with its mission to reduce recidivism through the adoption of "evidence-based" practices and programs.

The CPAP is similar in purpose to other checklists, assessment instruments, and formal criteria for assessing programs in terms of their conformity to the "what works" research promulgated by academics, the National Institute of Corrections, the American Probation and Parole Association, the Pennsylvania Department of Corrections, and the Crime and Justice Institute. The most well-known of these are the Correctional Program Assessment Inventory (CPAI) and the Correctional Program Checklist (CPC) which have been used to assess over 400 correctional programs in the U.S. and Canada. Initial research shows that the CPAI scores are predictive of program outcomes.<sup>d</sup>

A CPAP rating provides two kinds of information on program quality: 1) the degree to which a program's design incorporates elements consistent with the principles of effective correctional intervention; and 2) the extent and the quality of research evidence supporting the recidivism-reduction effectiveness of the program model. The first is captured by the Effective Interventions and Program Fidelity Scales, the second by the Research Basis Scale. (See Appendix A for the CPAP rating scales.<sup>e</sup>)

b See, for example, Andrews, D.A., and Bonta, J. (2003). *The Psychology of Criminal Conduct* (3<sup>rd</sup> ed.). Cincinnati: Anderson Publishing; Lowenkamp, C. and Latessa, E. (2005). "Risk Principle in Action: What have we learned from 13,676 offenders and 97 correctional programs?" *Crime and Delinquency*, 52:77-93; MacKenzie, D. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York: Cambridge University Press; and Taxman, F., Shepardson, E., and Byrne, J. (2005). *Tools of the Trade: A Guide to Incorporating Science into Practice*. Washington, DC: National Institute of Corrections.

c Unlike common tools with similar purposes such as the CPAI or the CPC, the CPAP can be applied to proposed programs, not only to programs in the implementation stage.

d Lowenkamp, C., Latessa, E., and Smith, P. (2006). "Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principle of Effective Intervention." *Criminology & Public Policy*, 5:3, 575-594.

e For more detail on CPAP rating and the logic underlying the instrument, see "Evidence-Based Practices in Corrections: A Training Manual for the California Program Assessment Process (CPAP)," revised 3/2/2007, CDCR Office of Research and Center for Evidence-Based Corrections, UC Irvine.

The principles of effective intervention are program design elements that have a demonstrated relationship to program success in reducing recidivism. The more these elements are present in a program, the more confidence in the program's potential to reduce recidivism is warranted. The Effective Interventions Scales assesses the degree to which these elements are present in a program's model. The Program Fidelity Scale assesses the degree to which a program is actually delivered according to these design principles. Due to time constraints, the program assessment team was not able to visit the programs in person and did not apply the Program Fidelity Scale as part of this project.

Areas covered by the Effective Interventions Scale include:

- use of risk and needs assessment information
- clarity of the program's theoretical model
- existence of the program on paper in the form of a program manual and/or curricular material
- use of cognitive-behavioral or social learning methods
- responsiveness to important differences among offenders such as in learning styles
- use of positive reinforcement
- use of motivational enhancement techniques
- establishment of continuities with other programs and/or pro-social support networks
- staff attributes
- collection and use of program data.

The Research Basis Scale assesses the extent and the quality of research evidence supporting the recidivism-reduction effectiveness of the program model. If research evidence suggests that a program model has reduced recidivism in the past or somewhere else, it seems reasonable to assume that it will do so in the present CDCR context. The Research Basis Scale evaluates both the extent of the research evidence and the strength of the design of evaluations of the program model, using of compressed version of the University of Maryland's research design quality scale.<sup>f</sup> Measures of the extent of research evidence include whether there have been multiple positive evaluations of the model, whether results have appeared in peer-reviewed publications, and whether there have been negative or no effect evaluations.

Some cautions are in order when interpreting the significance of the CPAP ratings of CDCR programs presented in this report. First, although the principles upon which the CPAP is based are well-established, the CPAP instrument itself is a new instrument and has not been validated by applying it to a large number of correctional programs. Therefore, although a program that meets each rating criteria is more likely to have success reducing recidivism than one that does not, these differences have not yet been quantified. In other words, it is not clear exactly how much better, if at all, a program that scores 10% higher on the CPAP than another program will perform in reducing recidivism.

Second, the CPAP was not developed as a gender-responsive instrument. The research upon which the CPAP is based is overwhelmingly about male offenders. Female offenders have different criminogenic needs and risk factors than do male offenders,<sup>g</sup> and the attributes of an effective program for female offenders may differ accordingly. The program rating

<sup>f</sup> MacKenzie, D. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York: Cambridge University Press

<sup>g</sup> Bloom, B. Own, B., and Covington, S. (2003). *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. Washington, DC: U.S. Department of Justice and National Institute of Corrections.

team for the CPAP assessments described in this report were provided with information on gender-responsive principles and trained to be mindful of the ways in which assessment instruments, theoretical bases and other program elements must be gender-responsive in order to be appropriate for female offenders. However, the CPAP will not be a fully gender-responsive instrument until its next revision.

A final caution is that programs were not rated on the CPAP Program Fidelity Scale. As a result, the CPAP ratings presented in this report indicate the degree to which programs are *designed* in accordance with what is known about effective correctional programming, but does not assess the degree to which the programs are *executed* in accordance to that design.

## CPAP Assessment Methodology

The CDCR Expert Panel's report included an inventory of 34 programs that CDCR considers to be recidivism-reduction programs.<sup>h</sup> During Stage 1 of the CPAP assessment, the CDCR Expert Panel Program Review Sub-Committee determined that a subset of ten of those programs could be assessed in a thorough manner in the time allotted for preparing the Expert Panel's report. Eleven programs were selected, to ensure that at least ten would be assessed in the event that there were any difficulties or delays in obtaining the necessary program information. The eleven CPAP assessments were conducted by a collaborative program rating team composed of staff and graduate students affiliated with the UC Irvine Center for Evidence-Based Corrections and staff of the CDCR Office of Research.

The Expert Panel selected the programs for CPAP assessment according to the following criteria:

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

In the Next Steps section of *A Roadmap for Effective Offender Programming in California*, the Expert Panel proposed that the CDCR complete a CPAP assessment of the remaining recidivism-reduction programs. At the request of the CDCR Office of Research, the Center for Evidence-Based Corrections agreed to complete Stage 2 of the CPAP assessment. Table 1 lists the programs that were rated in each stage.

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<sup>h</sup> See Table 12, pg. 58, CDCR Expert Panel on Adult Offender Reentry and Recidivism Reduction Programs (2007). *A Roadmap for Effective Offender Programming in California*. California Department of Corrections and Rehabilitation: Sacramento, CA.

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Table 1: CPAP-Assessed Programs

Stage 1, March-April 2007	
Institutions Programs	Parole/Community Programs
<ul style="list-style-type: none"> <li>• Family Foundations Program (FFP)</li> <li>• Incarcerated Youthful Offender (IYO) Program</li> <li>• Re-Entry Education</li> <li>• Substance Abuse Programs (SAP)</li> <li>• Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP)</li> </ul>	<ul style="list-style-type: none"> <li>• Day Reporting Center (DRC)</li> <li>• Female Offender Treatment Employment Program (FOTEP)</li> <li>• In-Custody Drug Treatment Program (ICDTP)</li> <li>• Parolee Employment Program (PEP)</li> <li>• Residential Multi-Service Center (RMSC)</li> <li>• Substance Abuse Treatment and Recovery (STAR)</li> </ul>
Stage 2, December 2007-January 2008	
Institutions Programs	Parole/Community Programs
<ul style="list-style-type: none"> <li>• Bridging Education Program (BEP)</li> <li>• Carpentry Pre-Apprenticeship Program</li> <li>• Community Prisoners Mother Program (CPMP)</li> <li>• Conflict/Anger Lifelong Management (CALM)</li> <li>• Drug Treatment Furlough (DTF)</li> <li>• Elementary Secondary Education Act (ESEA)</li> <li>• Offender Employment Continuum (OEC)</li> <li>• Senate Bill 618</li> <li>• STAND UP</li> <li>• Transitional Treatment Program</li> <li>• Transitional Case Management Program-HIV (TCMP-HIV)</li> </ul>	<ul style="list-style-type: none"> <li>• Community-Based Coalition</li> <li>• Computerized Literacy Learning Center (CLLC)</li> <li>• Parole Service Center (PSC)</li> <li>• Parolee Substance Abuse Program (PSAP)</li> </ul>

The program rating team gathered the information necessary to conduct the CPAP assessment through a survey sent to the program director and a request to provide program documentation such as program manuals, training material, and curricular material. (See Appendix D for a copy of the survey.) For programs with multiple sites run by different contract providers, CDCR program managers were asked to choose the program site that ran the “purest” example of the program model, the survey and assessment of which could most accurately stand for the program model across all program sites. Table 2 shows which program sites were surveyed and rated for multi-site programs that are not centrally administered.

Table 2: CPAP-Assessed Sites for Programs with Multiple Providers

	Program	Site
Institutions Programs	Community Prisoner Mother Program (CPMP)	Pomona
Parole/Community Programs	Drug Treatment Furlough (DTF)	San Diego
Institutions Programs	Family Foundations Program (FFP)	Santa Fe Springs
Parole/Community Programs	Substance Abuse Program (SAP)	Substance Abuse Treatment Facility-Yard F
Institutions Programs	Female Offender Treatment Employment Program (FOTEP)	San Diego
Parole/Community Programs	Parolee Employment Program (PEP)	San Diego
Institutions Programs	Parole Service Center (PSC)	Van Nuys
Parole/Community Programs	Residential Multi-Service Centers (RMSC)	Stockton

Each program was rated by a collaborative team. During Stage 1, the teams consisted of a rater from the Center for Evidence-Based Corrections paired with one from the CDCR Office

of Research.<sup>i</sup> During Stage 2, all rating team members were provided by the Center for Evidence-Based Corrections. Once the rating team members had reviewed the completed program survey and program documents, they scheduled a conference call with the program to gather any missing information and clarify any areas of uncertainty.<sup>j</sup> Each rater scored the program separately, and then they compared their results and worked to reconcile any discrepancies. Ratings for each program represent the consensus of both members of the rating team.

## Programs Not Rated

Seven of the 34 recidivism-reduction programs listed in the Expert Panel report were not assessed using the CPAP. Determinations of appropriateness for CPAP rating were made by the Center for Evidence-Based Corrections program rating team, in consultation with the CDCR Office of Research. The reasons for excluding each program from the CPAP assessment project are below:

- **Academic Education:** The standards for assessing the evidence-basis for classroom-based academic education programs are different from those for the type of offender change programs the CPAP is designed to examine. For this reason, CPAP assessment is not appropriate for CDCR's Academic Education programs, although an academic education-specific assessment of those programs could prove valuable.
- **Vocational Education and the Inmate Employability Program (IEP):** Both of these programs provide offenders with specific job skills and certification. They are not programs primarily targeted with changing offender thinking, attitudes or behaviors of the type that the CPAP is designed to assess, and are therefore not appropriate for CPAP assessment.
- **Community Reentry Partnership (CRP) and Employment Reentry Partnership (ERP):** Contracts for both of these programs ended subsequent to the completion of the Expert Panel report, and neither program was operating as of January 2008.
- **Parolee Services Network (PSN) and Substance Abuse Services Coordinating Agency (SASCA):** PSN and SASCA are service brokering mechanisms, which provide substance abuse treatment services through a network of local community treatment providers, including a wide variety of provider organizations and treatment modalities. As PSN and SASCA do not directly provide services, a CPAP assessment of either of them would not be appropriate. A CPAP assessment of the many community-based treatment providers with whom PSN and SASCA contract might be valuable, but is outside of the scope of the current CPAP assessment project.
- **Employment Development Department (EDD):** The EDD program is a partnership between the Division of Adult Parole Operations and the Employment Development Department. It places EDD job specialists in selected parole offices to provide services to parolees seeking employment. This is not done through a structured program, and CPAP assessment would therefore not be appropriate.

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<sup>i</sup> Due to staffing resource issues within the CDCR Office of Research, three of the programs were rated by a rating team in which both members were from the Center for Evidence-Based Corrections.

<sup>j</sup> Despite repeated attempts, the program rating team was not successful in scheduling a conference call with the Offender Employment Continuum program.

## Results

### Consistency with the Principles of Effective Intervention

Scores on the CPAP Effective Interventions Scale for institutions programs are summarized in Figure 1, as a percentage of possible points. The corresponding scores for parole/community programs are summarized in Figure 2. Overall, eleven of the 26 programs rated received 70% or more of the possible Effective Interventions points, indicating that many of the principles of effective intervention are reflected in the design of CDCR programs. This is a promising sign of progress in the move toward evidence-based practice in California corrections. However, the fact that six of the 26 programs rated received less than 50% of the possible points suggests that there is substantial room for improvement in CDCR programming relative to effective interventions design criteria.

Parole/community programs received higher Effective Interventions scores on average than did institutions programs. The average Effective Interventions score for parole/community programs was 70%, and only one scored below 50%. The average Effective Interventions score for institutions programs was 59%, with five programs scoring below 50%.

Figures 3 and 4 present the performance of the rated programs on the Effective Interventions scale by rating element. (For scoring detail, see Appendix B.) The areas in which programs most commonly failed to meet the CPAP criteria were those related to the use of assessment.<sup>k</sup> Only two of the sixteen institutions programs rated, and two of the ten parole/community programs rated, report utilizing participant risk information from a validated risk assessment instrument. Of the four that were using such information, none were targeting the program specifically to high-risk offenders, as recommended by the "risk principle" derived from correctional research, which states that programs should target offenders who represent the greatest risk to re-offend. In fact, the only programs that were open to high-risk offenders were those that accepted anyone. All other programs explicitly excluded high-risk offenders, whether based on assessed risk level or markers such as past convictions for serious and/or violent offenses, validated gang membership, or requirements to register as a sex offender.

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<sup>k</sup> For detail on why individual programs did or did not meet the critieria for the CPAP scoring items, see Appendix C.

Figure 1: Effective Interventions Scale Rating, Institutions Programs

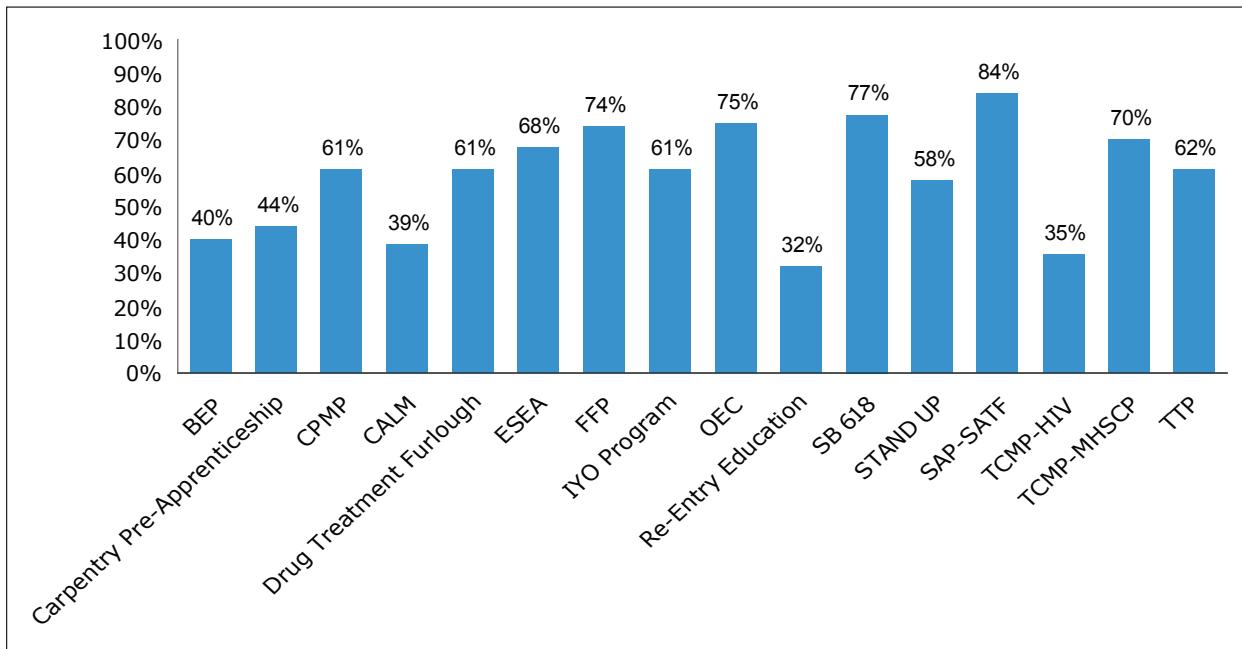
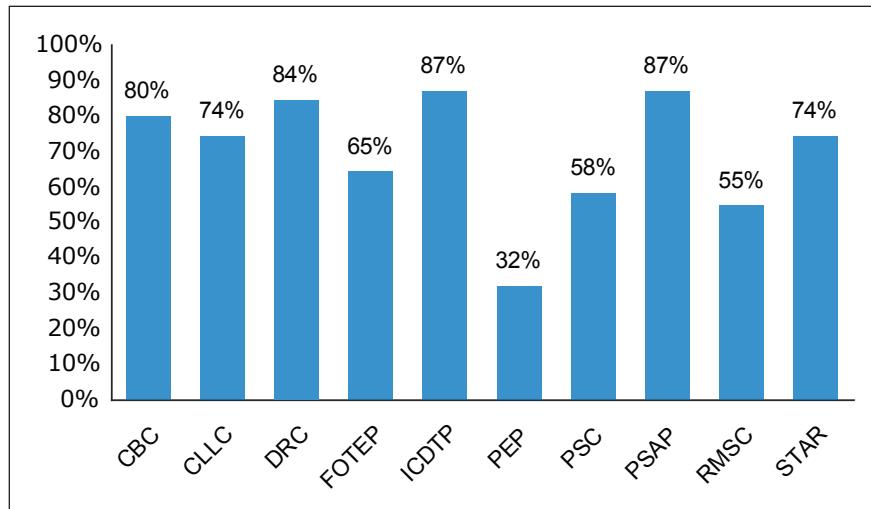


Figure 2: Effective Interventions Scale Rating, Parole/Community Programs



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Figure 3: CPAP Effective Interventions Scale Summary, Institutions Programs

	BEP	Carpentry Pre-Apprenticeship	CPMP	CALM	DTF	ESEA	FPP	IYO Program	OEC
Assesses risk and targets high-risk	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Assesses criminogenic needs and delivers services accordingly	Δ	Δ	•	Δ	Δ	•	•	• <sup>a</sup>	•
Theoretical model clearly articulated	Δ	•	•	•	•	•	•	•	•
Has program manual and/or curriculum	•	•	•	•	•	•	•	•	•
Uses cognitive-behavioral or social learning methods	Δ	n/a	Δ	•	•	•	•	Δ	•
Enhances intrinsic motivation	Δ	n/a	Δ	•	•	Δ	•	Δ	•
Continuities with other programs and community support networks	Δ	∞	•	Δ	•	Δ	•	•	•
Program dosage varies by risk level	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Responsive to learning style, motivation and culture of offenders	Δ	•	•	Δ	•	•	•	•	•
Uses positive reinforcement	•	Δ	•	Δ	•	•	•	Δ	Δ
Staff has degrees	•	n/a	Δ	∞	Δ	•	Δ	∞	∞ <sup>b</sup>
Staff has experience working with offenders	?	Δ	•	•	•	•	•	•	?
Staff recruitment and retention strategy	•	•	Δ	Δ	•	Δ	•	Δ	?
New staff training	•	•	Δ	Δ	•	•	•	•	•
Program director qualifications	∞	∞ <sup>c</sup>	∞	∞	∞	∞	∞	∞	∞
Program data collected and analyzed	∞	∞	•	∞	∞	∞	•	•	•

**Legend:** • Meets criteria      ∞ Partially meets criteria      Δ Does not meet criteria  
n/a Not applicable      ? Insufficient information  
<sup>a</sup> Due to a rating error, the CPAP results reported in A Roadmap for Effective Offender Programming in California do not credit IYO with points in this category. The corrected rating appears in this report.  
<sup>b</sup> Information necessary to receive full credit was not available.  
<sup>c</sup> Item scored out of two points; rating element requiring degree in social work not applicable

The situation was better with regard to needs assessment, with eight of fifteen institutions programs<sup>1</sup> and six of ten parole/community programs reporting they utilize information from a validated needs assessment instrument to inform program appropriateness and delivery. That left nearly half of the rated programs (twelve of 26) that did not use a validated needs assessment instrument to determine which offenders were appropriate for the program, or to tailor program content to participants after they entered the program. When programs indicate that they do use needs assessment, it is usually to help the program determine what to do with an offender once they are enrolled, rather than to determine whether an offender should be in that program in the first place.

<sup>1</sup> The rating team was unable to determine whether the needs assessment used by one of the institutions programs had been validated.

Figure 3, cont.: CPAP Effective Interventions Scale Summary, Institutions Programs

	Re-Entry Education	SB 618	STAND UP	SAP-SATF	TCMP-HIV	TCMP-MHSCP	TTP
Assesses risk and targets high-risk	Δ	8	Δ	8	Δ	Δ	Δ
Assesses criminogenic needs and delivers services accordingly	Δ	•	Δ	•	Δ	•	?
Theoretical model clearly articulated	Δ	•	•	•	Δ	•	•
Has program manual and/or curriculum	•	•	•	•	Δ	•	•
Uses cognitive-behavioral or social learning methods	Δ	Δ	•	•	•	•	•
Enhances intrinsic motivation	Δ	•	•	•	Δ	Δ	Δ
Continuities with other programs and community support networks	Δ	•	•	•	•	•	•
Program dosage varies by risk level	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Responsive to learning style, motivation and culture of offenders	•	•	•	•	Δ	•	Δ
Uses positive reinforcement	Δ	Δ	•	•	•	Δ	•
Staff has degrees	•	∞	∞	Δ	Δ	•	Δ
Staff has experience working with offenders	•	•	•	•	•	?	?
Staff recruitment and retention strategy	Δ	Δ	Δ	•	Δ	•	•
New staff training	•	•	Δ	•	•	•	•
Program director qualifications	∞	•	∞	∞	∞	∞	∞
Program data collected and analyzed	∞	•	∞	•	8	8	•

**Legend:** • Meets criteria      ∞ Partially meets criteria      Δ Does not meet criteria  
 n/a Not applicable      ? Insufficient information

While there are substantial shortfalls in the use of assessment in the rated programs, there is hopeful news about the content of the programs. Almost all programs (22 of 26) report connecting program activities with either other programs or pro-social community support networks. Twenty-one of 26 programs indicated that they had mechanisms to vary program delivery in response to differences in offender learning styles, level of motivation or culture. Eighteen programs utilize cognitive-behavioral or social learning methodologies to change offender thought and behavior patterns. Of greater concern, only thirteen programs report training staff in and deploying techniques such as motivational interviewing to enhance intrinsic motivation to change. While nine of ten parole/community programs indicate that they have positive reinforcement mechanisms, barely half (nine of sixteen) of institutions programs had them.

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Figure 4: CPAP Effective Interventions Scale Summary, Parole/Community Programs

	CBC	CLLC	DRC	FOTEP	ICDTP	PEP	PSC	PSAP	RMSC	STAR
Assesses risk and targets high-risk	∞	Δ	∞	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Assesses criminogenic needs and delivers services accordingly	•	•	•	Δ	•	Δ	Δ	•	Δ	•
Theoretical model clearly articulated	•	•	•	•	•	•	•	•	Δ	•
Has program manual and/or curriculum	•	•	•	•	•	•	•	•	•	•
Uses cognitive-behavioral or social learning methods	•	Δ	•	•	•	Δ	•	•	•	•
Enhances intrinsic motivation	•	Δ	•	•	•	Δ	Δ	•	Δ	•
Continuities with other programs and community support networks	•	•	•	•	•	∞	•	•	•	∞
Program dosage varies by risk level	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Responsive to learning style, motivation and culture of offenders	•	•	•	•	•	Δ	•	•	•	• <sup>1</sup>
Uses positive reinforcement	•	•	•	•	•	Δ	•	•	•	•
Staff has degrees	Δ	•	•	Δ	•	Δ	Δ	•	•	Δ
Staff has experience working with offenders	?	Δ	•	•	•	•	Δ	•	•	•
Staff recruitment and retention strategy	•	•	•	Δ	•	Δ	•	•	•	•
New staff training	•	•	•	•	•	Δ	•	•	Δ	•
Program director qualifications	•	•	∞	•	•	∞	•	•	∞	•
Program data collected and analyzed	∞	•	∞	•	•	∞	∞	•	∞	∞

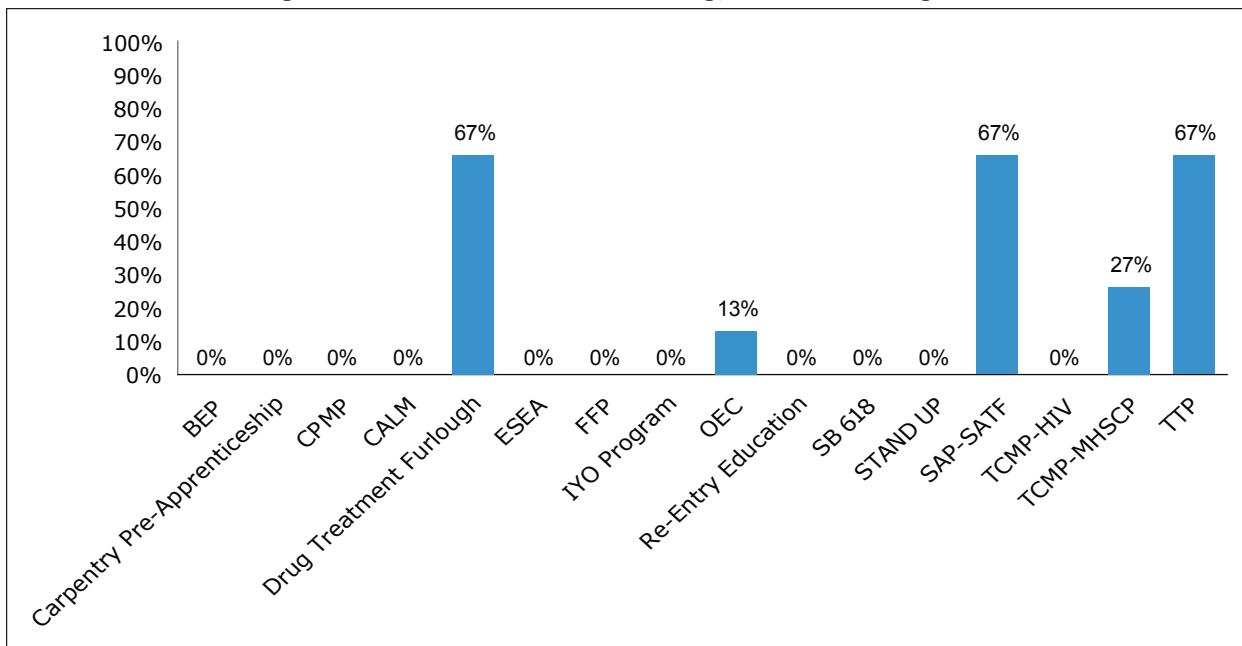
**Legend:** • Meets criteria      ∞ Partially meets criteria      Δ Does not meet criteria  
n/a Not applicable      ? Insufficient information  
<sup>1</sup> Due to a rating error, the CPAP results reported in A Roadmap for Effective Offender Programming in California do not credit STAR with a point in this category. The corrected rating appears in this report.

In summary, CDCR's recidivism-reduction programming as a whole appears better designed in terms of determining *what* programs deliver and *how* they deliver it than in terms of determining to *whom* it should be delivered. The role of assessment in determining program eligibility and priority needs to be enhanced, because delivering the right program to the wrong offender is unlikely to substantially reduce the likelihood of recidivism.

## Research Evidence Supporting Program Effectiveness

Scores on the CPAP Research Basis Scale are summarized for institutions program in Figure 5, and for parole/community programs in Figure 6, as a percentage of possible points. The rating teams considered only research on the specific program model or treatment modality used by a program. Overall, fourteen of the 26 programs rated received no points, meaning that the programs were not aware of, nor were the rating teams able to find, research evidence supporting the effectiveness of the program model.<sup>m</sup> To be clear, this does not constitute negative evidence about program effectiveness, but simply an absence of evidence.

Figure 5: Research Basis Scale Rating, Institutions Programs



The highest Research Basis ratings were for the Substance Abuse Programs (SAP), and the Drug Treatment Furlough (DTF), and Transitional Treatment Program (TTP), which share the therapeutic community substance abuse treatment modality. This type of correctional substance abuse treatment approach has been subject to extensive evaluation, both in California and nationwide. Research evidence was more common for parole/community programs than for institutions programs, largely as a result of the evaluation of the Preventing Parolee Crime Program (PPCP),<sup>n</sup> an umbrella effort including multiple programs for parolees. Detail on the rated rigor and extent of the research evidence underlying the rated programs is presented in Figures 7 and 8.

<sup>m</sup> It is possible that research evidence exists for some of the program models represented among the 26 programs rated of which the program rating teams are not aware. The rating teams began by considering the research evidence, if any, suggested by the programs in their responses to the program survey, and supplemented that by consulting the correctional program literature. However, an exhaustive search of that literature was not possible within the time and resource constraints of the CPAP rating project.

<sup>n</sup> See Zhang, S., Roberts, R., & Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

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Figure 6: Research Basis Scale Rating, Parole/Community Programs

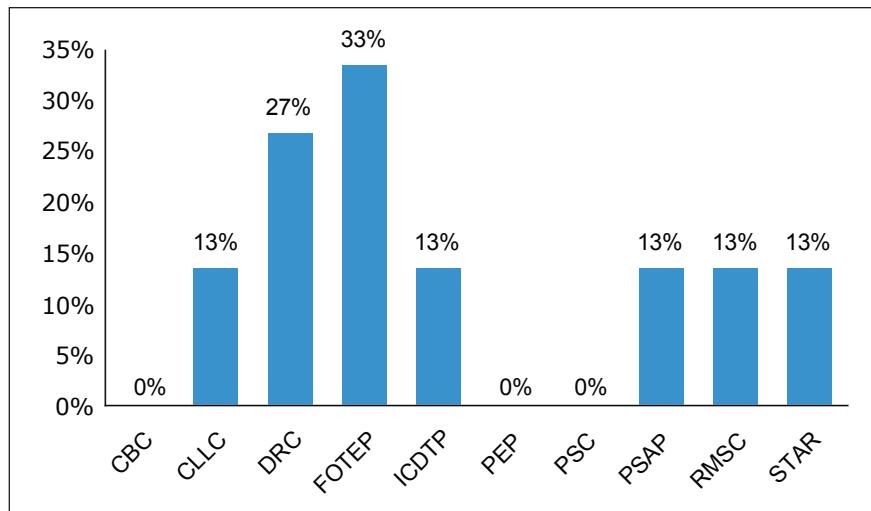


Figure 7: CPAP Research Basis Scale Summary, Institutions Programs

	BEP	Carpentry Pre-Appr.	CPMP	CALM	DTF	ESEA	FFP	IYO Program	OEC
Rigor of evaluation studies <sup>a</sup>	Δ	Δ	Δ	Δ	•	Δ	Δ	Δ	∞
Best practices and/or expert panel recommends	Δ	Δ	Δ	Δ	•	Δ	Δ	Δ	Δ
Evaluation study appeared in peer-reviewed publication	Δ	Δ	Δ	Δ	•	Δ	Δ	Δ	∞
Extent and consistency of evaluation results	Δ	Δ	Δ	Δ	∞	Δ	Δ	Δ	Δ

**Legend:** • Meets criteria      ∞ Partially meets criteria      Δ Does not meet criteria

<sup>a</sup> Programs met criteria if they for research evaluations at a Level 2 or higher on the CPAP scale, and partially met criteria for a Level 1 evaluation.

Figure 7, cont.: CPAP Research Basis Scale Summary, Institutions Programs

	Re-Entry Education	SB 618	STAND UP	SAP-SATF	TCMP-HIV	TCMP-MHSCP	TTP
Rigor of evaluation studies <sup>a</sup>	Δ	Δ	Δ	•	Δ	•	•
Best practices and/or expert panel recommends	Δ	Δ	Δ	•	Δ	Δ	•
Evaluation study appeared in peer-reviewed publication	Δ	Δ	Δ	•	Δ	Δ	•
Extent and consistency of evaluation results	Δ	Δ	Δ	∞	Δ	Δ	∞

**Legend:** • Meets criteria      ∞ Partially meets criteria      Δ Does not meet criteria

<sup>a</sup> Programs met criteria if they for research evaluations at a Level 2 or higher on the CPAP scale, and partially met criteria for a Level 1 evaluation.

An evaluation of SB 618 is currently underway, and according to the program survey responses, evaluations are planned for the Carpentry Pre-Apprenticeship Program, STAND UP, the In-Custody Drug Treatment Program (ICDTP), and the Parolee Substance Abuse Program (PSAP). These program evaluations, if completed, will enhance what is known about the effectiveness of CDCR's recidivism-reduction programs. The planned evaluation efforts notwithstanding, many programs are operating for CDCR inmates and parolees with no research evidence as to their effectiveness. Devoting resources to evaluating them would increase knowledge as to which programs are effective, and to what extent. Fortunately, the majority of programs rated (21 of 26) received at least three of four possible points for collection and analysis of program data on the Effective Interventions scale, suggesting that the data collection infrastructure necessary to conduct a program evaluation is in place for most CDCR programs.

*Figure 8: CPAP Research Basis Scale Summary, Parole/Community Programs*

	<b>CBC</b>	<b>CLLC</b>	<b>DRC</b>	<b>FOTEP</b>	<b>ICDTP</b>	<b>PEP</b>	<b>PSC</b>	<b>PSAP</b>	<b>RMSC</b>	<b>STAR</b>
Rigor of evaluation studies <sup>a</sup>	Δ	8	•	•	8	Δ	Δ	8	8	8
Best practices and/or expert panel recommends	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Evaluation study appeared in peer-reviewed publication	Δ	∞	Δ	Δ	∞	Δ	Δ	∞	∞	∞
Extent and consistency of evaluation results	Δ	Δ	Δ	∞	Δ	Δ	Δ	Δ	Δ	Δ

**Legend:** • Meets criteria      ∞ Partially meets criteria      Δ Does not meet criteria

<sup>a</sup> Programs met criteria if they for research evaluations at a Level 2 or higher on the CPAP scale, and partially met criteria for a Level 1 evaluation.

## Conclusion

In its report issued in December of 2007,<sup>o</sup> the Governor's Rehabilitation Strike Team stated that "prisoners must be assessed, routed to appropriate evidence-based programs, and once released, continuity of treatment must be assured." Taken as a whole, the CPAP assessment of CDCR's recidivism-reduction programming provides some valuable insights into the present status of CDCR programming relative to this goal.

- **The CPAP assessment results presented in this report provide some grounds for optimism.** Although there is variability across programs, most contain design elements in line with the effective interventions research literature for correctional programming. However, there was a substantial group of programs that received less than 50% of the possible Effective Interventions points. This suggests that there is considerable room for improvement in existing CDCR recidivism-reduction programming.
- **Many of the programs that scored well operate on a very limited scale.** If these program models prove to be effective, as their CPAP ratings suggest is likely, they should be expanded. SB 618 serves San Diego County. PSAP operates out of Folsom State Prison and serves only parolees from the surrounding counties. There was only one Day Reporting Center at the time of the program survey, located in Fresno. The Community-Based Coalition program serves parolees in a single service planning area of Los Angeles. CDCR funds and operates a number of programs that seem to be promising, but touch only a small number of offenders, limiting their potential recidivism-reduction impact.
- **Outcome evaluations of CDCR's recidivism-reduction programs should be conducted.** Following the previous point, it is not enough to know whether a program seems to be promising. A CPAP rating provides information on whether a program is *likely* to be effective based on design elements it shares with correctional programs that research has found to be effective elsewhere. This is valuable information, but it is no substitute for knowing whether a given program, as implemented, is *actually* effective in reducing recidivism in California. Determining this is the role of well-constructed outcome evaluations. The Research Basis Scale scores of the 26 rated programs indicate that evidence from such evaluations is lacking.

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<sup>o</sup> Petersilia, J. (Panel Chair). (2007). *Meeting the Challenges of Rehabilitation in California's Prison and Parole System: A Report from the Governor's Rehabilitation Strike*. Sacramento, CA: Governor's Office of Policy and Planning.

- **There is insufficient use of risk and needs assessment used in CDCR recidivism-reduction programming.** In its December 2007 report, the Governor's Rehabilitation Strike Team makes clear the vital role of assessment in ensuring that CDCR can "get the right inmate to the right program at the right time." As the CPAP ratings of these 26 programs indicates, risk assessment information is used by a very small number of programs, and needs assessment information is absent for many of them. When needs assessment is conducted, it is usually to help a program determine what to do with an offender once they are in the program, rather than to determine whether an offender should be in that program in the first place. A department-wide mechanism to assess offenders, determine who has priority for program placement, and provide assessment information to each program would fill these gaps in use of assessment.<sup>p</sup>
- **CDCR's recidivism-reduction programming, as a whole, does not conform to the risk principle.** As the Governor's Rehabilitation Strike Team emphasizes, targeting offenders for program intervention who are most likely to re-offend will produce the greatest recidivism-reduction impact. CDCR recidivism-reduction programs almost always exclude high-risk offenders if they take risk into account at all. While there may be valid reasons to do this for any single program, the cumulative effect is to allocate limited program resources almost entirely to low and moderate risk offenders, while the most dangerous offenders are unlikely to be touched by any program. High-risk offenders, as determined by a validated risk assessment instrument, should receive priority for recidivism-reduction programming.

These CPAP ratings represent an initial step in a systematic effort to determine the extent to which CDCR programming is evidence-based. They provide information as to the evidence-basis of program models. A next step in expanding knowledge in this area will be to investigate the evidence-basis of programs not only as designed, but as implemented. This can be done by applying the CPAP Program Fidelity Scale, or by utilizing a nationally-recognized instrument such as the CPC or CPAI. By so doing, CDCR will be able to identify the strengths and weaknesses of its programs and continue to work on developing programs that have the largest possible impact in reducing recidivism.

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<sup>p</sup> CDCR is applying and validating the COMPAS risk and needs assessment for its parole population, and has expanded that effort to apply it to a small number of inmates in Reception Centers as well. However, it is not yet applied to all CDCR offenders, nor is it yet being used to determine priority for program placement.

## Appendix A: CPAP Rating Scales

### Effective Interventions Scale (Max 31 points)

Item	Scoring Rule	Pts
Risk Assessment at pre-program phase	A program conducts or relies on a risk assessment instrument to determine the appropriateness of the program to the risk level of the offender. To receive points a program must conduct "meaningful" risk assessment. That is, there must be consequences resulting from the use of the tool. Fulfilling this requirement means that offenders can be excluded from the program based upon the assessment. Programs that target "high risk" offenders receive more credit than those that target medium and low risk offenders (See "risk principle"). A program must use an assessment tool that has been shown reliable and valid in previous research. A program that relies on risk assessment conducted elsewhere counts (i.e., the program need not have its own risk assessment as long as it relies on the classification applied by another program or the CDCR). If there is no logical reason why a risk assessment should be used then this category should be omitted from the total score and labeled "n/a" for not applicable. (2 pts for use of risk assessment, 1 pt for targeting high risk offenders).	3
Needs Assessment at pre-program phase	A program conducts or relies on a needs assessment instrument to determine services required by the offender. To receive points a program must conduct "meaningful" needs assessment. That is, needs identified by the assessment must align with a case plan. A program must target the criminogenic needs of the offender. A program must use an assessment tool that has been shown reliable and valid in previous research. A program that relies on needs assessment conducted elsewhere counts (All or nothing).	4

Item	Scoring Rule	Pts
Program Model	The program must be based on a clearly articulated theoretical model that links the intervention content directly to an offender's criminogenic need	2
	Program manual or curriculum materials exist (all pts or none)	2
	Uses cognitive behavior or social learning methods (all pts or none)	2
	Program enhances intrinsic motivation	1
	Program is structured to produce continuities between the program activities and communities, families, and other programs (1 pt for coordination with communities, 1 pt for either coordination with families or other programs)	2
	Program dosage varies with offender risk level (Higher risk offenders receive greater program dosage)	1
	Program design reflects the responsivity principle (i.e., it has procedures to determine the preparedness of the offender for the program and to match the delivery of the program to the learning style of the offender).	1
	Program design identifies positive reinforcement strategies, not just sanctions	1
Program Administration	75% or more of service staff possess an undergraduate degree. Among those with degrees, 75% of staff has degrees in a helping profession (1 pt. for each)	2
	75% of staff have worked in offender treatment programs for at least two years	1
	Explicit strategy for recruitment and retention of staff	1
	Initial training on program model, including written materials	1
	Program director was involved in the design of the program, has at least 3 years of experience with offenders, and has a degree in social work or related field (1 pt ea.)	3
Quality Assurance	Program collects data to monitor performance (1 pt), includes individual level data on participation (1 pt), identifies the eligible population (1 pt), data is forwarded and analyzed by a non-program entity (1 pt)	4

### Research Basis Scale (Max 15 points)

Research Basis	
Item	Pts
An expert committee, respected advisory group, or Best Practices panel recommends	+1
Multiple positive evaluations exist. Two points for multiple positive Level 3 (or above) evaluations. One point if only one positive evaluation is Level 3, or if none are.	+2
Published in peer reviewed outlet	+2
Research Rigor	
Level 1: Correlation between program participation and recidivism reduction, temporal sequence between program participation and recidivism reduction clearly observed, or a comparison group present without demonstrated comparability to the treatment group (& no controls)	+1
Level 2: A comparison between two or more units of analysis, one with and one without the program (with partial controls)	+4
Level 3: A comparison between multiple units with and without the program, controlling for other factors, or a nonequivalent comparison group has only minor differences evident	+6
Level 4: Random assignment and analysis of comparable units to program and comparison groups	+10
	+10
Negative or no effect evaluations	-1

## **Appendix B: Program Scoring Detail**

Figure 3: CPAP Effective Interventions Scale Ratings, Institutions Programs

	BEP	Carpentry Pre-Apprenticeship	CPMP	CALM	DTF	ESEA	FFP	IYO Program	OEC
Assesses risk and targets high-risk (3 points)	0	0	0	0	0	0	0	0	0
Assesses criminogenic needs and delivers services accordingly (4 points)	0	0	4	0	0	4	4	4	4
Theoretical model clearly articulated (2 points)	0	2	2	2	2	2	2	2	2
Has program manual and/or curriculum (2 points)	2	2	2	2	2	2	2	2	2
Uses cognitive-behavioral or social learning methods (2 points)	0	n/a	0	2	2	2	2	0	2
Enhances intrinsic motivation (1 point)	0	n/a	0	1	1	0	1	0	1
Continuities with other programs and community support networks (2 points)	0	1	2	0	2	0	2	2	2
Program dosage varies by risk level (1 point)	0	0	0	0	0	0	0	0	0
Responsive to learning style, motivation and culture of offenders (1 point)	0	1	1	0	1	1	1	1	1
Uses positive reinforcement (1 point)	1	0	1	0	1	1	1	0	0
Staff has degrees (2 points)	2	n/a	0	1	0	2	0	1	1 <sup>c</sup>
Staff has experience working with offenders (1 point)	?	0	1	1	1	1	1	1	?
Staff recruitment and retention strategy (1 point)	1	1	0	0	1	0	1	0	?
New staff training (1 point)	1	1	0	0	1	1	1	1	1
Program director qualifications (3 points)	2	1 <sup>b</sup>	2	2	2	2	1	1	1
Program data collected and analyzed (4 points)	3	2	4	1	3	3	4	4	4
Effective Interventions Total	12	11	19	12	19	21	23	19	21
Effective Interventions Possible <sup>a</sup>	30	25	31	31	31	31	31	31	28
Percentage	40%	44%	61%	39%	61%	68%	74%	61%	75%

<sup>a</sup> Total possible points may vary due to items not being scored for some programs<sup>b</sup> Item scored out of two points; rating element requiring degree in social work not applicable<sup>c</sup> Item scored out of one point; information necessary to determine award of the second point not available

CPAP ASSESSMENT OF CDCR RECIDIVISM-REDUCTION PROGRAMS

Figure 3, cont.: CPAP Effective Interventions Scale Ratings, Institutions Programs

	Re-Entry Education	SB 618	STAND UP	SAP-SATF	TCMP-HIV	TCMP-MHSCP	TPP
Assesses risk and targets high-risk (3 points)	0	2	0	2	0	0	0
Assesses criminogenic needs and delivers services accordingly (4 points)	0	4	0	4	0	4	?
Theoretical model clearly articulated (2 points)	0	2	2	2	0	2	2
Has program manual and/or curriculum (2 points)	2	2	2	2	0	2	2
Uses cognitive-behavioral or social learning methods (2 points)	0	0	2	2	2	2	2
Enhances intrinsic motivation (1 point)	0	1	1	1	0	0	0
Continuities with other programs and community support networks (2 points)	0	2	2	2	2	2	2
Program dosage varies by risk level (1 point)	0	0	0	0	0	0	0
Responsive to learning style, motivation and culture of offenders (1 point)	1	1	1	1	0	1	0
Uses positive reinforcement (1 point)	0	0	1	1	1	0	1
Staff has degrees (2 points)	2	1	1	0	0	2	0
Staff has experience working with offenders (1 point)	1	1	1	1	1	?	?
Staff recruitment and retention strategy (1 point)	0	0	0	1	0	1	1
New staff training (1 point)	1	1	0	1	1	1	1
Program director qualifications (3 points)	2	3	2	2	1	2	1
Program data collected and analyzed (4 points)	1	4	3	4	3	2	4
Effective Interventions Total	10	24	18	26	11	21	16
Effective Interventions Possible <sup>a</sup>	31	31	31	31	31	30	26
Percentage	32%	77%	58%	84%	35%	70%	62%

<sup>a</sup> Total possible points may vary due to items not being scored for some programs

Figure 4: CPAP Effective Interventions Scale Ratings, Parole/Community Programs

	<b>CBC</b>	<b>CLLC</b>	<b>DRC</b>	<b>FOTEP</b>	<b>ICDTP</b>	<b>PEP</b>	<b>PSC</b>	<b>PSAP</b>	<b>RMSC</b>	<b>STAR</b>
Assesses risk and targets high-risk (3 points)	2	0	2	0	0	0	0	0	0	0
Assesses criminogenic needs and delivers services accordingly (4 points)	4	4	4	0	4	0	0	4	0	4
Theoretical model clearly articulated (2 points)	2	2	2	2	2	2	2	2	0	2
Has program manual and/or curriculum (2 points)	2	2	2	2	2	2	2	2	2	2
Uses cognitive-behavioral or social learning methods (2 points)	2	0	2	2	2	0	2	2	2	2
Enhances intrinsic motivation (1 point)	1	0	1	1	1	0	0	1	0	1
Continuities with other programs and community support networks (2 points)	2	2	2	2	2	1	2	2	2	1
Program dosage varies by risk level (1 point)	0	0	0	0	0	0	0	0	0	0
Responsive to learning style, motivation and culture of offenders (1 point)	1	1	1	1	1	0	1	1	1	1
Uses positive reinforcement (1 point)	1	1	1	1	1	0	1	1	1	1
Staff has degrees (2 points)	0	2	2	0	2	0	0	2	2	0
Staff has experience working with offenders (1 point)	?	0	1	1	1	1	0	1	1	1
Staff recruitment and retention strategy (1 point)	1	1	1	0	1	0	1	1	1	1
New staff training (1 point)	1	1	1	1	1	0	1	1	0	1
Program director qualifications (3 points)	3	3	1	3	3	1	3	3	2	3
Program data collected and analyzed (4 points)	2	4	3	4	4	3	3	4	3	3
Effective Interventions Total	24	23	26	20	27	10	18	27	17	23
Effective Interventions Possible <sup>a</sup>	30	31	31	31	31	31	31	31	31	31
Percentage	80%	74%	84%	65%	87%	32%	58%	87%	55%	74%

<sup>a</sup> Total possible points may vary due to items not being scored for some programs

CPAP ASSESSMENT OF CDCR RECIDIVISM-REDUCTION PROGRAMS

Figure 7: CPAP Research Basis Scale Ratings, Institutions Programs

	BEP	Carpentry Pre-Appr.	CPMP	CALM	DTF	ESEA	FFP	IYO Program	OEC
Rigor of evaluation studies (10 points)	0	0	0	0	6	0	0	0	1
Best practices and/or expert panel recommends (1 point)	0	0	0	0	1	0	0	0	0
Multiple positive evaluations (2 points)	0	0	0	0	2	0	0	0	0
Evaluation study appeared in peer-reviewed publication (2 points)	0	0	0	0	2	0	0	0	1
Negative/no effect evaluations (-1 point)	0	0	0	0	-1	0	0	0	0
Research Basis Total	0	0	0	0	10	0	0	0	2
Research Basis Possible	15	15	15	15	15	15	15	15	15
Percentage	0%	0%	0%	0%	67%	0%	0%	0%	13%

Figure 7, cont.: CPAP Research Basis Scale Ratings, Institutions Programs

	Re-Entry Education	SB 618	STAND UP	SAP-SATF	TCMP-HIV	TCMP-MHSCP	TTP
Rigor of evaluation studies (10 points)	0	0	0	6	0	4	6
Best practices and/or expert panel recommends (1 point)	0	0	0	1	0	0	1
Multiple positive evaluations (2 points)	0	0	0	2	0	0	2
Evaluation study appeared in peer-reviewed publication (2 points)	0	0	0	2	0	0	2
Negative/no effect evaluations (-1 point)	0	0	0	-1	0	0	-1
Research Basis Total	0	0	0	10	0	4	10
Research Basis Possible	15	15	15	15	15	15	15
Percentage	0%	0%	0%	67%	0%	27%	67%

Figure 8: CPAP Research Basis Scale Ratings, Parole/Community Programs

	<b>CBC</b>	<b>CLLC</b>	<b>DRC</b>	<b>FOTEP</b>	<b>ICDTP</b>	<b>PEP</b>	<b>PSC</b>	<b>PSAP</b>	<b>RMSC</b>	<b>STAR</b>
Rigor of evaluation studies (10 points)	0	1	4	4	1	0	0	1	1	1
Best practices and/or expert panel recommends (1 point)	0	0	0	0	0	0	0	0	0	0
Multiple positive evaluations (2 points)	0	0	0	1	0	0	0	0	0	0
Evaluation study appeared in peer-reviewed publication (2 points)	0	1	0	0	1	0	0	1	1	1
Negative/no effect evaluations (-1 point)	0	0	0	0	0	0	0	0	0	0
Research Basis Total	0	2	4	5	2	0	0	2	2	2
Research Basis Possible	15	15	15	15	15	15	15	15	15	15
Percentage	0%	13%	27%	33%	13%	0%	0%	13%	13%	13%

## Appendix C: Program Rating Detail

### Institutions Programs

#### Bridging Education Program (BEP)

**Assesses risk and targets high-risk offenders:** BEP does not utilize risk assessment information from a validated risk assessment instrument or target participants by risk level. All eligible offenders are enrolled. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** Participants are assessed for needs using the TABE (Test of Adult Basic Education) and the CASAS (Comprehensive Adult Student Assessment Systems) Life Skills component. These are nationally-validated, although non-offender specific instruments. However, BEP does not utilize the results of these assessments to determine program delivery. (No points awarded)

**Theoretical model clearly articulated:** Enrollment in BEP is mandatory for all inmates housed in Reception Centers. BEP consists of a life skills curriculum delivered to all participants through self-study curriculum packets. The theory connecting the curriculum to criminogenic needs common to all offenders is not clearly articulated. (No points awarded)

**Program manual and/or curriculum materials:** A comprehensive program manual and extensive curricular materials were provided. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** BEP's curriculum includes cognitive-behavioral elements. However, participants work through independent self-study, which is not consistent with cognitive-behavioral and social learning methodologies. (No points awarded)

**Enhancing intrinsic motivation of offenders:** BEP staff may use motivational enhancement techniques, but they are not a formal part of the program in which staff is trained. (No points awarded)

**Continuities with other programs and community support networks:** The mechanism to connect BEP activities with other programs is the Life Plan, but the Life Plan had not been implemented at the time of the CPAP rating. BEP does not coordinate its activities with families or communities. (No points awarded)

**Program dosage varies by risk level:** BEP does not assess offender risk, and therefore cannot vary does by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The self-study packets are provided to participants based on offender reading level, but program content is not otherwise tailored to differences in offender learning styles or other responsivity factors. (No points awarded)

**Uses positive reinforcement:** BEP participants receive day-for-day credit for their enrollment period, and also priority in work assignments after they leave the Reception Centers. This is reinforcement for participation, not for program success. (Full points awarded)

**Staff has undergraduate degrees:** Over 75% of BEP program staff (385 of 489, 78%) have undergraduate degrees. All have teaching credentials, which are eligible for the helping profession criterion due to the educational content of BEP. (Full points awarded)

**Staff has experience working with offenders:** BEP was unable to supply this information prior to the rating deadline. (Item not scored)

**Staff recruitment and retention strategy:** BEP primarily utilizes standard recruitment procedures for correctional teachers, with alternative work schedules offered as an additional incentive to attract teachers. (Full points awarded)

**New staff training:** BEP has written training material for new staff that is specific to the program. (Full points awarded)

**Program director qualifications:** The program director was involved in the design of the program and has 21 years of experience working with offenders. The director does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** BEP collects pre and post-test TABE and CASAS scores for participants to monitor program performance; this is individual-level data, and the BEP eligible population is clearly identified (inmates at Reception Centers). Data is not forwarded to a non-program entity for analysis. (Three of four points awarded)

**Rigor of evaluation studies:** No evaluation of BEP or the BEP model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of BEP or the BEP model was found. (No points awarded)

## Carpentry Pre-Apprenticeship Program

**Assesses risk and targets high-risk offenders:** The Carpentry Pre-Apprenticeship Program does not utilize risk assessment information from a validated risk assessment instrument. The program states that they target low-risk offenders. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** No needs assessment is administered, and needs assessment information from elsewhere is not used. (No points awarded)

**Theoretical model clearly articulated:** Program content addresses educational and vocational deficits, which are established criminogenic needs, through the provision of job training and employment readiness preparation. (Full points awarded)

**Program manual and/or curriculum materials:** The Carpentry Pre-Apprenticeship Program has a program manual, which was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Cognitive-behavioral and social learning methods are not relevant to the delivery of program content, which focuses on job skills acquisition, not behavioral change. (Item not scored)

**Enhancing intrinsic motivation of offenders:** The program is intended to provide job skills, not to change offender thinking or behavior. Therefore, techniques to enhance motivation to change are not necessarily required. (Item not scored)

**Continuities with other programs and community support networks:** Graduating inmates are referred to employment opportunities, and the carpenter's union is a partner in the program. There are no continuities with other programs or with families. (One of two points awarded)

**Program dosage varies by risk level:** The Carpentry Pre-Apprenticeship Program does not assess risk, and therefore cannot vary does by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Inmate learning rate, motivation and maturity are assessed by trainers and Prison Industry Authority supervisors. This information is used to determine whether they are ready to work independently and which jobs are the best fits for them. (Full points awarded)

**Uses positive reinforcement:** Program survey indicates that "hands-on experience" is the only positive reinforcement present. However, delivery of program content does not constitute a positive reinforcement strategy. (No points awarded)

**Staff has undergraduate degrees:** This is not applicable, because the skills being imparted to participants do not require an undergraduate degree, but rather professional certification. (Item not scored)

**Staff has experience working with offenders:** Less than 75% of staff members (4 of 17, 24%) who deliver program content have at least two years of experience working with offenders. (No points awarded)

**Staff recruitment and retention strategy:** Although the program is aware of need to maintain good relations with the unionized casual laborers who help to train inmates, there does not appear to be a formalized retention strategy. However, the recruitment of employees does appear to be a formalized process built on a relationship with the carpenter's union. (Full points awarded)

**New staff training:** There is specific training for new staff, including written materials. (Full points awarded)

**Program director qualifications:** The current program director was not involved in the design of the program, but does have 15 years of experience working with offenders. The requirement that the program director have a degree in social work or a related field is not applicable, because the skills being imparted to participants do not require that type of training, but rather professional certification. (One of two points awarded, one point not scored)

**Program data collected and analyzed:** Data is collected tracking participant outcomes for one year. Individual-level data is collected. The eligible population is not clearly identified, nor is the data forwarded to a non-program entity for analysis. (Two of four points awarded)

**Rigor of evaluation studies:** No evaluation of the Carpentry Pre-Apprenticeship Program or its model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of the Carpentry Pre-Apprenticeship Program or its model was found. (No points awarded)

## Community Prisoners Mothers Program (CPMP)

**Assesses risk and targets high-risk offenders:** CPMP targets minimum risk offenders; this is determined by the risk classification score as well as a review of the c-file by the program counselor, not by a valid risk assessment. Offenders with violent convictions are excluded. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** The program uses the Addiction Severity Index (ASI) to assess participant needs. This needs assessment forms the basis of the individual treatment plans that are created for program participants. (Full points awarded)

**Theoretical model clearly articulated:** CPMP's modified therapeutic community model is clearly articulated and linked to criminogenic needs of participants. (Full points awarded)

**Program manual and/or curriculum materials:** Curriculum materials were provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Although the program survey response indicated that cognitive-behavioral therapy is utilized, the methods described are related to peer mentorship and general group therapy as opposed to cognitive therapy, and therefore do not qualify. (No points awarded)

**Enhancing intrinsic motivation of offenders:** The CPMP site rated does not make formalized use of motivational enhancement techniques. (No points awarded)

**Continuities with other programs and community support networks:** CPMP connects participants to other programs and resources, including AA, NA and community colleges. In addition, parents and children can attend Mommy and Me classes. Family reunification and connection to additional programs and services is coordinated through FOTEP. (Full points awarded)

**Program dosage varies by risk level:** CPMP does not rely on validated risk assessment instruments to determine risk level, and therefore cannot vary does by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** CPMP trains staff to use techniques appropriate to different offender learning styles. Participants with special learning needs are dealt with individually. (Full points awarded)

**Uses positive reinforcement:** CPMP uses passes enabling participants to have time with their children, passes to attend community college, and other 24-hour passes to leave the program facility as positive reinforcement. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of the treatment staffers (4 of 6, 67%) employed by the CPMP site surveyed have undergraduate degrees. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** Over 75% of treatment staffers (5 of 6, 83%) have at least two years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** No specific strategy for recruitment and retention is in place. (No points awarded)

**New staff training:** All new staff must have experience working with a therapeutic community model prior to working at CPMP. New staffers must shadow experienced staff during training period, but written materials are not provided in this training. (No points awarded)

**Program director qualifications:** The CPMP program director at the site surveyed was involved in the development of the program and has more than 9 years of experience working with offenders. However, the director does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** The program indicates that performance measurement data is collected, including individual-level data. All data is forwarded to the Measurement Group and CDCR for analysis, and the eligible population is identifiable. (Full points awarded)

**Rigor of evaluation studies:** The CPMP program survey response indicates that an evaluation of the program site was conducted by The Measurement Group, but that evaluation excludes CPMP participants from the study population.<sup>q</sup> No other evaluation of CPMP or the CPMP model is known. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of CPMP or its program model was found. (No points awarded)

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<sup>q</sup> Melchior, L. and Huba, G. (1999). *Evaluation of the Residential Treatment Program for Women and their Children: PROTOTYPES Women's Center*. Culver City, CA: The Measurement Group.

## Conflict/Anger Lifelong Management (CALM)

**Assesses risk and targets high-risk offenders:** CALM does not have access to information from any risk assessment done using a validated instrument. CALM receives participants based on referrals made by the Classification Unit. (No point awarded)

**Assesses criminogenic needs and delivers services accordingly:** CALM participants are not assessed for criminogenic needs, nor is needs information from assessment conducted elsewhere used. CALM plans to utilize COMPAS in the future to assess needs. (No points awarded)

**Theoretical model clearly articulated:** CALM has a clearly articulated model using cognitive-behavioral material to change participant thinking and teaching them to manage anger. Inability to exercise control over anger is a criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** CALM has curricular materials. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program uses a cognitive-behavioral approach and curriculum (including Breaking Barriers and Thinking for a Change). (Full points awarded)

**Enhancing intrinsic motivation of offenders:** The program uses behavior modeling, motivational interviewing, and social learning to enhance intrinsic motivation. (Full points awarded)

**Continuities with other programs and community support networks:** CALM has no continuities with community support networks, family or other programs. (No points awarded)

**Program dosage varies by risk level:** Risk level is not assessed, and program dosage therefore cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** CALM program content is delivered in multiple modes, but it is delivered to all participants in the same way. (No points awarded)

**Uses positive reinforcement:** Participants receive certificates of completion, but positive reinforcement must occur during the program, and no such reinforcement was indicated. (No points awarded)

**Staff has undergraduate degrees:** All CALM teachers have undergraduate degrees, but none have degrees in social work or helping professions. All have teaching credentials, but those are not applicable as degrees in a helping profession unless a program addresses educational deficits. (One of two points awarded)

**Staff has experience working with offenders:** All CALM teachers have at least two years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** The CDCR Workforce Planning Department strategy for recruitment and retention the program uses is not specific to CALM. (No points awarded)

**New staff training:** Teachers must have a teaching credential. The Office of Correctional Education considers academic teachers qualified to teach life skills curriculum such as CALM. CALM reports not having needed to train new staff since its inception. There is no written strategy for training. (No points awarded)

**Program director qualifications:** The current program director was involved in the design of CALM, and has 21 years of experience working with offenders. The director has a degree in education, but not in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** Data on course completions is collected to monitor program performance, but not individual-level data. The eligible population is not clearly identified. Data is not forwarded to a non-program entity for analysis. (One of four points awarded)

**Rigor of evaluation studies:** No evaluation of the CALM program or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of the CALM program or its program model was found. (No points awarded)

## Drug Treatment Furlough (DTF)

**Assesses risk and targets high-risk offenders:** DTF does not conduct or have available from elsewhere an assessment of offender risk level. The program does not attempt to target high-risk offenders. Offenders with violent or sex convictions are excluded. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** DTF uses a modified version of the Addiction Severity Index (ASI). Although the original ASI is a validated instrument, the version employed by the program is significantly different from the original, and has not been validated. (No points awarded)

**Theoretical model clearly articulated:** DTF is based on the therapeutic community model, which is clearly articulated and addresses substance abuse, a criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** DTF has curricular materials and a program handbook, which was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** DTF utilizes both cognitive-behavioral and social learning methods in its therapeutic community treatment. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** All DTF staff members at the site assessed have been trained in the use of motivational interviewing techniques, and utilize them with program participants. (Full points awarded)

**Continuities with other programs and community support networks:** DTF promotes family visits (including overnight child visits) and coordinates with sponsored N.A./A.A. meetings and other community recovery activities. (Full points awarded)

**Program dosage varies by risk level:** DTF does not assess offender risk level, and therefore cannot vary program dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Each participant receives an individualized treatment plan according to his/her needs, informed by needs and goals assessment that include responsibility factors. (Full points awarded)

**Uses positive reinforcement:** DTF utilizes positive reinforcement in the form of certificates of recognition, acknowledgement of positive behaviors, phase-ups, "job well done" acknowledgements in meetings, peer recognition and peer demonstration. Day passes are also issued for good program progress. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% (3 of 18, 17%) of staff members at the DTF site surveyed have undergraduate degrees. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** Over 75% of DTF staff members at the site surveyed (14 of 16, 88%) have at least two years' experience working in offender treatment. (Full points awarded)

**Staff recruitment and retention strategy:** Staff recruitment is conducted through recovery industry referrals, and staff retention is managed by providing growth opportunities for staff and recognizing accomplishments on a regular basis. (Full points awarded)

**New staff training:** During training, new program staffers shadow a senior counselor for 2-4 weeks, and receive hands-on training on policy, treatment documentation, and therapeutic communities. Written training materials are used in this training. (Full points awarded)

**Program director qualifications:** The program director of the DTF site surveyed was involved in the design of the program, has 15 years of experience working with offenders, but does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** DTF collects individual-level data to monitor program completion. Data is not forwarded to a non-program entity for analysis—although it may be forwarded to SASCA for record-keeping. The eligible population is identified as medium- and low-risk offenders with a substance abuse problem. (Three of four points awarded)

**Rigor of evaluation studies:** The strongest evaluation of the therapeutic community (TC) model employed by DTF is Wexler, Falkin and Lipton's quasi-experimental design<sup>r</sup> used to compare participants in a New York State in-prison therapeutic community to participants in two other, non-TC in-prison SAPs. The study rated a Level 3 on the CPAP Research Rigor sub-scale. Results showed that the TC treatment was more effective in reducing recidivism for participants for up to twelve months post-release than were the two control groups. Outcome measures included: positive completion of parole, absence of arrest, and time until arrest. (Six of ten points awarded)

**Best practices and/or expert panel recommends:** Therapeutic communities are recommended in *Preventing Crime: What Works, What Doesn't, What's Promising*.<sup>s</sup> (Full points awarded)

**Evaluation study appeared in peer-reviewed publication:** Several evaluations of the therapeutic community model have appeared in peer-reviewed publications. (Full points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations of therapeutic communities exist at or above a Level 3 on the CPAP Research Rigor sub-scale. It is important to note, however, that some studies indicate that the positive impact of therapeutic communities is attenuated for programs limited to in-prison treatment; therapeutic communities with consistent aftercare have demonstrated more favorable outcomes overall.<sup>t</sup> The California Inspector General's report on in-prison SAPs, issued in 2007,<sup>u</sup> reported results of a UCLA ISAP report (as yet unreleased) that found the SATF TC ineffective in reducing recidivism due to the absence of post-release aftercare. (Two points awarded for multiple positive evaluations, one point deducted for negative/no effect evaluation results)

<sup>r</sup> Wexler, H., Falkin, G., and Lipton, D. (1990). "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment." *Criminal Justice and Behavior*, 17:1, 71-92.

<sup>s</sup> Sherman, L., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P., and Bushway, S. (1998). *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: National Institute of Justice.

<sup>t</sup> Anglin, M., Prendergast, M., Farabee, D., and Cartier, J. (2002). *Final Report on the Substance Abuse Program at the California Substance Abuse Treatment Facility (SATF-SAP) and State Prison at Corcoran*. California Department of Corrections, Office Substance Abuse Programs: Sacramento, CA.

<sup>u</sup> Office of the Inspector General (2007). *Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation*. Office of the Inspector General: Sacramento, CA.

## Elementary Secondary Education Act (ESEA)

**Assesses risk and targets high-risk offenders:** ESEA does not assess offender risk level, or rely on risk assessment conducted elsewhere. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** ESEA uses the Test of Adult Basic Education (TABE) and CASAS (Comprehensive Adult Student Assessment Systems) adult student assessment survey. Both instruments have been validated by the federal government, although not specifically for correctional populations. Results of these assessments are used to develop an individualized plan and goal sheet for the delivery of services to participants. (Full points awarded)

**Theoretical model clearly articulated:** The program uses a cognitive-based approach through a CDCR competency based curriculum to address educational deficits, an established criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** ESEA curricular material was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** ESEA teachers use cognitive-behavioral methods to assist participants to identify and correct irrational or maladaptive thoughts or behaviors. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** ESEA teachers attempt to enhance intrinsic motivation informally, but receive no training in motivation enhancement techniques. (No points awarded)

**Continuities with other programs and community support networks:** There are no meaningful continuities between ESEA and other programs, families, or community support networks. (No points awarded)

**Program dosage varies by risk level:** ESEA does not determine the risk level of participants, and therefore cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The program uses needs assessment information to develop an individualized plan and identify goals and to provide educational and transitional services relevant to each inmate. The program also offers small group instruction, individualized instruction and counseling, and peer tutoring and mentoring, which can be responsive to relevant differences in offender learning style. (Full points awarded)

**Uses positive reinforcement:** ESEA students receive positive reinforcement in the form of recognition in the classroom for achievement by writing their names on boards, and there are student of the day designations. (Full points awarded)

**Staff has undergraduate degrees:** More than 75% (8 of 10, 80%) of ESEA staff members have undergraduate degrees. All have valid California Teaching Credentials in various fields, which receive credit for being relevant degrees given that the program targets educational deficits. (Full points awarded)

**Staff has experience working with offenders:** All ESEA teachers have worked with offenders for more than two years. (Full points awarded)

**Staff recruitment and retention strategy:** There is a recruitment strategy for teachers managed by the CDCR Planning unit, but there is not a strategy for recruitment and retention specifically for ESEA staff. (No points awarded)

**New staff training:** There is extensive new staff training for ESEA teachers, including written materials. (Full points awarded)

**Program director qualifications:** The director was not involved in the design of the ESEA program, but has 27 years of experience working with offenders and has a M.A. in Educational Administration, which meets the criteria for program director qualifications in a program addressing educational deficits. (Two of three points awarded)

**Program data collected and analyzed:** The ESEA Program collects data on GED completions to monitor performance. They also collect TABE and CASAS pre-program and post-program assessment scores. This is individual-level data. The eligible program population is clearly identified. Data is not forwarded to a non-program entity for analysis. (Three of four points awarded)

**Rigor of evaluation studies:** No evaluation of the ESEA program or its model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of the ESEA program or its model was found. (No points awarded)

## Family Foundations Program (FFP)

**Assesses risk and targets high-risk offenders:** Although FFP targets low risk offenders, it does not use information from a validated risk assessment tool. Offenders with certain violent convictions are excluded. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** FFP assesses criminogenic needs using the Addiction Severity Index (ASI), a validated needs assessment tool, and utilizes the result to inform service delivery. The assessment informs and guides personalized treatment. FFP also assesses needs with a Mental Health Questionnaire and a Trauma Assessment, but these tools have not been validated. (Full points awarded)

**Theoretical model clearly articulated:** FFP is based on a clearly articulated modified therapeutic community model that utilizes trauma-informed and gender responsive treatment techniques to address multiple criminogenic needs. (Full points awarded)

**Program manual and/or curriculum materials:** FFP has a policies and procedures manual and a inmate orientation manual. The latter was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Cognitive-based relapse prevention and therapy are used in FFP to correct errors in thinking. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** FFP staff use motivational interviewing techniques. (Full points awarded)

**Continuities with other programs and community support networks:** FFP clients are involved with multiple outside support networks and programs. Clients attend community-based AA/NA meetings and are encouraged to interview for admission to housing facilities and outpatient counseling programs. In addition, clients develop an individualized resource book of community contacts and participate in on-site family counseling. (Full points awarded)

**Program dosage varies by risk level:** FFP does not assess the risk assessment of clients, and therefore cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Needs assessments determine individualized treatment plans that account for cultural issues, level of trauma, learning disabilities, and psychological problems. (Full points awarded)

**Uses positive reinforcement:** FFP uses certificates of recognition, leadership positions, specially designed rewards, and resident of the month awards as positive reinforcement for behavior and program progression. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of the therapeutic staff at the FFP site surveyed (4 of 6, 67%) have undergraduate degrees. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** All six staff members have worked with offenders for at least two years. (Full points awarded)

**Staff recruitment and retention strategy:** FFP recruits staff by advertising openings and screening applicants and retains staff by offering training and support, a positive work environment, career education, salary increases, and various staff incentive programs. (Full points awarded)

**New staff training:** New FFP staff members spend the first two weeks of employment reviewing written program materials and receiving one-on-one training from department managers. (Full points awarded)

**Program director qualifications:** While the program director was not involved in the development of the program and does not have a degree in social work or a related field, the director does have more than 12 years of experience working with offenders. (One of three points awarded)

**Program data collected and analyzed:** Monthly data is collected on individuals tracking completion of treatment goals, treatment progress and certificate completion in the areas of cooking and child care. Data is sent to L.A. CADA, The United Way, the CDCR Women and Children's Services Unit and other outside entities for review. In addition, CDCR monitors recidivism rates for women who successfully complete the program. The FFP eligible population can be identified by using program eligibility criteria. (Full points awarded)

**Rigor of evaluation studies:** No evaluation of FFP or its model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of FFP or its model was found. (No points awarded)

## Incarcerated Youthful Offender (IYO) Program

**Assesses risk and targets high-risk offenders:** IYO does not assess risk level, nor does it target offenders of a certain risk level. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** IYO uses the Career Occupational Preference System (COPS), Career Ability Placement Survey (CAPS), and Career Orientation Placement and Evaluation Survey (COPES) assessment tools to determine occupational interest, ability and suitability for program content, and delivers it accordingly. These instruments have not been validated, although not for use on criminally involved persons. (No points awarded)

**Theoretical model clearly articulated:** IYO's model is the provision of educational and vocational training to inmates to address educational and vocational deficits. These are established criminogenic needs. (Full points awarded)

**Program manual and/or curriculum materials:** An IYO Desk Manual has been developed and was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Cognitive-behavioral techniques are not used by IYO. (No points awarded)

**Enhancing intrinsic motivation of offenders:** Techniques that enhance intrinsic motivation are not used by IYO. (No points awarded)

**Continuities with other programs and community support networks:** IYO has connections to community services, businesses and industrial entities. The program also has links to community employment programs and labor unions. (Full points awarded)

**Program dosage varies by risk level:** The program does not determine risk level, and therefore cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** IYO clients are assessed for career ability, preference and orientation. Potential clients are also interviewed to determine program qualification and readiness. Individualized assistance and peer tutoring are used to vary content according to this assessment. (Full points awarded)

**Uses positive reinforcement:** Although IYO provides letters of recognition and graduation ceremonies for the completion of certificates and degrees, but positive reinforcement must occur during the program, and no such reinforcement was indicated. (No points awarded)

**Staff has undergraduate degrees:** More than 75% of IYO program staff members (13 of 15, 87%) have undergraduate degrees, but none of these degrees are in a helping profession. (One of two points awarded)

**Staff has experience working with offenders:** Over 75% of IYO staffers have at least two years experience with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** IYO has no explicit strategy for recruitment or retention of staff. (No points awarded)

**New staff training:** New IYO staffers participate in a three-day initial training session developed by veteran IYO staff members. In addition, new IYO staffers are also critiqued by senior IYO employees during an on-site follow-up visit. Program implementation guidelines are provided to staffers in a written training manual. (Full points awarded)

**Program director qualifications:** The current program director was not involved in the development of the program. While the director does not hold a degree in social work or a related profession, the director does have eleven years experience working with offenders. (One of three points awarded)

**Program data collected and analyzed:** IYO also collects individual level data on participation and forwards data to non-program entities. The IYO eligible population is clearly identified. (Full points awarded)

**Rigor of evaluation studies:** No evaluation of IYO or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of IYO or its program model was found. (No points awarded)

## Offender Employment Continuum (OEC)

**Assesses risk and targets high-risk offenders:** OEC does not use risk assessment information from a validated risk assessment tool. There are no exclusions based on offender risk, and OEC does not specifically target high-risk offenders. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** Participant needs are assessed using the Test of Adult Basic Education (TABE) and IECSP assessment tools, which have been validated. The needs assessment information is used to compile an Employment Transition Portfolio and is used in transition planning, allocation of program resources, and case management. (Full points awarded)

**Theoretical model clearly articulated:** OEC content is clearly linked to addressing participant educational and vocational deficits, which are criminogenic needs. (Full points awarded)

**Program manual and/or curriculum materials:** OEC has curriculum materials. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** OEC utilizes cognitive behavioral methods in its curriculum. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Motivational interviewing and behavior modeling techniques are used to target specific anti-social behaviors exhibited by participants. (Full points awarded)

**Continuities with other programs and community support networks:** OEC connects participants with the EDD and PEP programs. OEC also maintains active relationships with employers. (Full points awarded)

**Program dosage varies by risk level:** Participant risk is not assessed, and therefore dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** OEC assesses participant learning styles, and delivers program content in a variety of ways in individual and small group sessions according to those assessments. The Individual Education Career Service Plan spells out participant goals and objectives, and there is one-on-one case management. (Full points awarded)

**Uses positive reinforcement:** The program holds graduation ceremonies for participants upon program completion, and provides certificates of completion, but positive reinforcement must occur during the program, and that does not appear to be the case. (No points awarded)

**Staff has undergraduate degrees:** All staff members have undergraduate degrees, but the program rating team did not receive information as to what percentage have a degree in a helping profession. (One point awarded, second point not scored)

**Staff has experience working with offenders:** The program rating team did not receive information on staff experience working with offenders. (Item not scored)

**Staff recruitment and retention strategy:** The program rating team did not receive sufficient information to score this item. (Item not scored)

**New staff training:** OEC conducts an initial training, including written curriculum material. (Full points awarded)

**Program director qualifications:** The program director was not involved in the initial development of the program and does not have a degree in social work or a related field; however, the director has more than 32 years of experience working with offenders. (One of three points awarded)

**Program data collected and analyzed:** The program collects performance measures, individual-level data on participation through monitoring workshop completion rates, as well as participant demographics, follow-up information and exit data. This information is forwarded to CDCR for analysis. The eligible population is identifiable. (Full points awarded)

**Rigor of evaluation studies:** Results from an evaluation of the PPCP program, of which OEC was a component, demonstrated positive outcomes.<sup>v</sup> The study was a Level 1 on the CPAP Research Rigor sub-scale, as no comparison group within the specific program was identified. (One point out of ten awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** The PPCP evaluation appeared in a peer-reviewed publication, but partial credit is awarded because the evaluation assessed the effectiveness of PPCP as a whole, rather than OEC specifically. (One of two points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations do not exist, nor do negative or no effect evaluations. (No points awarded)

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<sup>v</sup> Zhang, S., Roberts, R., and Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

## Re-Entry Education

**Assesses risk and targets high-risk offenders:** The program does not use a risk assessment tool or have access to risk assessment information from a validated risk assessment tool. The program does not target high-risk offenders and is open to anyone who wishes to participate. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** The program does not use a validated needs assessment tool, or needs assessment conducted elsewhere using such a tool. (No points awarded)

**Theoretical model clearly articulated:** While the program is based on a "cognitive reality" model, the connection between program content and criminogenic needs of participants is not clearly articulated. (No points awarded)

**Program manual and/or curriculum materials:** Although Re-Entry Education does not have a program manual, curricular materials do exist. They are in the process of updating that material. The curricular framework was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Although the program incorporates elements of a "cognitive reality" model (Breaking Barriers), cognitive-behavioral methods are not reflected in the curriculum framework. (No points awarded)

**Enhancing intrinsic motivation of offenders:** The program does not formally train staff in motivational enhancement techniques. (No points awarded)

**Continuities with other programs and community support networks:** The program has community liaisons in three different cities. However, there are no continuities with communities, families or parole for participants being released to communities that do not have these liaisons, which are the vast majority. (No points awarded)

**Program dosage varies by risk level:** Re-entry Education does not determine risk level of participants, and therefore cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The Re-entry Education program adjusts program delivery based on participant learning styles. The program also offers an extended program (six weeks rather than three) for women to address female-specific issues. (Full points awarded)

**Uses positive reinforcement:** Although the program offers a certification of completion, it does not offer any positive reinforcement for work done during the program. Participants may also receive laudatory marks in their record on a quarterly basis. However, many participants will have completed the program by the time quarterly marks are made. Positive reinforcement must occur during the program to receive points. (No points awarded)

**Staff has undergraduate degrees:** All 50 teachers have an undergraduate degree as well as a California teaching credential, which were relevant for the helping profession criteria due to the didactic mode of program delivery. (Full points awarded)

**Staff has experience working with offenders:** Seventy-five percent of teachers (39 of 52) have two or more years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** There are no recruitment or retention strategies for program teachers. (No points awarded)

**New staff training:** Staff undergoes initial training based on the “cognitive reality” model, with written material. (Full points awarded)

**Program director qualifications:** The program director was not involved in the design of the program, but has 28 years experience working with offenders. The program director does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** Individual-level data on participants is collected using the Comprehensive Adult Student Assessment System (CASAS) pre- and post-test. Data on the number of certifications, course completions, and participants are also collected, but the program indicates that this is not used for performance measurement purposes. Data is not forwarded to a non-program entity for analysis, and the eligible population is not identified. (One of four points awarded)

**Rigor of evaluation studies:** No evaluation of Re-Entry Education or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of Re-Entry Education or its program model was found. (No points awarded)

## Senate Bill 618

**Assesses risk and targets high-risk offenders:** The program utilizes the COMPAS instrument, which contains both risk and needs scales. The instrument is currently undergoing validation for the California population. However, the program excludes high-risk offenders. (Two of three points awarded)

**Assesses criminogenic needs and delivers services accordingly:** SB 618 utilizes the COMPAS instrument, which contains both risk and needs scales, and is currently undergoing a validation study in California. In addition, participants are evaluated for specific criminogenic needs through other assessment instruments such as the Addiction Severity Index (ASI) and the O\*NET Interests vocational education assessment. The needs assessment results guide the construction of each participant's Life Plan, which is used to determine what types of program content each participant receives. The Life Plan is individually tailored and is revised as dynamic factors are re-assessed periodically. (Full points awarded)

**Theoretical model clearly articulated:** SB 618 employs a clearly articulated wrap-around approach to offender treatment. Multiple criminogenic needs, as determined through comprehensive assessment, are addressed through services both in prison and in the community following release. (Full points awarded)

**Program manual and/or curriculum materials:** The program rating team was provided with the "Working in Concert" training manual, which details all elements of the program. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Cognitive-behavioral methods are called for in the program model, but had not been implemented as of December, 2007. (No points awarded)

**Enhancing intrinsic motivation of offenders:** SB 618 community case managers are trained in motivational interviewing, and utilize it with program participants. (Full points awarded)

**Continuities with other programs and community support networks:** SB 618 is integrated with existing programs in place in prisons and for parolees, such as Drug Treatment Furlough. The community case manager engages collaborative partners to assist with the reentry issues facing participants upon release, including community elements such as employers and the faith community, as well as family members. (Full points awarded)

**Program dosage varies by risk level:** Program dosage varies by assessed need, but not by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Prison case managers are responsible for incorporating assessment information into a participant's Life Plan and constructing and providing a "menu" of program services to be appropriate for the participant, taking into consideration relevant differences between participants. (Full points awarded)

**Uses positive reinforcement:** Participants are recognized when they complete a program through awards and certificates, but positive reinforcement must occur during the program. SB 618 is working to determine how to acknowledge individual progress in programs. (No points awarded)

**Staff has undergraduate degrees:** All of the treatment staffers have undergraduate degrees, but less than 75% with undergraduate degrees have a degree in a helping profession. (One of two points awarded)

**Staff has experience working with offenders:** Over 75% of program staff (6 of 7, 86%) has at least two years of experience working with offenders in program settings. (Full points awarded)

**Staff recruitment and retention strategy:** The program hires staff through recruitment within the prison facilities, but there is no formal recruitment and retention strategy. (No points awarded)

**New staff training:** All staffers receive the "Working in Concert" training manual and training by the UCSD School of Psychiatry. (Full points awarded)

**Program director qualifications:** The program directors (one for the county and one for the state) were involved in the design of the program. Both have worked with offenders for over three years. The county director has a degree in social work. (Full points awarded)

**Program data collected and analyzed:** The program collects data to monitor performance. Individual-level data is collected and forwarded to SANDAG for analysis. The eligible population is clearly identified. (Full points awarded)

**Rigor of evaluation studies:** No evaluation of SB 618 or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of SB 618 or its program model was found. (No points awarded)

## STAND UP (Successful Transitions and New Directions Utilizing Partnerships)

**Assesses risk and targets high-risk offenders:** The original STAND UP blueprint relied on COMPAS for risk assessment, but it had not been implemented by the program at the time of the CPAP assessment. The program does not target high-risk offenders. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** The original STAND UP blueprint relied on COMPAS for needs assessment, but it had not been implemented by the program at the time of the CPAP assessment. Instead, STAND UP is using a needs assessment developed internally that has not been validated. (No points awarded)

**Theoretical model clearly articulated:** STAND UP uses a modified therapeutic community-based model based on personal accountability, self-transformation, and the commitment to build and maintain the learning community directed toward offender change. The theory is clearly articulated, and program content is directly linked to a number of criminogenic needs. (Full points awarded)

**Program manual and/or curriculum materials:** Curricular material was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Cognitive-behavioral and social learning methods are embedded in the modified therapeutic community model. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** STAND UP staff utilizes motivational interviewing techniques. (Full points awarded)

**Continuities with other programs and community support networks:** Program continuity is achieved through coordination with community organizations. For example, Centerforce helps to prepare participants for reentry by conducting workshops on job/life skills. Families are also brought in to facilitate successful reentry. (Full points awarded)

**Program dosage varies by risk level:** Program dosage does not vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The program responds to individual differences through evaluation and one-on-one work. The educational program placement is based on participant needs, and there is prescriptive programming for each participant's interests and needs. The content of the basic education curriculum is the same, but each participant's time is spent differently depending on his/her needs. (Full points awarded)

**Uses positive reinforcement:** Positive reinforcement occurs in the form of certificates of achievement given for completion of phases 3 and 4 of the program, and recognition ceremonies held for positive outcomes such as good attendance. (Full points awarded)

**Staff has undergraduate degrees:** More than 75% of program staff members (9 of 10, 90%) have undergraduate degrees, but only one has a degree in a helping profession. (One of two points awarded)

**Staff has experience working with offenders:** Only one staff member has less than two years of experience working in offender treatment. (Full points awarded)

**Staff recruitment and retention strategy:** No recruitment and/or retention strategies exist. (No points awarded)

**New staff training:** Training specific to STAND UP had not yet been completed or implemented as of the CPAP rating deadline. (No points awarded)

**Program director qualifications:** The STAND UP program director was involved in the design of the program and has 5 years of experience working with offenders, but does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** Individual-level data is collected on program participation through assessment interviews and data programs, including CASAS and TABE. This data is used to monitor performance. Data is forwarded to outside agencies, but not for analysis. The eligible population is clearly identified as inmates with no more than five years and no less than six months remaining in their terms, who have had no SHU time in the past six months, are not validated prison gang members, were not violent in the past year, and have no active/potential felony holds. (Three of four points awarded)

**Rigor of evaluation studies:** No evaluation of STAND UP or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of STAND UP or its program model was found. (No points awarded)

## Substance Abuse Program (SAP)—SATF

**Assesses risk and targets high-risk offenders:** The program uses CDCR security classification scores as risk assessment. The CDCR classification scoring system has been validated and proven reliable to predict in-prison risk for inmate populations in California. SAP-SATF does not target high-risk offenders. (Two of three points awarded)

**Assesses criminogenic needs and delivers services accordingly:** The program uses multiple needs assessment instruments: Texas Christian University Initial Assessment, Psycho-social history interview and SOCRATES-D. The needs assessment instruments are meaningful, target criminogenic needs, and are used to determine appropriate services. The assessment tools are valid. (Full points awarded)

**Theoretical model clearly articulated:** The program is based on the therapeutic community (TC) model for substance-abuse treatment. Other theory driven practices, such as stages of change, motivational interviewing, cognitive behavioral therapy, dialectical behavior therapy, and principles of restorative justice, are embedded in the program model. Program content is directly linked to addressing substance abuse, a criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** The curriculum consisting of various cognitive-behavioral therapy (CBT) and social learning methods was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program uses both CBT and social learning methods. CBT methods and curricula include: Dialectical Behavioral Therapy Skills Training, New Directions for Living, and Thinking for a Change. Social Learning methods and curricula include: Seeking Safety, Living in Balance, Nurturing Fathers, and Beyond Anger. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** SAP-SATF utilizes motivational interviewing techniques. (Full points awarded)

**Continuities with other programs and community support networks:** Continuity with families is accomplished by hosting quarterly family days on which inmate families are invited to the prison. SAP works closely with SASCA to coordinate placement in treatment programs upon release, conducts ongoing information sessions about treatment in the community, invites community-based providers to do face-to-face outreach with inmates, and offers support groups for participants who have elected to go to continuing care post-release. (Full points awarded)

**Program dosage varies by risk level:** Program dosage does not vary by risk level, because all participants are considered to be of the same risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The program offers opportunities to learn via a diverse set of modalities. Individualized treatment planning places clients into activities based on their needs, strengths and learning styles. (Full points awarded)

**Uses positive reinforcement:** The program provides positive reinforcement through a privilege system that provides rewards for advancing through the program phases. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of the program staff (35%) has undergraduate degrees. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** Eighty percent of the program staff has at least two years experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** The program staff continues to attend job fairs in order to maintain a bank of qualified staff applicants in the event of a vacancy. This helps to assure that all vacant positions are filled within 30 days and allows the program to be selective in hiring skilled staff from a pool of qualified applicants. For retention, the program conducts periodic salary surveys to ensure its pay and benefits package is competitive, and uses internal promotion to motivate staff to remain with the program. Involvement in program development increases staff sense of ownership within the workplace. (Full points awarded)

**New staff training:** All staff undergoes CDCR orientation training within 30 days of hiring, as well as an established therapeutic community training program for the first four weeks. There are written materials for this training. (Full points awarded)

**Program director qualifications:** The program director was involved in design of program and has 10 years of experience working with offenders. The program director does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** SAP-SATF collects data to monitor performance, including individual-level data on referral to continuing care and recidivism post-release. Data is forwarded to CDCR DARS and UCLA for analysis. The eligible population is clearly identified according to multiple criteria, including history of substance abuse, level II classification and remainder of sentence left to be served, with preference given to volunteers. (Full points awarded)

**Rigor of evaluation studies:** The most rigorous evaluation of the TC model upon which this program is based is Wexler, Falkin and Lipton's quasi-experimental design<sup>w</sup> used to compare participants in a New York State in-prison therapeutic community to participants in two other, non-TC in-prison SAPs. The study rated a Level 3 on the CPAP Research Rigor sub-scale. Results show that the TC treatment was more effective in reducing recidivism for participants for up to 12 months post-release than were the two control groups. Outcome measures included: positive completion of parole, absence of arrest, and time until arrest. (Six of ten points awarded)

**Best practices and/or expert panel recommends:** Therapeutic communities are recommended in *Preventing Crime: What Works, What Doesn't, What's Promising*.<sup>x</sup> (Full points awarded)

**Evaluation study appeared in peer-reviewed publication:** Positive evaluations of the therapeutic community model have appeared peer-reviewed publications. (Full points awarded)

<sup>w</sup> Wexler, H., Falkin, G., and Lipton, D. (1990). "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment." *Criminal Justice and Behavior*, 17:1, 71-92.

<sup>x</sup> Sherman, L., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P., and Bushway, S. (1998). *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: National Institute of Justice.

**Extent and consistency of evaluation results:** Multiple positive evaluations of therapeutic communities exist at or above a Level 3 on the CPAP Research Rigor sub-scale. It is important to note, however, that some studies indicate that the positive impact of therapeutic communities is attenuated for programs limited to in-prison treatment; therapeutic communities with consistent aftercare have demonstrated more favorable outcomes overall.<sup>y</sup> The California Inspector General's report on in-prison SAPs, issued in 2007,<sup>z</sup> reported results of a UCLA ISAP report (as yet unreleased) that found the SATF TCs ineffective in reducing recidivism in the absence of post-release aftercare. (Two points awarded for multiple positive evaluations, one point deducted for negative/no effect evaluation results)

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<sup>y</sup> Anglin, M., Prendergast, M., Farabee, D., and Cartier, J. (2002). *Final Report on the Substance Abuse Program at the California Substance Abuse Treatment Facility (SATF-SAP) and State Prison at Corcoran*. California Department of Corrections, Office Substance Abuse Programs: Sacramento, CA.

<sup>z</sup> Office of the Inspector General (2007). *Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation*. Office of the Inspector General: Sacramento, CA.

## Transitional Case Management Program—HIV (TCMP-HIV)

**Assesses risk and targets high-risk offenders:** The program does not assess participant risk level. The program is available to all inmates who are HIV positive and volunteer for the program while in custody. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** Needs are not assessed using a validated needs assessment instrument. Instead, participant case files are reviewed to determine criminogenic needs. (No points awarded)

**Theoretical model clearly articulated:** TCMP-HIV is designed to meet the medical needs of HIV-positive parolees in order to prevent recidivism. The relationship between the target population, program content, and criminogenic need is not clear. (No points awarded)

**Program manual and/or curriculum materials:** The material provided by the program as a program manual is a resource guide, but does not detail program content, and is therefore does not receive points as a program manual or curriculum. (No points awarded)

**Use of cognitive-behavioral or social learning methods:** The program uses the cognitive-behavioral Breaking Barriers curriculum to aid in disease prevention and to reduce recidivism. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** The program utilizes motivational groups on positive thinking, which essentially serve as support groups, but formalized motivational enhancement techniques are not used. (No points awarded)

**Continuities with other programs and community support networks:** A central component of the program is to connect participants to community resources and outside programs. The program links individuals to a variety of groups including substance abuse treatment providers and resources such as housing services. (Full points awarded)

**Program dosage varies by risk level:** The program does not determine risk level, therefore it cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Although the program attempts to assist participants in a culturally sensitive manner, characteristics of each individual are not taken into account in program delivery. (No points awarded)

**Uses positive reinforcement:** Food vouchers and bus passes are used as incentives and positive reinforcement for participation. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of the staff (11 of 33, 33%) has an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** All staff members have at least two years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** The program closely monitors contract vacancies, and gives providers suggestions on how to recruit and where to advertise. However, there is no explicit strategy. (No points awarded)

**New staff training:** New staff receives a training manual and must attend a training session. (Full points awarded)

**Program director qualifications:** The program director was not involved in the design of the program, and has less than three years of experience working with offenders. The program director has a degree in social work. (One of three points awarded)

**Program data collected and analyzed:** The program collects data to monitor performance, but does not forward information to a non-program entity for analysis. However, the program does collect data on individual level participation and the eligible population is clearly identified. (Three of four points awarded)

**Rigor of evaluation studies:** No evaluation of TCMP-HIV or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication is known. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of TCMP-HIV or its program model was found. (No points awarded)

## Transitional Case Management Program—Mental Health Services Continuum Program (TCMP-MHSCP)

**Assesses risk and targets high-risk offenders:** TCMP-MHSCP does not conduct a risk assessment, or have access to risk assessment done elsewhere. Program eligibility is determined by parolees' designation as Enhanced Outpatient Program (EOP) or Correctional Clinical Case Management System (CCCMS) clients. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** TCMP-MHSCP includes an elaborate process of needs assessment. At the parolee's first appointment at the Parole Outpatient Clinic a clinician conducts an Initial Mental Health Evaluation. Psychological testing involves a number of protocols, including validated tools such as the WAIS-III, the MMPI-2, the Beck Hopelessness Scale, and so forth. These instruments are meaningful in that they are used to individualize the parolee's treatment (including individual and group therapies). (Full points awarded)

**Theoretical model clearly articulated:** The program has a clearly articulated theoretical model, which involves conducting interviews with inmates nearing parole in order to create continuities between in-prison treatment and aftercare while on parole. The program is guided by a medical model of treating mental illness, which is a criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** A program manual exists for the Parole Outpatient Clinic portion of the Continuum, which was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Treatment services at the Parole Outpatient Clinic stage involve extensive use of cognitive behavioral therapy and social learning methods. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Although motivational interviewing may be used by staff when conducting interviews with inmates prior to release, intrinsic motivation does not appear to be a consistent component of the content of programming delivered to parolees at the Parole Outpatient Clinics. (No points awarded)

**Continuities with other programs and community support networks:** The program's theoretical model includes conducting interviews with inmates nearing parole in order to create continuities between in-prison treatment and aftercare while on parole. Once at the Parole Outpatient Clinics, clinical case workers work to connect parolees to community resources. (Full points awarded)

**Program dosage varies by risk level:** Program dosage varies, in the sense that services offered by the Parole Outpatient Clinics appear to be tailored to the individualized needs of parolees. However, this varying dosage is based on need, rather than risk. Since the program does not determine risk level of participants, it cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The program design of the Parole Outpatient Clinic stage appears to incorporate responsivity to participant differences. (Full points awarded)

**Uses positive reinforcement:** Positive reinforcement strategies are not a specified program component. Individual case workers may, at their discretion, provide positive feedback, but specific positive reinforcement strategies are not utilized. (No points awarded)

**Staff has undergraduate degrees:** All treatment staffers have undergraduate degrees in helping professions. (Full points awarded)

**Staff has experience working with offenders:** The information needed to rate this item was not provided to the rating team by the CPAP assessment deadline. (Item not scored)

**Staff recruitment and retention strategy:** Staff retention is achieved through the use of various incentives, including continuing education, licensing benefits through UCSD, raises, and promotions. (Full points awarded)

**New staff training:** New employees are given an orientation to PATS (computerized tracking software), as well as training at regional headquarters, which includes written material. There is also "on the job training" in the field with more senior clinicians. (Full points awarded)

**Program director qualifications:** The program director at the site surveyed was not involved in the design of the program. The director has at least three years of experience working with offenders and degrees in psychiatry, which meets the criteria for the program director degree criterion. (Two of three points awarded)

**Program data collected and analyzed:** The program does not collect data to monitor performance (parole agents are responsible for tracking individual parolees). However, some data are forwarded to non-program entities (an evaluation was conducted by (UCLA Integrated Substance Abuse Program, Neuropsychiatric Institute, David Farabee, Principal Investigator), and the program identifies its eligible population. (Two of four points awarded)

**Rigor of evaluation studies:** An outcome evaluation of TCMP-MHSCP prepared by the UCLA Integrated Substance Abuse Program, Neuropsychiatric Institute, with David Farabee as the Principal Investigator,<sup>aa</sup> utilized a comparison between participants and a comparison group, with partial controls for differences between the two groups, a Level 2 methodology on the CPAP Research Rigor sub-scale. (Four of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** Multiple evaluations were not found. Negative or no-effect evaluations were not found. (No points awarded)

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<sup>aa</sup> Farabee, D., Bennett, D., Garcia, D., Warda, U., Yang, J. (2006). *Final Report on the Mental Health Services Continuum Program of the California Department of Corrections and Rehabilitation—Parole Division*. UCLA Integrated Substance Abuse Program, Neuropsychiatric Institute, submitted to the California Department of Corrections and Rehabilitation, Division of Parole.

## Transitional Treatment Program (TTP)

**Assesses risk and targets high-risk offenders:** Risk level is not assessed using a validated risk assessment instrument. TTP targets low-risk offenders. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** TTP uses a needs assessment tool derived from the Addiction Severity Index (ASI) and CADS—the Center Point Screening and Assessment. The program did not provide information on whether this instrument had been validated by the CPAP assessment deadline. (Item not scored)

**Theoretical model clearly articulated:** TTP is based on a therapeutic community model. Program content is directly linked to addressing substance abuse, a criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** TTP curricular materials were provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program utilizes the Thinking for a Change cognitive-behavioral curriculum as a core element of the program. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Although the program encourages positive behavior through a variety of techniques, formalized use of intrinsic motivation techniques does not appear to be part of the program. (No points awarded)

**Continuities with other programs and community support networks:** TTP facilitates provider fairs to link participants to community resources and aids participants in developing a community service plan. Further, the program hosts a family day, and also helps participants to develop a family reunification plan. (Full points awarded)

**Program dosage varies by risk level:** The program does not assess risk level, therefore it cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The program does not match treatment delivery to individual learning styles. The program is hoping to develop the ability to do this in the future. (No points awarded)

**Uses positive reinforcement:** The program provides a number of positive reinforcement mechanisms, including more desirable housing conditions, better prison jobs, special program events, and other incentives for positive participation. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of staff (2 of 18, 11%) has an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** TTP did not provide the information necessary to rate this item by the CPAP assessment deadline. (Item not scored)

**Staff recruitment and retention strategy:** Weekly time is dedicated to recruit, screen and interview potential candidates and to enhance the “relief roster.” In addition, the program provides advancement and promotions to staff, and provides good benefits to employees. (Full points awarded)

**New staff training:** Staff receives training every Friday. New staff is not involved with treatment for the first 14 days, and are trained on tools and data collection process. Written training material is utilized. (Full points awarded)

**Program director qualifications:** The program director was not involved in the development of the program and does not have a degree in social work or a related field. However, the director has had more than 9 years of experience working with offenders. (One of three points awarded)

**Program data collected and analyzed:** The program collects data to monitor performance, collects individual-level data on participation, and forwards data to CDCR for analysis. The eligible population is clearly identified. (Full points awarded)

**Rigor of evaluation studies:** Wexler, Falkin and Lipton<sup>ab</sup> used a quasi-experimental design is used to compare participants in a New York State in-prison therapeutic community to participants in two other, non-TC in-prison SAPs. The study rated a Level 3 on the CPAP Research Rigor sub-scale. Results show that the TC treatment was more effective in reducing recidivism for participants for up to 12 months post-release than were the two control groups. Outcome measures included: positive completion of parole, absence of arrest, and time until arrest. (Six of ten points awarded)

**Best practices and/or expert panel recommends:** Therapeutic communities are recommended in *Preventing Crime: What Works, What Doesn't, What's Promising.*<sup>ac</sup> (Full points awarded)

**Evaluation study appeared in peer-reviewed publication:** Positive evaluations of the therapeutic community model have appeared in peer-reviewed publications. (Full points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations of therapeutic communities exist at or above a Level 3 on the CPAP Research Rigor sub-scale. It is important to note, however, that some studies indicate that the positive impact of therapeutic communities is attenuated for programs limited to in-prison treatment; therapeutic communities with consistent aftercare have demonstrated more favorable outcomes overall.<sup>ad</sup> The California Inspector General's report on in-prison SAPs, issued in 2007,<sup>ae</sup> reported results of a UCLA ISAP report (as yet unreleased) that found the SATF TCs ineffective in reducing recidivism in the absence of post-release aftercare. (Two points awarded for multiple positive evaluations, one point deducted for negative/no effect evaluation results)

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ab Wexler, H., Falkin, G., and Lipton, D. (1990). "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment." *Criminal Justice and Behavior*, 17:1, 71-92.

ac Sherman, L., Gottfreson, D., MacKenzie, D., Eck, J., Reuter, P., and Bushway, S. (1998). *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: National Institute of Justice.

ad Anglin, M., Prendergast, M., Farabee, D., and Cartier, J. (2002). *Final Report on the Substance Abuse Program at the California Substance Abuse Treatment Facility (SATF-SAP) and State Prison at Corcoran*. California Department of Corrections, Office Substance Abuse Programs: Sacramento, CA.

ae Office of the Inspector General (2007). *Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation*. Office of the Inspector General: Sacramento, CA.

## Community/Parole Programs

### Community-Based Coalition (CBC)

**Assesses risk and targets high-risk offenders:** CBC uses the Starting Point: My Personal Assessment from the Change Companies, which contains the LSI-R items and collects a risk/needs score from them. However, the risk assessment is not meaningful in the sense of contributing to inclusion/exclusion from the program. Offenders with violent or sex convictions are excluded. (Two of three points awarded)

**Assesses criminogenic needs and delivers services accordingly:** CBC uses the Starting Point: My Personal Assessment from the Change Companies, which contains the LSI-R items and collects a risk/needs score from them. The LSI-R has been validated, and the Starting Point tool is meaningful in that a case plan and program activities follow from the results of the assessment. (Full points awarded)

**Theoretical model clearly articulated:** CBC is based on a clearly-articulated transitional coordination/continuum of programming approach. Participants receive extensive needs assessment to determine criminogenic factors representing barriers to successful transition from prison to the community, and deploy program elements to address them. (Full points awarded)

**Program manual and/or curriculum materials:** A case management process manual was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program employs a cognitive-behavioral curriculum as part of its offender change programming. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Program staff is trained in motivational interviewing and utilizes it in working with participants. (Full points awarded)

**Continuities with other programs and community support networks:** The program makes extensive use of community resources and organizations. Participant family members are invited to participate in family issues and reunification programming. (Full points awarded)

**Program dosage varies by risk level:** Program dosage does not vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Responsivity factors are included in participant assessment, and the program attempts to match program delivery to the learning style of the offender. (Full points awarded)

**Uses positive reinforcement:** CBC provides positive reinforcement through allowing participants to earn more free time, weekend passes, and better living accommodations within the facility as a result of program compliance and success. Participants who are compliant with all program requirements are eligible for election to the resident council. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of CBC staff (12 of 24, 50%) has an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

*CPAP ASSESSMENT OF CDCR RECIDIVISM-REDUCTION PROGRAMS*

**Staff has experience working with offenders:** The program did not provide the rating team with the information necessary to score this item prior to the CPAP assessment deadline. (Item not scored)

**Staff recruitment and retention strategy:** CBC has an extensive staff recruiting network among professional and community organizations. (Full points awarded)

**New staff training:** There is an initial staff training that includes a comprehensive binder of written materials. (Full points awarded)

**Program director qualifications:** The program director was involved in the design of the program, has six years of experience working with offenders, and has a degree in social work. (Full points awarded)

**Program data collected and analyzed:** The program collects data to monitor performance, and individual-level data on participation is collected. The program eligible population can be only loosely identified, with parolees volunteering to participate. Data is not forwarded to a non-program entity for analysis. (Two of four points awarded)

**Rigor of evaluation studies:** No evaluation of the Community-Based Coalition program or its model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of the Community-Based Coalition program or its model was found. (No points awarded)

## Computerized Literacy Learning Center (CLLC)

**Assesses risk and targets high-risk offenders:** CLLC does not assess risk level, or rely on risk assessment conducted elsewhere. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** CLLC uses the CASAS needs assessment system which has been validated for adult learners by the U.S. Department of Education. This assessment determines the curriculum delivered to participants. (Full points awarded)

**Theoretical model clearly articulated:** CLLC has a clearly articulated model linking program content to addressing educational deficits of parolees. Educational deficits are an established criminogenic need. (Full points awarded)

**Program manual and/or curriculum materials:** CLLC has a program manual that was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** CLLC does not utilize cognitive-behavioral or social learning methods. (No points awarded)

**Enhancing intrinsic motivation of offenders:** CLLC does not appear to make use of formal motivational enhancement techniques. (No points awarded)

**Continuities with other programs and community support networks:** CLLC takes referrals from other parolee programs and links parolees to social services in the community via the Community Transition Plan. (Full points awarded)

**Program dosage varies by risk level:** CLLC does not assess risk level, therefore dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** CLLC creates individual learning plans for each offender. The program can be delivered through a small group format and in a style that does not involve the computer for participants who can better receive the program content in that way. (Full points awarded)

**Uses positive reinforcement:** In addition to positive verbal feedback, the program rewards completion of a certain number of program hours with a small gift. Award ceremonies and McDonald's gift certificates are also used for positive reinforcement. (Full points awarded)

**Staff has undergraduate degrees:** All CLLC teachers (31 out of 31) have undergraduate degrees. All have a California teaching credentials, which receives credit because CLLC targets educational deficits. (Full points awarded)

**Staff has experience working with offenders:** Less than 75% of CLLC teachers (17 of 31, 55%) have two years or more experience working with offenders. (No points awarded)

**Staff recruitment and retention strategy:** The program uses EDJoin as well as postings at local universities and newspaper ads to recruit potential staff. (Full points awarded)

**New staff training:** CLLC requires teachers to acquire teaching credentials. It also has a teacher training program that involves instruction on many topics related to the teaching profession. The CLLC training manual was provided to the rating team. (Full points awarded)

**Program director qualifications:** The program director was involved in the development of the program, has 38 years of experience working with offenders, and a degree in a social work-related field. (Full points awarded)

**Program data collected and analyzed:** Program data is collected at the individual level to monitor performance. Data is forwarded to both CDCR and the California Department of Education for analysis. The program's eligible population is clearly defined. (Full points awarded)

**Rigor of evaluation studies:** Zhang, Roberts and Callahan conducted an evaluation of the Preventing Parolee Crime Program (PPCP),<sup>af</sup> of which CLLC is a component. The study rated a Level 1 on the CPAP Research Rigor sub-scale. The evaluation found a correlation between CLLC participation and improved outcomes. The non-random assignment and voluntary nature of some participation makes the comparability of this population to the general parolee population impossible. (One of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** The PPCP evaluation appeared in a peer-reviewed publication, but partial credit is awarded because the evaluation assessed the effectiveness of PPCP as a whole, rather than CLLC specifically. (One of two points awarded)

**Extent and consistency of evaluation results:** Only one evaluation, as a component of the PPCP evaluation, exists. Multiple positive evaluations were not found, nor were negative or no effect evaluations. (No points awarded)

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<sup>af</sup> Zhang, S., Roberts, R., & Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

## Day Reporting Center (DRC)

**Assesses risk and targets high-risk offenders:** The Fresno Day Reporting Center utilizes the LSI-R, a validated risk/needs assessment. However, the risk assessment is not meaningful in the sense of contributing to inclusion/exclusion from the program. DRC accepts all participants referred to them by CDCR. (Two of three points awarded)

**Assesses criminogenic needs and delivers services accordingly:** Staff at the Fresno Day Reporting Center use several validated needs assessment tools, including the LSI-R for initial assessment of clients, and other assessment tools for select clients (ASAM PPC-2R, a parenting assessment, an employability assessment, WorkKeys assessment, and others). These assessments are meaningful in that program staff uses them to change the content of programming delivered to clients. (Full points awarded)

**Theoretical model clearly articulated:** The program has a clearly articulated theoretical model based on addressing multiple criminogenic needs through intensive supervision (risk control) with cognitive-behavioral treatment (risk reduction). (Full points awarded)

**Program manual and/or curriculum materials:** A detailed program manual was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** Cognitive behavioral therapy is a key aspect of the program's model and programming content. All of the group therapy involves a cognitive-behavioral approach, with three group programs focused exclusively on cognitive skill building. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** The Fresno Day Reporting Center uses both motivational interviewing and behavioral modeling in its treatment programs. The Center is also developing a "virtual toolbox" that can be used for motivational purposes. (Full points awarded)

**Continuities with other programs and community support networks:** Once a week, the Community Connections group meets with a representative from a community resource organization. In addition, the program offers six months of aftercare, which includes community support. Daytime or evening events are held with family members at least once a month. (Full points awarded)

**Program dosage varies by risk level:** Program dosage varies with offender need level in that certain programs (e.g., substance abuse treatment) are required of those clients who have a need for it, based on the program's needs assessment. However, the program does not determine the risk level of participants, and therefore cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** DRC was designed with the responsivity principle in mind. Each client develops a Behavioral Change Plan with his/her case manager. The case manager has the discretion to change programming based on individual differences. (Full points awarded)

**Uses positive reinforcement:** The program design involves positive reinforcement, including drawings for gift certificates for all clients who have perfect weeks, as well as "Reward Tags," a "Rewards Bulletin Board", and a "Client Brag Board". (Full points awarded)

**Staff has undergraduate degrees:** All staff members who work directly with clients have undergraduate degree in helping professions such as, psychology and social work. (Full points awarded)

**Staff has experience working with offenders:** All staff members working directly with clients have at least two years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** The program has both recruitment and retention strategies. Recruitment includes an in-house Human Resources team, and retention includes competitive salary and benefits (including a 401(k) plan and educational benefits). (Full points awarded)

**New staff training:** The program has established three weeks of staff training with written material, including a one-day orientation to BI and an overview of the research literature on "what works," as well as Moral Reconation Therapy (MRT) training, training in contract-specific requirements, and one week of training in the office where the employee will be working. (Full points awarded)

**Program director qualifications:** The program manager was not involved in the design of the program (although he is involved in the continual refinement of the design). The director has approximately six years of experience working with offenders. The director's degree is not in social work or a related field. (One of three points awarded)

**Program data collected and analyzed:** The program collects data to monitor performance, including individual-level data, and that data is forwarded to a non-program entity for analysis (the CDCR Research Division). However, as the program is contractually required to take all offenders referred to them by the Agent of Record (AOR), the program cannot be confident about the characteristics of the eligible population. (Three of four points awarded)

**Rigor of evaluation studies:** An evaluation exists for BI's Day Reporting Center in Chicago.<sup>ag</sup> In order to create a comparison group, researchers selected parolees from a similar neighborhood (Westside Chicago) to Southside Chicago, from where clients were referred. Although the authors report the demographics for each group, the samples do not appear to have been matched on an individual-level basis. As such, they are comparable groups, with partial controls (based primarily on neighborhood), rating a Level 2 on the CPAP Research Rigor sub-scale. (Four of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations were not found, nor were negative or no effect evaluations. (No points awarded)

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<sup>ag</sup> Lasater, L. (2002). *Three-Year Outcomes for the Illinois Department of Corrections Parolee Reentry Program at Chicago Southside Day Reporting Center*. BI Incorporated: Boulder, Colorado.

## Female Offender Training and Employment Program (FOTEP)

**Assesses risk and targets high-risk offenders:** FOTEP does not conduct a risk assessment or rely on risk assessment conducted elsewhere. It does conduct an “eligibility assessment,” which has not been validated. Offenders with serious violence or sex convictions are excluded from FOTEP. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** FOTEP does not conduct a needs assessment, not does it utilize needs assessment conducted elsewhere. (No points awarded)

**Theoretical model clearly articulated:** FOTEP uses a clearly-articulated therapeutic community model as the basis for its programming. Program content is directly linked to criminogenic needs. (Full points awarded)

**Program manual and/or curriculum materials:** FOTEP provides a residential handbook to each of participant. This handbook includes information on how the program is set-up, what is required of each individual, and other important matters. The handbook was provided to the program rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** FOTEP utilizes both a cognitive-behavioral and social learning model. Cognitive-behavioral therapy (CBT) is used in most of the classroom settings. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** FOTEP uses motivational interviewing, role modeling, and community involvement, among other techniques, to motivate participants. (Full points awarded)

**Continuities with other programs and community support networks:** FOTEP allows family visits and, in some cases, allows children up to the age of six to live at the facility with their mother. The program also offers community co-ordination, and access to community support groups. (Full points awarded)

**Program dosage varies by risk level:** FOTEP does not determine risk level of participants, and therefore cannot vary dosage by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** FOTEP adjusts their method of delivery based on the participant’s education level, cultural history, and other differences as necessary. (Full points awarded)

**Uses positive reinforcement:** FOTEP uses positive reinforcement through daily affirmations, increased privileges, and recreational trips, among other things. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of the FOTEP staff at the surveyed site (38%) has an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** About 80% of staff has at least two years of experience. (Full points awarded)

**Staff recruitment and retention strategy:** The FOTEP site surveyed does not appear to have a strategy for recruitment or retention. (No points awarded)

**New staff training:** Initial training with written material is provided by the provider, which includes coverage of therapeutic communities, motivational interviewing, and the in-prison substance abuse programs on which FOTEP's therapeutic community is modeled. (Full points awarded)

**Program director qualifications:** The program director was involved in the design of the program and has 25 years of experience working with offenders. The director also has a degree in criminal justice, which received credit as a social work-related field. (Full points awarded)

**Program data collected and analyzed:** FOTEP collects client satisfaction surveys that are reported to CDCR Division of Addiction and Recovery Services (DARS). They also collect individual-level data, particularly during Phase I. Data is forwarded to DARS and UCLA for external evaluations and analysis. FOTEP identifies those individuals who have completed an in-prison SAP, have dependent children ages 0-12, and do not have a history of serious violence, sexual offenses, child endangerment, or arson as the eligible population. (Full points awarded)

**Rigor of evaluation studies:** The most rigorous evaluation completed on FOTEP uses a comparison group to analyze differences in drug use, employment, and other outcomes.<sup>ah</sup> The comparison group was drawn from female parolees who were eligible, but did not participate in FOTEP. The study rated a Level 2 on the CPAP Research Rigor sub-scale. Based on the evaluation, partial controls were established regarding age, gender, and other demographic information. The comparison group was not statistically significantly different from the FOTEP group. (Four points out of ten awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** While several peer-reviewed articles about FOTEP are in press, they address issues other than program effectiveness or participant success. (No points awarded)

**Extent and consistency of evaluation results:** While FOTEP does have several positive evaluations, none rate a Level 3 or higher on the CPAP Research Rigor sub-scale. No evaluations that show either negative or no program effect were found. (One of two points awarded)

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ah For a summary of FOTEP evaluation results, see Grella, C. (2005). *Female Offender Treatment and Employment Project (FOTEP): Summary of Evaluation Findings, 1999-2004*. UCLA Integrated Substance Abuse Programs.

## In-Custody Drug Treatment Program (ICDTP)

**Assesses risk and targets high-risk offenders:** ICDTP does not use information from a validated risk assessment instrument. Parolees with violent or sex convictions are excluded. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** ICDTP uses a meaningful needs assessment (referred to as the “risk assessment” by program staff) to determine the services required by the offender based on his/her criminogenic needs. The needs assessment instrument was developed in-house and has been validated (for construct validity). (Full points awarded)

**Theoretical model clearly articulated:** ICDTP is based on a cognitive-behavioral therapy (CBT) educational model for substance abusers, which is clearly articulated. Needs addressed are criminogenic (e.g., substance abuse, poor self-control/self-regulation, criminogenic thinking, and antisocial attitudes, beliefs and values). The intervention is directly targeted to address these needs in a manner consistent with CBT models. (Full points awarded)

**Program manual and/or curriculum materials:** ICDTP has an extensive program manual, including curricular materials, which was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** ICDTP is based on cognitive-behavioral and social learning methods. Examples of CBT and social learning methods and curricula used by ICDTP are: Framework for Recovery, Beat the Streets, Commitment to Change and the Power of Consequences. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Motivational interviewing techniques are used. (Full points awarded)

**Continuities with other programs and community support networks:** The three-stage structure of the program (in-custody substance abuse treatment, followed by residential aftercare and then community-based treatment) creates continuity between the program and community treatment. Participants are released with Community Transition Plans in which specific community agencies have been identified to assist individuals in their specific areas of need. Continuities with family and other programs are encouraged through various instructional units. (Full points awarded)

**Program dosage varies by risk level:** ICDTP does not assess risk, therefore dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** ICDTP is designed to use multimodal teaching to reach students with varied learning styles (targeting visual, kinesthetic and auditory learners) and levels of learning ability. There is an independent study portion of the curriculum which is individually tailored to each student’s learning style and topical interests. (Full points awarded)

**Uses positive reinforcement:** Verbal positive reinforcement strategies are used throughout the program in order to encourage student interest and involvement in learning. Additionally, ICDTP holds graduation ceremonies upon completion of the in-custody portion of the program, and diplomas are presented. (Full points awarded)

**Staff has undergraduate degrees:** Eighty percent of ICDTP teachers have undergraduate degrees. All have teaching credentials from the California Commission on Teacher Credentialing in Health Education or Human Development, which are relevant as helping profession degrees for delivering ICDTP content. (Full points awarded)

**Staff has experience working with offenders:** Eighty percent of program staff has at least two years experience working in offender treatment programs. (Full points awarded)

**Staff recruitment and retention strategy:** A web-based credentialed teacher recruitment system (EDJOIN) is used to recruit new staff, in addition to job postings with the Correctional Education Association and other professional societies/associations. The teacher retention rate is high; all new teachers are assigned a mentor/coach and given an annual development plan to support professional growth. (Full points awarded)

**New staff training:** Staff undergoes an intensive, three-week training session prior to employment, with a coordinator-to-teacher ratio of 1:1. Written material includes the operations manual, the development of an individualized, written training plan and training matrix. (Full points awarded)

**Program director qualifications:** The program director was involved in the design of the program. The current director also has 38 years experience working as a correctional educator, and has a degree in social work or a related field. (Full points awarded)

**Program data collected and analyzed:** Data is collected to monitor performance. Monthly reports are sent to CDCR that include individual-level data and monthly summary reports are sent to the DAPO program manager. Data is also forwarded to San Diego State University to be analyzed. The eligible population is clearly identified. (Full points awarded)

**Rigor of evaluation studies:** An evaluation of the Preventing Parolee Crime Program (PPCP) was conducted by Sheldon Zhang et al.<sup>ai</sup> ICDTP uses the STAR curriculum as one of its components (ICDTP is an enhanced version of STAR). The study rated a Level 1 on the CPAP Research Rigor sub-scale. The study demonstrated positive outcomes but was rated a level 1 due to the lack of a comparison group for individual programs within PPCP. Additionally, the tenuous relation of the study component to the ICDTP program makes drawing conclusions from this study difficult. (One of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** The PPCP evaluation appeared in a peer-reviewed publication, but partial credit is awarded because the evaluation assessed the effectiveness of PPCP as a whole, rather than the STAR curriculum specifically. (One of two points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations were not found. Negative or no effect evaluations were not found. (No points awarded)

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<sup>ai</sup> Zhang, S., Roberts, R., & Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

## Parolee Employment Program (PEP)

**Assesses risk and targets high-risk offenders:** Although PEP has an intake tool, it is not a validated risk assessment tool, and no one is excluded from the program based on responses. PEP does not utilize risk information from assessments conducted elsewhere. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** Although an intake tool is used, it is not a validated needs assessment instrument and the information appears to be used for purely descriptive purposes and does not determine an individualized case plan that targets criminogenic needs. (No points awarded)

**Theoretical model clearly articulated:** PEP has a clear program model in which program content addresses the criminogenic need of vocational deficit. (Full points awarded)

**Program manual and/or curriculum materials:** Curricular materials provided to the rating team include worksheets related to different aspects of finding employment. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** PEP does not use cognitive behavioral or social learning methods. (No points awarded)

**Enhancing intrinsic motivation of offenders:** The program does not use motivational interviewing or any other techniques that enhance intrinsic motivation. (No points awarded)

**Continuities with other programs and community support networks:** PEP coordinates with church groups, the Salvation Army and other community organizations to address various client needs. However, PEP does not coordinate with families or other programs in any formalized manner. (One of two points awarded)

**Program dosage varies by risk level:** PEP does not assess risk-level, therefore dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Although the program does print training materials in different languages, it does not appear that program substance varies according to differences among offenders. (No points awarded)

**Uses positive reinforcement:** There is no evidence of formal mechanisms for positive reinforcement. (No points awarded)

**Staff has undergraduate degrees:** Less than 75% of the staff at the surveyed PEP site (1 of 3, 33%) has an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** All of the staff at the surveyed PEP site has at least two years experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** PEP has no explicit strategies for the recruitment and retention of staff. (No points awarded)

**New staff training:** PEP has no formal staff training mechanism. (No points awarded)

**Program director qualifications:** The program director was not involved in the design of program. While the director does not hold an undergraduate degree, the director does have fifteen years of experience working with offenders. (One of three points awarded)

**Program data collected and analyzed:** PEP collects individual-level data on all clients to monitor performance and forwards it to CDCR for analysis. This data includes job referrals and records of client participation in the program. Due to the volunteer and referral nature of participant recruitment, the eligible population is not clearly identified. (Three of four points awarded)

**Rigor of evaluation studies:** No evaluation of PEP or its program model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of PEP or its program model was found. (No points awarded)

## Parole Service Center (PSC)

**Assesses risk and targets high-risk offenders:** Referrals to PSC are not based on a validated risk assessment instrument, the program does not conduct a risk assessment, and risk assessment from another source is not generally available for participants. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** The program does not conduct and does not have access to validated needs assessment. (No points awarded)

**Theoretical model clearly articulated:** The program theory is essentially cognitive-behavioral, involving the identification of behavioral patterns and triggers that lead to criminal behaviors and teaching participants to identify such behavioral patterns and precursors and to address them. Program content is directly linked to addressing multiple criminogenic needs. (Full points awarded)

**Program manual and/or curriculum materials:** An extensive program operations manual was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program incorporates the STAR curriculum, which utilizes cognitive-behavioral methods. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Program staff is not trained in the use of motivational interviewing or other motivational enhancement methods. (No points awarded)

**Continuities with other programs and community support networks:** The program is networked with a number of community resources, and families are encouraged to participate in program activities. (Full points awarded)

**Program dosage varies by risk level:** Risk level of participants is not determined, therefore dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Caseworker evaluations occur every three months to gauge the offender's preparedness to change, and program activities are adjusted accordingly. (Full points awarded)

**Uses positive reinforcement:** The program utilizes positive reinforcement in the form of passes to leave the facility for activities in the community (such as attending movies), greater visitation privileges, and enhanced visitation. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of the staff (11 of 18, 61%) at the surveyed PSC site has an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** Less than 75% of staffers (10 of 18, 56%) at the surveyed PSC site have at least two years of experience working with offenders. (No points awarded)

**Staff recruitment and retention strategy:** Staff is recruited through relationships with criminal justice programs in community colleges. Staff is offered the opportunity to gain entry-level criminal justice experience. (Full points awarded)

**New staff training:** Training is conducted for new staff, which includes written training materials. (Full points awarded)

**Program director qualifications:** The program director at the surveyed PSC site was involved in the design of the program, has six years of experience working with offenders, and has a degree in criminal justice/behavioral studies. (Full points awarded)

**Program data collected and analyzed:** The program collects data to monitor program performance and sends that data to CDCR for analysis. Individual-level data on participation is collected. However, the eligible population is not clearly defined. (Three of four points awarded)

**Rigor of evaluation studies:** No evaluation of PSC or its model was found. (No points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** No such publication was found. (No points awarded)

**Extent and consistency of evaluation results:** No evaluation of PSC or its model was found. (No points awarded)

## Parolee Substance Abuse Program (PSAP)

**Assesses risk and targets high-risk offenders:** A “base” risk assessment was created to the specifications of the CDCR Office of Research and is used in all of the CCCOE Parolee Education Programs – STAR, ICDTP and PSAP. Although called a risk assessment, the instrument appears to measure needs, not risk. This assessment is not used to determine whether the program is appropriate for the offender’s risk level, or used to determine eligibility criteria. The program does not target high-risk offenders. Parolees with violent or sex convictions are excluded, as are validated gang members. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** The needs assessment is meaningful and relates to the risk assessment via the Community Transition Plan. The needs assessment used for PSAP is the same as the instrument for STAR and ICDTP. The needs assessment instrument was developed in-house and has been validated (for construct validity). (Full points awarded)

**Theoretical model clearly articulated:** PSAP has a clearly-articulated theoretical model based on cognitive-behavioral therapy. Program content is directly linked to addressing the criminogenic need of substance abuse. (Full points awarded)

**Program manual and/or curriculum materials:** Curricular materials were provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program is based on cognitive-behavioral therapy, targets changing thinking patterns and ways to deal with relapse triggers. The DEUCE model, the base of the instructional model, includes the “Framework for Recovery” and “Beat the Streets” videos. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** The classroom teaching strategies include motivational interviews, as well as the teacher-monitored independent study model, where the students meet one-on-one for one hour/week for four weeks with an independent study teacher. (Full points awarded)

**Continuities with other programs and community support networks:** After completion of the twelve-week curriculum, participants graduate into the voluntary 90 day sober living treatment with out-patient services. The program also refers participants to the Computer Literacy Learning Center or other adult education programs. Each graduate must complete a Community Transition Plan, identifying specific community-based agencies that can help them. (Full points awarded)

**Program dosage varies by risk level:** Individual assignments are tailored to the identified area of risk and/or need, but they do not vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** The participant’s Community Transition Plan focuses on areas of need and risk, and the student and teacher collaborate weekly in a one-on-one training session to tailor the activities and curriculum to the student’s needs. The Independent Study portion of the program is conducted as a multi-modal learning lab, where students complete work appropriate to their individual needs and learning styles. (Full points awarded)

**Uses positive reinforcement:** After students complete each phase, they receive a certificate and move to the next phase. “Student of the week” certificates are given, as well as celebrations, recognition events and attendance awards. (Full points awarded)

**Staff has undergraduate degrees:** Over 75% of the PSAP staff possesses an undergraduate degree and of those with degrees, over 75% have degrees in helping professions. (Full points awarded)

**Staff has experience working with offenders:** Twelve of fifteen PSAP staffers (80%) have at least two years of experience working in offender treatment programs. (Full points awarded)

**Staff recruitment and retention strategy:** PSAP uses the EDJOIN system as a recruitment system. Retention strategies include competitive pay, reasonable working hours, good benefits, and ongoing training provided by the UCSD CCARTA (Center for Criminality and Addiction Research, Training and Application). (Full points awarded)

**New staff training:** All teachers have teaching credentials from the California Commission on Teacher Credentialing. The core curriculum is based on STAR/DEUCE, for which there are written training materials. (Full points awarded)

**Program director qualifications:** Program director was involved in the design of the program. The current director also has 38 years experience working as a correctional educator, and has a degree in social work or a related field. (Full points awarded)

**Program data collected and analyzed:** PSAP collects data, including individual-level data, to monitor performance. The CDCR Office of Research reports outcome measures including recidivism. The eligible population is clearly identified. Data is forwarded and analyzed by San Diego State University Research Foundation. (Full points awarded)

**Rigor of evaluation studies:** An evaluation of the Preventing Parolee Crime Program (PPCP) was conducted by Sheldon Zhang et al.,<sup>aj</sup> which included the STAR program. PSAP uses the STAR curriculum as one of its components (PSAP is an enhanced version of STAR). The study demonstrated positive outcomes, but rated a Level 1 on the CPAP Research Rigor sub-scale due to the lack of a comparison group for individual programs within PPCP. Additionally, the tenuous relation of the study component to the PSAP program makes drawing conclusions from this study difficult. (One of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** The PPCP evaluation appeared in a peer-reviewed publication, but partial credit is awarded because the evaluation assessed the effectiveness of PPCP as a whole, rather than the STAR curriculum specifically. (One of two points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations were not found. Negative or no effect evaluations were not found.

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<sup>aj</sup> Zhang, S., Roberts, R., & Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

## Residential Multi-Service Center (RMSC)

**Assesses risk and targets high-risk offenders:** A risk assessment instrument is not administered to program participants, nor is risk information from assessment conducted elsewhere used. Offenders with violent or sex convictions are excluded. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** A psychosocial assessment tool is administered to all clients at entry into the program. SASCA clients are assessed using the CalOMS instrument, a reporting tool recently developed by the State. These instruments have not been validated. (No points awarded)

**Theoretical model clearly articulated:** The program is based on a modified social learning model that incorporates 12 step programming with various types of counseling and treatment planning. However the link between program activities and the social learning theoretical model is not clearly articulated. (No points awarded)

**Program manual and/or curriculum materials:** A program manual, including written policies and procedures was provided to the rating team. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program requires participation in "Breaking Barriers," a "cognitive reality" model that is based on cognitive-behavioral principles. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** Formal motivational enhancement techniques are not used. (No points awarded)

**Continuities with other programs and community support networks:** Residents attend NA/AA meetings in the community and participate in community service activities. Family members attend lectures and counseling sessions with the program participant. (Full points awarded)

**Program dosage varies by risk level:** RMSC does not determine risk level of participants, therefore dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Treatment plans are individually tailored to the client based on the results of the needs assessment and the resident's progress during the program. Offender treatment moves at an individual pace and individual learning styles are recognized. (Full points awarded)

**Uses positive reinforcement:** Positive reinforcement is used when participants demonstrate adherence to program guidelines. Positive reinforcement includes special individual or group activities (residents are allowed to participate in recreational activities, such as roller skating, bowling, or local sporting activities). (Full points awarded)

**Staff has undergraduate degrees:** Exactly 75% (9 of 12) of the clinical staff at the surveyed RMSC site has an undergraduate degree, and all staff members with a degree have a degree in a helping profession. (Full points awarded)

**Staff has experience working with offenders:** All members of the counseling staff at the surveyed RMSC site have two or more years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** The RMSC site surveyed does not have an active recruitment strategy, but attempts to retain existing staff through various incentive programs including education programs, benefits, and creating a positive work environment. (Full points awarded)

**New staff training:** Staff receives written manuals as well as instruction during regular monthly in-service training sessions; new staff receives these materials and are incorporated into the regular training routine. However, no points can be awarded since there is no specific training program/curriculum for new staff. (No points awarded)

**Program director qualifications:** The program director of the RMSC site surveyed was involved in developing the program and has worked with offenders for more than fourteen years. The director does not have a degree in social work or a related field. (Two of three points awarded)

**Program data collected and analyzed:** Data is collected to monitor program performance, which includes monitoring offender participation in the various program components, length of stay, and the number of program completions and graduations; individual level data is also collected. The eligible population is clearly defined. Data is not forwarded to a non-program entity for analysis. (Three of four points awarded)

**Rigor of evaluation studies:** Results from an evaluation of the PPCP program,<sup>ak</sup> of which RMSC was a component, demonstrated positive outcomes. The study rated a Level 1 on the CPAP Research Rigor sub-scale as no comparison group within the specific program was identified. (One of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** The PPCP evaluation appeared in a peer-reviewed publication, but partial credit is awarded because the evaluation assessed the effectiveness of PPCP as a whole, rather than RMSC specifically. (One of two points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations were not found, nor were negative or no effect evaluations. (No points awarded)

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ak Zhang, S., Roberts, R., & Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

## Substance Abuse Treatment and Recovery (STAR)

**Assesses risk and targets high-risk offenders:** STAR does not use a risk assessment instrument to determine whether the program is appropriate for the risk level of the offender, or use it to determine eligibility criteria, nor does it rely on risk assessment conducted elsewhere. (No points awarded)

**Assesses criminogenic needs and delivers services accordingly:** STAR uses a meaningful needs assessment (referred to as the risk assessment by program staff) to determine the services required by the offender based on his/her criminogenic needs. The needs assessment instrument was developed in-house and has been validated (for construct validity). (Full points awarded)

**Theoretical model clearly articulated:** STAR has a clearly-articulated relapse prevention and release planning model targeting the criminogenic need of substance abuse. (Full points awarded)

**Program manual and/or curriculum materials:** STAR manuals were provided to the program rating team. They included information on program model, operations and curriculum. (Full points awarded)

**Use of cognitive-behavioral or social learning methods:** The program uses video presentation and group exercises that focus on managing anger and dealing with substance withdrawal using cognitive-behavioral techniques. (Full points awarded)

**Enhancing intrinsic motivation of offenders:** STAR instructors are trained on motivational interviewing. The technique is used primarily when STAR instructors and clients do release planning in tandem. (Full points awarded)

**Continuities with other programs and community support networks:** Although the community release plan identifies community and family links that the client may use for support, the links do not go beyond the planning stage. However, STAR participants with educational deficits can be referred to Computer Literacy Learning Centers. (One of two points awarded)

**Program dosage varies by risk level:** STAR does not assess risk level, therefore program dosage cannot vary by risk level. (No points awarded)

**Responsive to learning style, motivation and culture of offenders:** Although the program is aware of offender differences and uses a host of different strategies to address differences in learning style, there is no individualization of the program delivery. (Full points awarded)

**Uses positive reinforcement:** Graduation certificates, verbal recognition and celebrations for client progress are used by STAR staff as incentives and positive reinforcement. (Full points awarded)

**Staff has undergraduate degrees:** Less than 75% of STAR teachers (71%) have an undergraduate degree. As a result, points for the degrees being in a helping profession cannot be awarded. (No points awarded)

**Staff has experience working with offenders:** 87% of STAR instructors (28 of 31) have at least two years of experience working with offenders. (Full points awarded)

**Staff recruitment and retention strategy:** STAR has an explicit plan to recruit staff by way of the EDJoin teacher recruitment system and to retain staff by offering continued training to teachers. (Full points awarded)

**New staff training:** All staff must go through a three-week training course with written materials that includes hands on training and the completion of a training matrix to ensure that all topics are covered. (Full points awarded)

**Program director qualifications:** The STAR program director was involved in the design of STAR. The program Director has 28 years experience working with offenders and a degree is social work or a related field. (Full points awarded)

**Program data collected and analyzed:** STAR collects data to monitor performance and forwards it to the CDCR Office of Research. Individual-level data is included in this data. Although it was noted that clients are parolees with substance abuse issues, no formal eligibility criteria exist, and the eligible population is therefore not clearly identified. (Three of four points awarded)

**Rigor of evaluation studies:** Results from an evaluation of the PPCP program,<sup>al</sup> of which STAR was a component, demonstrated positive outcomes. The study rated a Level 1 on the CPAP Research Rigor sub-scale since no comparison group within the specific program was identified. (One of ten points awarded)

**Best practices and/or expert panel recommends:** No such recommendation was found. (No points awarded)

**Evaluation study appeared in peer-reviewed publication:** The PPCP evaluation appeared in a peer-reviewed publication, but partial credit is awarded because the evaluation assessed the effectiveness of PPCP as a whole, rather than STAR specifically. (One of two points awarded)

**Extent and consistency of evaluation results:** Multiple positive evaluations were not found, nor were negative or no effect evaluations. (No points awarded)

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<sup>al</sup> Zhang, S., Roberts, R., & Callanan, V. (2006). "Preventing Parolees From Returning to Prison Through Community-Based Reintegration," *Crime and Delinquency*, 52, 551-571.

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## **Appendix D: Survey for the CDCR Offender Risk Reduction Program Inventory and CPAP Assessment**

Please submit your program manual, staff training curriculum materials and other program documentation, and address each of the following questions. If the program material you are submitting contains the answer to one of the questions, simply indicate where it can be found.

This survey is intended to gather basic program information on a variety of institutional and community/parole programs. As a result, there may be questions that are not relevant or appropriate to the type of program you operate. If a question is not relevant or appropriate to your program, please indicate "Not applicable."

Electronic copies of the survey and program materials should be returned to Jesse Jannetta, UC Irvine, at [jjannett@uci.edu](mailto:jjannett@uci.edu) and to Tina Leonard, CDCR Office of Research, at [tina.leonard@cdcr.ca.gov](mailto:tina.leonard@cdcr.ca.gov). Hard copy surveys and program material should be sent to:

Tina Leonard  
Office of Research, CDCR  
1515 S Street  
Sacramento, CA 95814

Questions about the survey can be directed to Jesse Jannetta, at [jjannett@uci.edu](mailto:jjannett@uci.edu), or 949-824-5324.

Thank you very much for completing this survey.

### **A. Program Characteristics**

1. Program Name: \_\_\_\_\_

2. Program Director: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Program Location: \_\_\_\_\_

4. When did the program begin operation? \_\_\_\_\_

5. Please list the program goals.
6. What is the treatment/service delivery approach employed by the program to meet the goals?
7. What research evidence supports the program's approach? Please provide documentation or citation.
8. What is the theory underlying the program approach?

**B. Program Eligibility and Admissions**

1. Which offenders are eligible for the program?
2. Which offenders are ineligible for the program?
3. How is program eligibility determined?
4. Does the program target offenders at a certain risk level (high, medium, low)?

Yes  No

- a. If so, how is that risk level assessed?

## 5. What criminogenic needs/deficits does the program seek to address?

<input type="checkbox"/> Antisocial thinking/attitudes	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Weak problem-solving/decision-making skills	<input type="checkbox"/> Educational deficit
<input type="checkbox"/> Vocational/employment deficit	<input type="checkbox"/> History of abuse/neglect
<input type="checkbox"/> Criminal association	<input type="checkbox"/> Weak socialization
<input type="checkbox"/> Aggression/anger management	
<input type="checkbox"/> Other _____	

## 6. How are offender needs assessed?

## 7. How does the program use needs assessment information?

## 8. What is the program capacity? \_\_\_\_\_

## 9. How are program participants selected from the pool of eligible offenders?

**C. Program Structure**

1. What activities and services constitute the program? (Group meetings, mentoring, individual counseling, classroom instruction, role playing, etc.)
2. How would you characterize the setting in which the program is delivered? (classroom, one on one, therapeutic community, self-study, etc.)
3. How long are program sessions? \_\_\_\_\_ hrs. (Estimate average and/or range if it varies.)
4. How many program sessions are there per week? \_\_\_\_\_ (Estimate average and/or range if it varies.)
5. How long does the program last? \_\_\_\_\_ mos. (Estimate average and/or range if it varies.)

*CPAP ASSESSMENT OF CDCR RECIDIVISM-REDUCTION PROGRAMS*

6. Are there different phases or steps in the program? If so, what must participants do to advance from one phase or step to the next?

7. What criteria, if any, must participants meet in order to successfully complete the program?

8. Does the program utilize cognitive behavioral or social learning methods?

Yes        No       

b. If "Yes," please describe.

9. What methods do program staffers utilize to support and encourage offender motivation to change? (Behavior modeling, motivational interviewing, social learning, etc.)

10. How does the program respond to individual differences in offender learning style, level of motivation, level of maturity, cultural background, and other relevant differences in receptiveness?

11. What positive reinforcement and incentives does the program offer for participants?

12. What sanctions exist for program non-compliance?

13. What continuities exist between program activities and offender families, community support networks, or other programs?

**D. Staff Qualifications/Selection/Training**

1. How many staffers are dedicated to the program? \_\_\_\_\_
2. How are program staff trained? (Please attach training material.)
  
3. How many program staff members have undergraduate degrees? \_\_\_\_\_
  - a. Of those with undergraduate degrees, how many have degrees in a helping profession? (social services/social work, substance abuse treatment, etc.) \_\_\_\_\_
4. Does the program have a strategy for recruitment and retention of staff?  
Yes  No 
  - a. If "Yes," please describe.
  
5. Was the current program director involved in the design of the program?  
Yes  No
6. How many years experience does the program director have working with offenders?  
\_\_\_\_\_
7. Does the director have a degree in social work or a related field? (if a related field, please indicate which)  
Yes  No

**E. Measurement and Evaluation**

1. What performance measurement data does the program collect?

*CPAP ASSESSMENT OF CDCR RECIDIVISM-REDUCTION PROGRAMS*

2. Does the program collect individual-level data on program participation?

Yes  No

3. What are the program's outcome measures, and how are they tracked?

4. Is program data forwarded to and analyzed by a non-program entity?

Yes  No

a. If so, who?

5. Has the program had an outside evaluation of program effectiveness?

Yes  No

a. If "Yes," who conducted this evaluation? Where can it be obtained?

b. If "No," is such an evaluation planned?