STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

ADULT PROGRAMS

Annual Report

Division of Addiction and Recovery Services

June 2009

MISSION STATEMENT

The mission of the Division of Addiction and Recovery Services (DARS) is to provide evidence-based substance use disorder treatment services to California's inmates and parolees.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
ADULT PROGRAMS
DIVISION OF ADDICTION AND RECOVERY SERVICES

MATTHEW L. CATE
SECRETARY

KATHRYN P. JETT
UNDERSECRETARY, ADULT PROGRAMS

C. ELIZABETH SIGGINS
CHIEF DEPUTY SECRETARY (Acting), ADULT PROGRAMS

THOMAS F. POWERS
DIRECTOR
DIVISION OF ADDICTION AND RECOVERY SERVICES

SHERRI L. GAUGER
DEPUTY DIRECTOR
DIVISION OF ADDICTION AND RECOVERY SERVICES

ACKNOWLEDGEMENT

This report was prepared by the California Department of Corrections and Rehabilitations' (CDCR) Division of Addiction and Recovery Services' (DARS) Data Analysis and Evaluation Unit (DAEU) with assistance from Steven Chapman, Ph.D., Assistant Secretary, Office of Research. It provides an initial summary of performance indicators, demographics and background information on the DARS Substance Abuse Treatment Programs. The information presented in this report is designed to assist the treatment programs and institutional staff in assessing progress, identifying barriers and weaknesses to effective programming, and analyzing trends, while establishing baseline points to measure outcomes. Under the direction of Bill Whitney, Staff Services Manager II; Gerald Martin, Staff Services Manager I; Sheeva Sabati, Research Analyst II; Ruben Mejia, Research Program Specialist; Krista Christian, Research Program Specialist, conducted extensive research and analysis for this report. Peggy Bengs, Information Officer II and Norma Pate, Special Assistant to the Deputy Director, DARS provided editorial contributions.

NOTE: In 2007, DARS designed the Offender Substance Abuse Treatment Database to monitor and evaluate programs. Information is collected on offender participants receiving treatment services and matched with data from the CDCR Offender Information Services Branch (OISB) and the Distributed Data Program System on a monthly basis. The Return-to-Prison information in this report is based on offenders who paroled in Fiscal Year 2005-06, the most recent year that provides DARS a complete cohort to compare one and two-year return-to-prison rates. Available program performance data for program years 2006-09 is also used in this report.

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INTRODUCTION

National Perspective

In the past 30 years there have been significant increases in the number of individuals incarcerated in federal and state prisons or placed under other forms of criminal justice supervision. In 2007, more than 7.3 million people were on probation, in jail or prison, or on parole at year end -- 3.2 percent of all United States (U.S.) adult residents or one (1) in every 31 adults, according to the U.S. Department of Justice, Bureau of Justice Statistics (BJS). There were more than 1.6 million state and federal prisoners at midyear 2008: 1.4 million in state jurisdiction and more than 201,142 in federal jurisdiction.

Alcohol and drug abuse is a major contributor to incarceration. A majority (56 percent) of state inmates in 2004 used drugs in the month before the offense, while a third (32 percent) committed their current offense under the influence of drugs, according to BJS's most recent publication "Survey of Inmates in State and Federal Correctional Facilities," released in October 2006. Nearly half of violent offenders in state prison (47 percent) had recent drug dependence or abuse; more than a quarter (28 percent) committed their current offense while under the influence of drugs; and ten percent committed their crime to obtain money for drugs.

California Perspective

Consistent with these disturbing trends, substance abuse is a major contributor to incarceration in California. Since 1983, the percentage of inmates committed specifically for a substance abuse or driving under the influence (DUI) offense has more than tripled. In 2008, 28.4 percent of the total California Department of Corrections and Rehabilitation (CDCR) commitments were for a substance abuse offense. In 1983, 8.1 percent of commitments were for substance abuse offenses. In 2008, DUI commitments were 8.2 percent; in 1983 1.4 percent of commitments were for DUI. Upon release from prison, parolees with untreated substance abuse problems often commit new crimes and are returned to custody – re-victimizing California communities and contributing to the State's high recidivism rate.

CDCR began providing drug treatment services to civil addicts in 1961 and adopted the Therapeutic Community as a primary treatment model in 1989. The Department's recent efforts to increase offender access to effective in-prison and community-based (also referred to as "continuing care" or "aftercare") substance abuse treatment programs, along with other rehabilitative programming, may be helping to reduce recidivism. In the first six months of 2008, according to BJS, 16 states, including California, reported decreases in their prison populations.

On January 1, 2009, the prison population in California totaled 170,973 inmates, with 159,581 male inmates and 11,392 female inmates. The parole population totaled 125,097, with 111,399 male parolees and 13,698 female parolees. Of the total

population of 296,070 inmates and parolees, 91.5 percent were male offenders and 8.5 percent were female offenders. The median age of offenders was 37. The average prison term for a new felon admission in 2008 was 49.4 months. The average time served for male parole violations on a return-to-prison was 3.9 months and for female parole violations, 3.5 months.

Governor Arnold Schwarzenegger, CDCR Secretary Matthew Cate, the California Legislature, CDCR executives and national experts have been strong leaders in supporting California's efforts to improve public safety by reducing the rates at which inmates re-victimize communities and return to prison. Implementing change in such a large organization as CDCR is a major undertaking. Progress has been made and continues to be made with the support of CDCR staff, partnering agencies, local communities, law enforcement and the courts.

Current CDCR Approach

The Division of Addiction and Recovery Services (DARS) was established to address the issue of substance abuse and to reduce the incidence of relapse and recidivism. Implementing successful evidence-based substance use disorder treatment for offenders to reduce recidivism requires alignment with the California Logic Model (See Appendix A page 59) and the National Institute on Drug Abuse (NIDA) Principles. The NIDA *Principles for Drug Abuse Treatment for Criminal Justice Populations* include the following:

- Drug addiction is a chronic relapsing brain disease that affects behavior.
- Recovery from drug addiction requires effective gender specific treatment, followed by continued care.
- The duration of treatment should be sufficiently long to produce stable behavioral changes.
- Assessment is the first step in treatment and tailoring services to fit the needs of the individual offender is an important part of effective drug abuse treatment for criminal justice populations.
- Drug use during treatment should be carefully monitored and the treatment should target factors associated with criminal behavior. Criminal justice supervision should incorporate treatment planning for drug abuse offenders, and treatment providers should be aware of correctional supervision requirements.
- Continuity of care is essential for drug abusers re-entering the community. A balance of rewards and sanctions encourages pro-social behavior and treatment participation. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.

Reporting Period

This Annual Report reviews efforts of Adult Programs, DARS to improve the efficacy of California's in-prison and community-based substance abuse treatment programs for offenders. This report provides in-prison and community-based substance abuse treatment program outcome information, participant demographics, and return-to-prison rate analysis. The Return-to-Prison information in this report is based on offenders who paroled in Fiscal Year 2005-06, the most recent year that provides DARS a complete cohort to compare one and two-year return-to-prison rates. Available program performance data for program years 2006-09 is also used in this report.

Note on the Timing of this Report

It should be noted that by the time this report is released, the State's Fiscal Crisis will likely have required CDCR to reduce the services described in this report as well as reduce and reorganize our Adult Programs operations. Nevertheless, CDCR is very proud of these accomplishments and wanted to show them in this report. Lessons learned from this report will assist CDCR in developing strategies to reduce cost and maximize our ability to reduce recidivism without compromising treatment integrity.

EXECUTIVE SUMMARY

"Substance abuse has a negative effect on families and drives incarceration; however, research has shown that investing in substance abuse treatment has a real cost benefit to the public."
- Matthew Cate, Secretary, CDCR.

Background

Substance abuse is a major contributor to incarceration in California. Since 1983, the percentage of inmates committed specifically for a substance abuse or driving under the influence offense has more than tripled. In 2008, 28.4 percent of California Department of Corrections and Rehabilitation (CDCR) commitments were for a substance abuse offense, up from 8.1 percent in 1983; 8.2 percent were for driving under the influence, up from 1.4 percent in 1983.

Effective substance abuse treatment is critical to California's efforts to reduce the number of inmates who return to a life of crime. The Division of Addiction and Recovery Services (DARS) administers inmate offender substance abuse programs for men and women in prisons, reception centers, community correctional facilities, fire camps and community-based substance abuse treatment programs (also referred to as "continuing care" or "aftercare").

Adding the "R" to CDC

On July 1, 2005, the California Department of Corrections adopted a new name and became the California Department of Corrections and Rehabilitation, underscoring the increased priority of inmate rehabilitative programs, including substance abuse treatment and recovery. The Department's organizational structure was also modified to improve the effectiveness of service delivery to inmates and accountability to the public. The nexus between effective rehabilitation programs and public safety was also realized.

In March 2007, the Office of Substance Abuse Programs (OSAP) was renamed the Division of Addiction and Recovery Services (DARS) and elevated in CDCR from an Office to a Division. This organizational change was made in response to a CDCR Office of the Inspector General (OIG) recommendation to review the placement of the office to ensure that the organizational level was consistent with the scrutiny and attention needed to effectively manage and oversee the Department's substance abuse treatment programs.

Two significant events occurred between May and September 2007. In May 2007, Governor Arnold Schwarzenegger signed landmark legislation, the Public Safety and Offender Rehabilitation Services Act of 2007 (AB 900). This statute fundamentally changes California's correctional system by focusing on rehabilitative programming for offenders as a direct way to improve public safety upon return of inmates to their communities. In September 2007, the Undersecretary of Adult Programs was

appointed, overseeing DARS, Education and Vocation; Community Partnerships; Correctional Health Care Services; Victim & Survivor Rights and Services; and Prison Industry Authority.

AB 900 and other Adult Program Reforms

Assembly Bill (AB) 900 is a major effort to reform California's prison system by reducing prison overcrowding and increasing rehabilitative programming. DARS has responsibility for two of thirteen benchmarks established by AB 900 that must be met prior to the release of funds for construction projects outlined in the bill. They are: 1) At least 2,000 substance abuse treatment slots have been established with aftercare in the community. (The bill requires a total of 4,000 new in-prison substance abuse treatment slots with aftercare in the community overall), and 2) Prison institutional drug treatment slots have averaged at least 75 percent participation over the previous six months.

DARS met the benchmark to add 2,000 in-prison substance abuse slots with aftercare in the community on December 30, 2008. At that point, all of the new programs were operational and inmates were participating in treatment. DARS added approximately 55,000 square feet of new programming space to five institutions and one community correctional facility. In addition, between April 2007 and December 2008, the Department expanded community care participation by 2,960 treatment slots. This is a 119 percent growth in community care participation from 2,498 in April 2007 to 5,458 participants in December 2008.

In March 1, 2009, DARS began piloting the Interim Computerized Attendance Tracking System (ICATS) at Solano and Folsom State Prisons to monitor in-prison substance abuse program utilization. This system will be implemented at all in-prison substance abuse programs to ensure that substance abuse treatment program utilization is captured and sustained at 75 percent or above.

In June 2007, the Expert Panel recommended the California Logic Model as this state's approach to integrating evidence-based principles into its rehabilitation programming. (See Appendix A, page 60). The Governor's Rehabilitation Strike Team provided guidelines on how to implement the Expert Panel recommendations.

DARS has been challenged to provide quality evidence-based rehabilitative treatment programs aligned with the California Logic Model. This rehabilitation programming implements programs based on inmate risk to recidivate and assessment of individual needs that will better prepare offenders for successful community reentry and reintegration. The Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) and CDCR's Addiction Severity Index (ASI) assessment tools will guide CDCR in placing the right offender in the right program at the right time.

DARS is continuing to develop programs that address the substance use disorder needs of its inmate population. Today, DARS delivers a redesigned program model that is trauma-informed, gender-responsive and includes standards and measures. In addition to the current modified Therapeutic Community, Cognitive Behavioral

Treatment and Psycho-Educational Treatment models are being included to better address the needs of offenders.

Currently, DARS manages more than 12,000 substance abuse treatment slots in 44 programs at 21 institutions. In addition, as of the June 30, 2008, 5,503 parolees participated daily in community-based Substance Abuse Treatment, or "continuing care" programs, throughout the State.

DARS achieved major milestones in CDCR's mission to strengthen substance abuse recovery programs, to reduce recidivism, and to increase public safety. Following are highlights of DARS accomplishments:

I. REDUCED RECIDIVISM

Return-to-prison rates are significantly reduced for offenders completing in-prison and community-based substance abuse treatment programs

The utility of corrections-based treatment for substance abusing offenders has spurred both research and debate this decade. *The Prison Journal* contains reports on the nation's three largest prison-based treatment studies. These studies, being conducted in California, Delaware, and Texas, offer further evidence that substance abuse treatment for appropriate correctional populations can work when adequate attention is given to engagement, motivation, and aftercare.[1] Corrections-based treatment policy should emphasize a continuum of care model (from institution to community) with high quality programs and services.[2] DARS' multi-year commitment to linking inmates who have completed in-prison substance abuse programs with community-based substance abuse treatment programs is proving to be a successful combination. The most recent data which followed offenders who paroled in 2005-06 for a one-year and a two-year period demonstrates that the recidivism rate was reduced for offenders who completed in-prison substance abuse treatment programs – with a more substantial reduction in recidivism for offenders completing in-prison followed by community-based substance abuse treatment programs.

Recidivism, or return-to-prison, is defined as a paroled offender returning to prison for *any* reason during a specified time period. This includes offenders who are returned to Substance-Abuse Treatment-Control Units in correctional facilities; returned pending a revocation hearing by the Board of Parole Hearings on charges of violating the conditions of parole; returned to custody for parole violations to serve revocation time; or returned to custody by a court for a new felony conviction.

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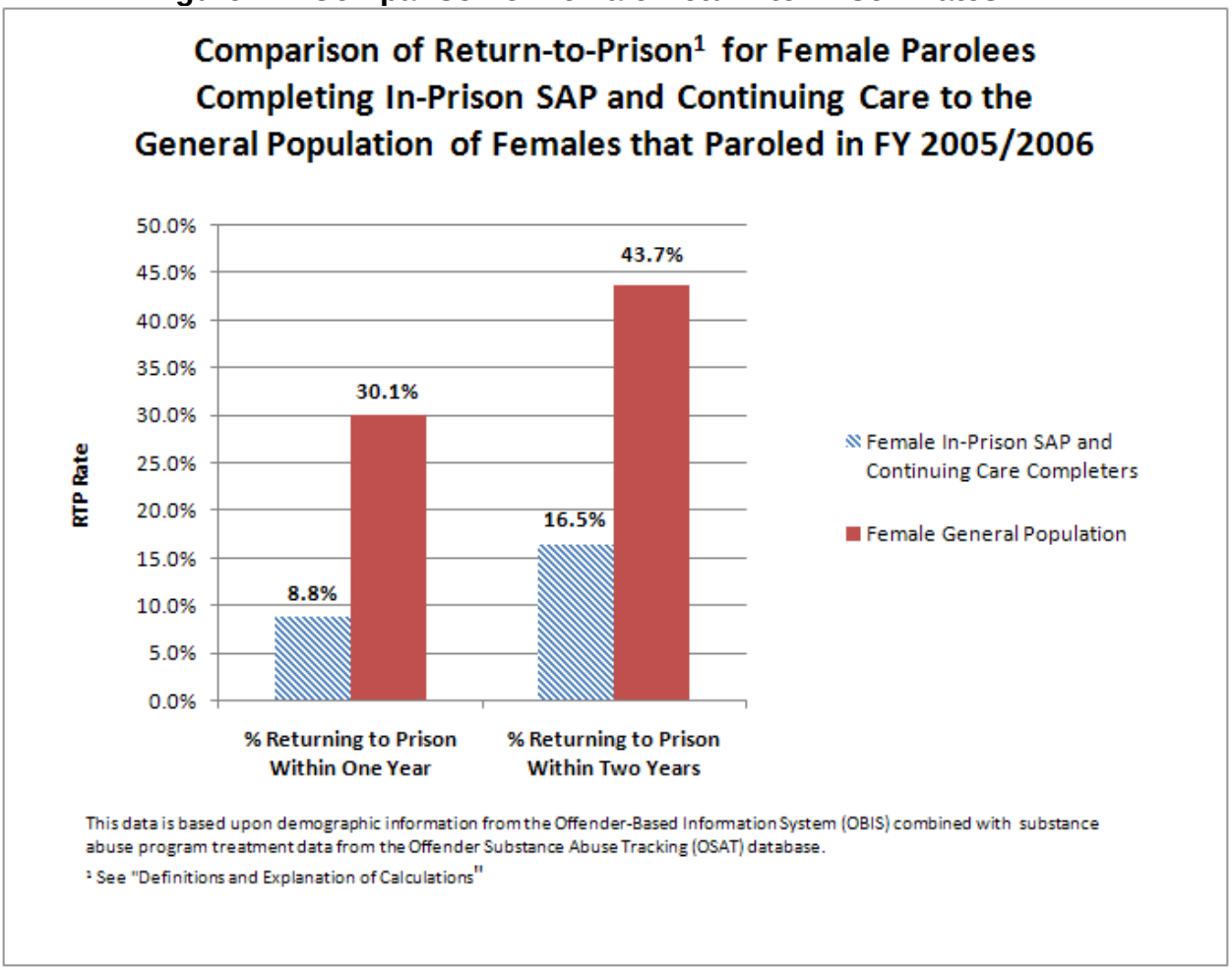
[1] (Simpson, D.D., Wexler, H.K., & Inciardi, J.A. (Eds.) (September/December, 1999). Special issue on drug treatment outcomes for correctional settings, parts 1 & 2. *The Prison Journal, 79* (3/4).

[2] (Hiller, M. L., Knight, K., & Simpson, D. D. (1999). Prison-based substance abuse treatment, residential aftercare and recidivism. *Addiction, 94(6)*, 833-842.

DARS Programs:

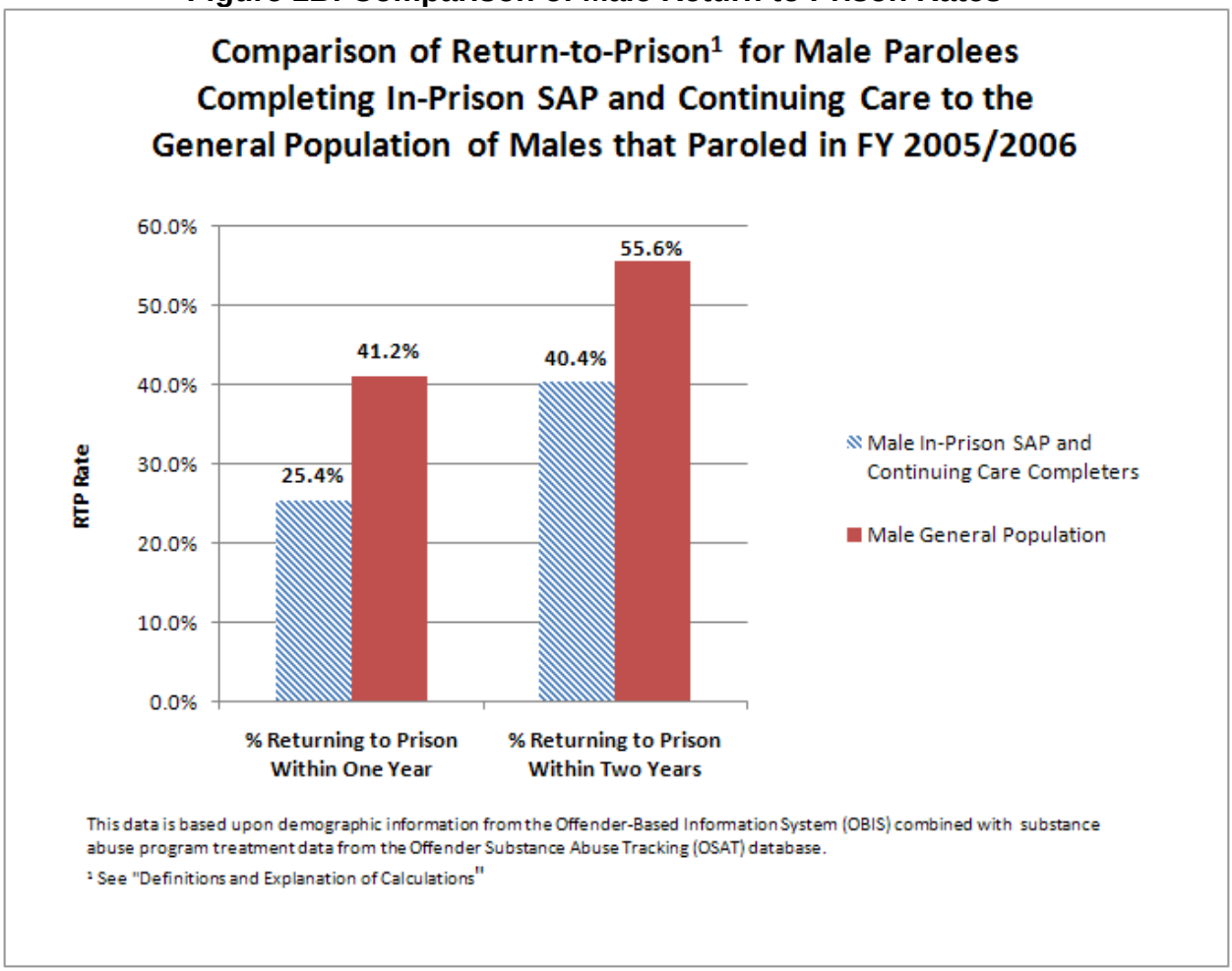
- Demonstrated a lower return-to-prison rate for female offenders who completed both in-prison and community-based substance abuse treatment in Fiscal Year (FY) 2005-06 (8.8 percent after one year and 16.5 percent after two years) as compared to the return-to-prison rate for all CDCR female offenders (30.1 percent after one year and 43.7 after two years).

Figure 1A: Comparison of Female Return to Prison Rates



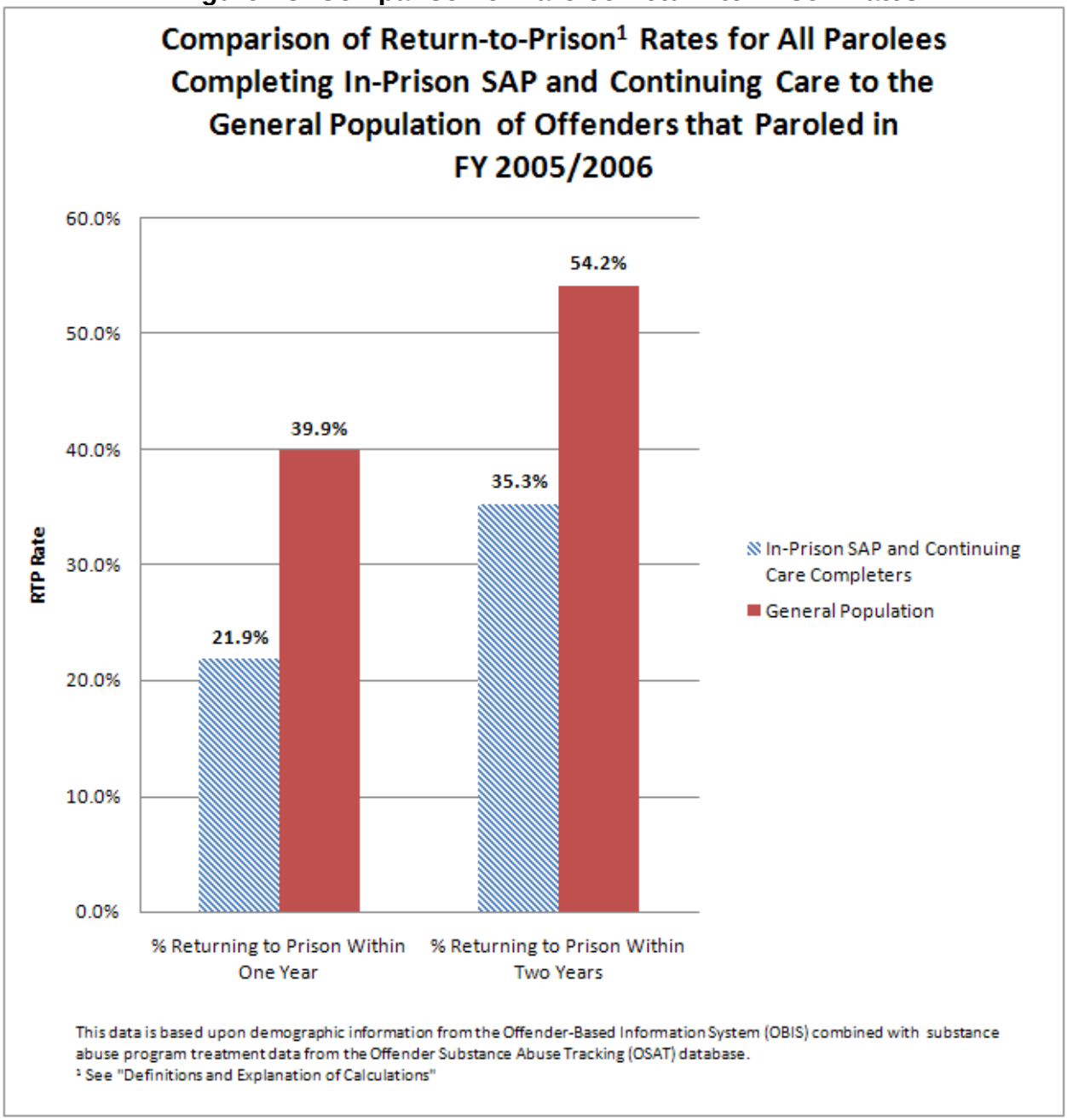
- Demonstrated a lower return-to-prison rate for male offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 (25.4 percent after one year and 40.4 percent after two years) as compared to the return-to-prison rate for all CDCR male offenders (41.2 percent after one year and 55.6 percent after two years).

Figure 1B: Comparison of Male Return to Prison Rates



- Overall, all offenders, both male and female, who completed both in-prison and community-based substance abuse treatment in FY 2005-06 had a return-to-prison rate of 21.9 percent after one year and 35.3 percent after two years. This compares with a 39.9 percent return-to-prison rate after one year and a 54.2 percent return-to-prison rate after two years for all offenders.

Figure 1C: **Comparison of Parolee Return to Prison Rates**



- Reduced the statewide return-to-prison rate for one-year to 5.8 percent for female parolees and to 19.3 percent for male parolees in FY 2006-07.

One year Return to Prison (RTP) Rates for Offenders who Completed* In-Prison** SAPs during Fiscal Year 2006/2007			
Gender	In-Prison SAP Completers	Completers Returned to Prison	RTP Rate for Completers
Female (SAP Only)	1,387	425	30.6%
Females Showing Up to CC, but not completing	522	170	32.6%
Female (SAP & Comp CC)	687	40	5.8%
Male Paroles (SAP Only)	3,714	1,462	39.4%
Males Showing Up to CC, but not completing	1,210	560	46.3%
Male (SAP & Comp CC)	1,514	292	19.3%
Totals	**9,034**	**2,949**	**32.6%**

*Completion is defined as those participants who successfully complete treatment as determined by the contract treatment provider.

**Includes offenders who graduated from in-prison SAPS, but did not receive community-based treatment; those who graduated from in-prison SAPS and received some community-based treatment, but did not complete community-based treatment; and those who completed both in-prison SAPS and community-based treatment. Does not include reception center inmates.

II. INCREASED UTILIZATION AND REHABILITATION OF PAROLEE POPULATION

More than doubled the population in community aftercare programs

DARS has successfully implemented several incentive-based and alternative sanction programs to increase participation in the continuum of in-prison to community-based substance abuse treatment services. These programs include: Senate Bill (SB) 1453, which mandates eligible in-prison substance abuse program graduates to complete residential, community-based continuing care as a condition of their parole; In-Custody Drug Treatment Program (ICDTP) which added 1,800 additional community-based treatment slots for use as a remedial sanction; and Mandatory Conditions of Parole, a pilot program at Valley State Prison for Women and the California Rehabilitation Center, which mandates residential aftercare treatment for eligible felon inmates paroling from in-prison substance abuse programs. These programs:

- Established 1,800 ICDTP slots for use as a remedial sanction by April 1, 2008, meeting the U.S. District Court order which required CDCR to establish 1,800 ICDTP slots by that date as a result of the *Valdivia v. Schwarzenegger* class action lawsuit.

- Increased the percent of offenders who completed in-prison programs and continued on to aftercare to 54.6 percent as of June 30, 2008 (compared to 30 percent cited in the OIG 2007 report). (See Appendix E, Table 3E, page 93).

- More than doubled the average daily population of parolees receiving community-based treatment from 2,632 on June 27, 2007, to 5,503 on June 30, 2008. (See Figure 11, page 44).

- Reduced the average length of parole from three years to five months for 1,270 parolees who successfully completed SB 1453 150-day mandatory aftercare residential treatment program. This data reflects the time frame from program start up in March 2007 through June 30, 2008.

III. PROGRAM EXPANSION

Significantly increased substance abuse treatment capacity in California prisons

In-prison substance abuse programs can now provide services to more offenders due to the addition of new in-prison treatment slots. AB 900 requires CDCR to add 4,000 new in-prison substance abuse disorder treatment slots. CDCR activated the first phase of 2,000 slots December, 2008. DARS:

- Increased admissions to in-prison substance abuse program between FY 2004-05 and FY 2007-08 from 9,935 to 14,066. Program completions during the same time period rose from 6,751 to 8,839. (See Figure 5, page 34)

- Met the AB 900 benchmark to add 2,000 new in-prison substance abuse treatment slots in December 2008.

- Completed new modular buildings to increase programming space and allow for treatment staff to provide one-on-one counseling services in addition to group programs, which added or provided 59,520 additional square feet of rehabilitative programming space.

- Reduced custody lockdown hours from an average of 571 hours per month in FY 2007-08 to 248 hours per month during the first half of FY 2008-09. This increased the hours of substance abuse programming and improved program effectiveness.

IV. MANAGEMENT IMPROVEMENTS

Improved effectiveness of management of in-prison substance abuse programs

Aggressive strategies substantially improved the effectiveness of the management of in-prison substance abuse programs. In 2007, the OIG identified weaknesses and mismanagement in the implementation of in-prison substance abuse programs. CDCR has completed or substantially implemented 23 of the 30 OIG recommendations. Some of the OIG recommendations completed include:

- Implemented all prior recommendations of external program evaluators.

- Integrated evidence-based treatment services in DARS' treatment model.

- Collaborated with substance abuse treatment experts, including the Expert Panel and the Governor's Rehabilitation Strike Team.

- Formed the Treatment Advisory Committee* which is comprised of nationally recognized researchers and substance abuse program evaluators.

- Relocated treatment programs to institutions more amenable to programming, with consideration to lockdowns and other interruptions to service delivery.

- Enhanced monitoring of contracts to ensure contract compliance and fidelity to the treatment model. DARS monitors each program quarterly using a detailed assessment tool – Performance Accountability Review to track program effectiveness and establish corrective action plans.

- Resolved program issues where treatment hours fell short of contract terms. Contractors were required to adjust their schedules to meet those terms.

- Increased competition for in-prison substance abuse program contracts to ensure that the State receives the best value for the price by improving the Department's bidding process for selecting program providers.

- Included performance measures in the in-prison substance abuse treatment contracts to improve aftercare participation.

V. NEW DATA SYSTEMS

Developed new data systems to track, monitor and evaluate program effectiveness

The Division implemented data systems to track and monitor program effectiveness and evidence-based reforms. DARS:

- Developed a database to collect data and report program performance and established specific performance measures to monitor individual program effectiveness.

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* The Treatment Advisory Committee Members are: Christine Grella, Ph.D, Integrated Substance Abuse Programs, University of California, Los Angeles; Igor Koutsenok, MD, MS, Director, Center for Criminality and Addiction Research, Training and Application , University of California, San Diego; Michael Prendergast, Ph.D, Integrated Substance Abuse Programs NPI-Semel Institute for Neuroscience, University of California, Los Angeles; and Harry K. Wexler, Ph.D.

- Paved the way, through collection of more extensive and accurate data, for CDCR to better evaluate substance abuse programs, measure rates of recidivism, and rapidly make any needed changes for maximum program effectiveness.

VI. EVIDENCE-BASED REHABILITATION REFORMS

Implemented historic evidence-based rehabilitation reforms

During FY 2007-08, DARS also played a major role in historic reforms to bring evidence-based rehabilitation to California's correctional system. These reforms use evidence-based rehabilitation – academic, vocational, substance abuse and other programs – to help offenders succeed when they return to their communities, and reduce the State's recidivism rate. The major principles of evidence-based programs include: research-based risk and needs assessments, targeting of criminogenic needs, skills-oriented, responsivity to an individual's unique characteristics, program intensity (dosage), continuity of care, and ongoing monitoring and evaluation. To integrate these evidence-based principles, DARS:

- Demonstrated that the national research which states that in-prison substance abuse treatment followed by community-based aftercare reduces recidivism.

- Integrated evidence-based treatment services in DARS' treatment model. DARS solicited input for its treatment model from experts in the field including the CDCR Expert Panel, the DARS Treatment Advisory Committee and outside evaluators. This treatment design now includes Cognitive Behavioral Treatment and Psycho-Educational Interventions as well as the modified Therapeutic Community model. DARS in-prison substance abuse provider contracts now include the requirement that programs offer all of these models. Also included in this expanded treatment model is individualized treatment planning based on risk and needs assessment from COMPAS as an initial screening tool and the ASI as a secondary assessment instrument.

- Implemented recommendations in "The Master Plan for Female Offenders: A Blueprint for Gender-Responsive Rehabilitation 2008" from the Division of Adult Institutions' Female Offender Programs and Services (FOPS) office, and national experts including Barbara Bloom, Ph.D., Stephanie Covington, Ph.D., Barbara Owen, Ph.D., Nena Messina, Ph.D. and Christine Grella, Ph.D. These recommendations have informed CDCR's approach to providing Gender-Responsive and Trauma-Informed Treatment for female offenders.

- Opened the first-of-its-kind Trauma-Informed Gender-Responsive substance abuse treatment program for female offenders at Leo Chesney Community Correctional Facility. This program was implemented in collaboration with CDCR's FOPS Division. This evidence-based model will be included in all AB 900 slots being added at Central California Women's Facility and Valley State Prison for Women.

- Participated in launching a pilot project at California State Prison, Solano, to implement and assess the effectiveness of DARS' expanded treatment model, which includes science-based risk and needs assessment tools, risk-needs responsive treatment services and integrated treatment services. Placement of inmates is based on their risk to reoffend and their need for rehabilitative programs. CDCR is initially targeting offenders with a moderate to high risk to reoffend for placement in intensive rehabilitation programs that include substance abuse, vocation and education, anger management, and criminal thinking.

HISTORY
DIVISION OF ADDICTION AND RECOVERY SERVICES
(DARS)

HISTORICAL PERSPECTIVE
DIVISION OF ADDICTION AND RECOVERY SERVICES (DARS)

CDCR began providing drug treatment services for inmates in 1961 at the California Rehabilitation Center (CRC) with the legislative enactment of the California Civil Addict Program. This program provided for the commitment and treatment of narcotic addicts that included an in-prison phase of six to eighteen months with out-patient community treatment phase and parole supervision.

In 1989, CDCR created the Office of Substance Abuse Programs (OSAP) and began providing treatment services in November 1990, with a 200-slot modified Therapeutic Community substance abuse treatment program for Level III male felons at the Richard J. Donovan Correctional Facility (RJD) in San Diego. Community-based substance abuse treatment began in November 1991 for a limited number of RJD participants who completed the in-prison phase. This nine-to-eighteen month voluntary program provided each inmate with more than 20 hours of programming per week, including individual and group interaction, cognitive and behavioral restructuring, recovery education and 12-step meetings (California Department of Corrections, *Overview of Substance Abuse Programs*, December 1999).

In May 1991, the "Forever Free Program" was implemented for female felons at the California Institute for Women (CIW). This four month program initially served 120 offender participants and later was expanded to serve 240 participants. Long-term evaluations of these programs indicated the longer the exposure to treatment, the less likely the offender participant was to return-to-prison. In 1996, the program was divided into two tracks, one for women with more than six months of incarceration time and one for women with less than six months of incarceration time. The program included behavior change, 12-step activities and a focus on gender-specific topics including physical/sexual abuse and parenting.

Mandatory Prison Sentencing and a Growing Influence of Substance Abuse in Prison Commitments

By the late 1990s, voter approved mandatory sentencing in response to California's growing crime rate and the detrimental influence of substance abuse in incarceration had become clear. Incarceration had grown from 39,373 on December 31, 1983 to 160,332 as of April 1, 1999. By December 1998, 28.0 percent of all commitments were for specific drug offenses, up from 8.1 percent in 1983, and 1.4 percent of total commitments were for driving under the influence offenses. It became apparent that if California was to be effective in bringing down its incarceration and recidivism rates, it had to strengthen its commitment to successful substance abuse treatment.

Evaluation Reveals Success of Long-term Treatment

A major evaluation released in 1998 found a reduced return-to-prison rate for individuals spending a longer time in treatment, especially those who completed community-based continuing care. The 1998, five year (1992 to 1997) long-term outcome evaluation study was conducted by Dr. Harry K. Wexler, Ph.D. This study evaluated the RJD return-to-prison custody data for five groups: Control, Program Drop, Prison Treatment Only, Community Program Drop, and Community Program Completers (Wexler, DeLeon, Thomas, Kressel & Peters, in press; Lowe, Wexler & Peters, 1998). The control group subjects returned to prison after an average of 295.0 days, compared to 578.5 days for offenders completing Continuing Care. Additionally, only 25 percent of the community-based continuing care completers had been returned to prison at 36 months. The positive outcomes of these early programs at RJD and CIW impacted policy decisions regarding substance abuse treatment for inmates and parolees as DARS (OSAP at the time) expanded the CDCR in-prison treatment slots from 400 to 3,000 slots by December 1999.

Voluntary and Mandatory Participation

Participation in DARS (OSAP) substance abuse treatment programs was voluntary before 1997. This policy was based on the reasoning that space was limited and voluntary participants were thought to be more highly motivated than non-volunteers. However, research became available that showed positive results for individuals placed into mandatory treatment settings (DeLeon, 1998). CDCR adopted emergency regulations to the California Code of Regulations, Title 15, Crime Prevention and Corrections, Division 3, Department of Corrections and Rehabilitation, Chapter 1. Section 3040.1(f), stating “inmates placed in a Substance Abuse Program (SAP) are subject to the same program performance and discipline requirements as they would be in any other work assignment. This is necessary to ensure that inmates understand that they are required to participate in the SAP. Inmates who refuse to perform satisfactorily would be subject to loss of work/training incentive program credits as a result of non-participation.”

Substance Abuse Programs for Female Civil Addicts

In April 1995, CDCR implemented an intensive 204-bed in-prison Therapeutic Community (TC) substance abuse treatment program at the California Rehabilitation Center. This nine-to-twelve month program was for female civil addicts in a segregated housing unit. Participants received comprehensive social, cognitive, and behavioral services. These services included individual, family, and group counseling, substance use education and planning for re-entry to the community.

Substance Abuse Treatment Facility

In September 1997, the Substance Abuse Treatment Facility (SATF) was activated specifically to provide substance abuse treatment programming. The SATF complex had a housing capacity of 6,013 slots with two distinct secure treatment facilities designed to provide housing and TC treatment for 1,478 Level I and II offenders. The six-to-eighteen month program provided 20 hours per week of substance use disorder treatment plus ten hours per week of other structured activities. The SATF program was expanded to 1,878 slots in 2006.

Substance Abuse Program for Male Civil Addicts

In 1998, a six-to-eighteen month intensive TC program serving 200 male civil addicts was established at CRC. Participants received a substance use disorder assessment resulting in the development of an individualized treatment planning and received 20 hours of individual and group treatment services.

Expansion of Community-Based Treatment Programs

In the late 1990s, the Department expanded its community-based substance abuse treatment programs which began in 1991 with implementation of the Bay Area Services Network in six San Francisco Bay Area Communities. Subsequently, parolee network treatment services became available in Los Angeles, San Diego, Fresno, Orange, Riverside, and San Bernardino Counties. Parole agents were added to coordinate the partnership between in-prison and community-based continuing care substance abuse programs. The Substance Abuse Services Coordinating Agencies were also developed as intermediary agencies working with in-prison substance abuse programs and community-based continuing care providers to link inmates to a continuum of treatment following their release.

Elevating DARS to a Division

On July 1, 2005, the California Department of Corrections adopted a new name and became the California Department of Corrections and Rehabilitation (CDCR), underscoring the increased priority of inmate rehabilitative programs, including substance abuse treatment and recovery. In March 2007, the Office of Substance Abuse Programs (OSAP) was renamed the Division of Addiction and Recovery Services (DARS) and elevated in CDCR from an Office to a Division. This organizational change was made in response to an Office of the Inspector General recommendation to effectively manage and oversee the Department's substance abuse treatment programs.

DARS is engaged in the Department's system-wide shift of prioritizing functions and resources, increasing program utilization and improving evidence-based rehabilitation services for offenders and parolees. DARS is actively working to improve the quality

and delivery of its programs based on recommendations from several expert stakeholders, including CDCR's Expert Panel on Adult Offender and Recidivism Reduction Programming and the Governor's Rehabilitation Strike Team, and is continuing to develop programs that address the substance use disorder needs of its inmate population.

OVERVIEW
ADULT PROGRAMS
DARS
SERVICES AND PROGRAM LOCATIONS

DARS SERVICES

Mission of the Division of Addiction and Recovery Services (DARS)

The mission of DARS is to provide evidence-based substance use disorder treatment services to California's inmates and parolees. DARS provides the leadership, development, implementation, coordination and monitoring of treatment services to achieve the following goals:

- Reduce recidivism through evidence-based, gender responsive interventions that reduce substance use behaviors and criminogenic risks and needs.

- Increase participation in community aftercare by promoting its value to in-prison populations and ensuring the successful linkage between in-prison programs and community-based aftercare entities.

- Improve in-prison and community aftercare program performance by implementing effective assessment and tracking procedures, implementing best practices, and responding to recommendations from the Treatment Advisory Committee.

- Develop and implement comprehensive assessment processes which allow measurement and tracking of individual participant change as a result of service interventions.

- Improve program performance by implementing a partnership between DARS, the Treatment Advisory Committee, the academic community, the professional community, and service providers to identify new program models, innovations to existing program models, and identification and elimination of unsuccessful programs.

New Evidence-Based Rehabilitation Treatment Model

The goal of evidence-based rehabilitation is to reduce recidivism by implementing the five principles of effective intervention:

- Risk Principle: Target high-risk offenders
- Need Principle: Treat risk factors associated with offending behavior
- Treatment Principle: Employ evidence-based treatment approaches
- Responsivity Principle: Tailor treatments to meet special needs
- Fidelity Principle: Monitor implementation, quality, and treatment fidelity

Substance Abuse Programs represent one of several core offender rehabilitation program areas that also include: Education; Vocation; Criminal Thinking, Behaviors and Associations; and Anger, Hostility and Violence Management. Integrated service delivery fosters rehabilitation by incorporating various types of treatment that

correspond to each individual's unique needs, instead of a standard set of services. Practitioners within the fields of education, vocation, substance abuse treatment, and mental health will collaborate to design individualized treatment plans, and analyze and monitor the overall impact of all treatment services for each individual.

All in-prison adult programs are being aligned with the California Logic Model. The California Logic Model is a detailed, sequential description of how California will apply evidence-based principles and practices and effectively deliver a core set of rehabilitation programs. Research shows that to achieve positive outcomes, correctional agencies must provide rehabilitative programs to the right inmate at the right time and in a manner consistent with evidence-based programming design.

The Logic Model includes the following eight components: 1) Assess High Risk, 2) Assess Needs, 3) Develop Behavior Management Plan, 4) Deliver Programs, 5) Measure Progress, 6) Prep for Re-entry, 7) Reintegrate, and 8) Follow-Up. (See Appendix A page 60)

The University of California, San Diego's research staff assisted DARS in the development of an expanded substance use disorder treatment model. In addition to the current modified Therapeutic Community, DARS will now provide Cognitive Behavioral Treatment and Psycho-Educational Intervention models, and has added assessments and standard performance measures to the new programs.

The new substance abuse treatment models deliver a redesigned program that is trauma-informed and gender-responsive. Females in the correctional system have unique needs relative to the male offender population. Addressing these issues through treatment approaches has significant impacts on the success of female offender rehabilitation. DARS recognizes the importance of Gender Responsive treatment and offers specialized therapy programs for female inmates. These programs cover a range of issues including trauma rehabilitation, parenting skills programs, and programs for battered women.

DARS selected the Addiction Severity Index (ASI) as a secondary assessment tool to match offenders with appropriate intensity and level of substance abuse treatment, and worked with researchers to modify the ASI to be used in a correctional environment. The Correctional Offender Management Profiling for Alternatives Sanctions (COMPAS) assessment tool and the CDCR ASI as a secondary tool will assist the Department in appropriate rehabilitative program placement.

CDCR Partners

DARS provides coordinated services for inmates and parolees by working with partners in statewide law enforcement, health, and social services communities. It provides broad-based substance abuse treatment programs in correctional facilities that include transitional programs preparing inmates for release on parole, and community-based substance abuse treatment programs.

Community-based organizations and state and local governmental agencies are assisting DARS in carrying out its mission. Community-based substance abuse treatment contractors provide most of the services for DARS inmates and parolee offender participants. These contractors include the Amity Foundation, Center Point, Community Education Centers, Inc. (CiviGenics, Inc.), Mental Health Systems, Phoenix House, Walden House, West Care, and the Contra Costa County and Orange County Offices of Education. Essential partners within CDCR for these treatment services include:

- Division of Community Partnerships
- Division of Education, Vocation and Offender Programs
- Division of Correctional Health Care Services
- Division of Adult Institutions
- Female Offender Programs and Services
- Board of Parole Hearings
- Division of Adult Parole Operations
- Office of Research
- Office of Business Services
- Office of Legal Affairs
- Enterprise Information Services

Program Locations

The Map of California's Correctional and Rehabilitation Facilities on page 24 shows the locations of CDCR institutions as well as DARS In-Prison Substance Abuse Treatment Program locations. The tables on pages 25-27 summarize the capacity, custody level and location within the institution of DARS' In-Prison Substance Abuse Treatment Programs, and the location and capacity of Transitional Treatment Programs, Parolee Programs and Parolee Diversion Programs.

As of June 30, 2008, DARS operated 41 in-prison programs in 20 institutions, with a total capacity of 10,119 treatment slots; 8,355 (83 percent) for males and 1,764 (17 percent) for females (See Table 2, page 26-27).

In FY 2007-08 there were 21,464 inmate participants that received substance abuse treatment services in-prison and 10,946 parolees who received community-based substance abuse treatment services which represent a total offender population served of 32,410. Of this total offender population, 21.6 percent are female and 78.4 percent are male (See Figure 2, page 28).

Map of California's Correctional and Rehabilitation Facilities - Indicates Location of DARS In-Prison Substance Abuse Programs

Table 1: The following two tables provide a glossary of the names of institutions and the DARS treatment locations and capacity as of June 30, 2008. Acronyms for institution names will be used in all subsequent tables.

Table 1: Glossary of Institution Acronyms

Division of Addiction and Recovery Services	
Glossary of CDCR's Institutions/Programs Acronyms	
Institution Acronym	**Institution Name**
1. ASP	Avenal State Prison
2. CCWF	Central California Women's Facility
3. CCI	California Correctional Institution
4. CIM	California Institution for Men
5. CIW	California Institution for Women
6. CMC	California Men's Colony
7. CRC	Correctional Rehabilitation Center
8. COR	California State Prison, Corcoran
9. CTF	Correctional Training Facility
10. CVSP	Chuckawalla Valley State Prison
11. FTTF	Folsom Transitional Treatment Facility
12. KVSP	Kern Valley State Prison
13. NKSP-RC	North Kern State Prison-Reception Center
14. PVSP	Pleasant Valley State Prison
15. RJD	Richard J. Donovan Correctional Facility at Rock Mountain
16. SATF	California Substance Abuse Treatment Facility and State Prison at Corcoran
17. SCC	Sierra Conservation Center
18. SOL	California State Prison, Solano
19. VSPW	Valley State Prison for Women
20. WSP-RC	Wasco State Prison-Reception Center

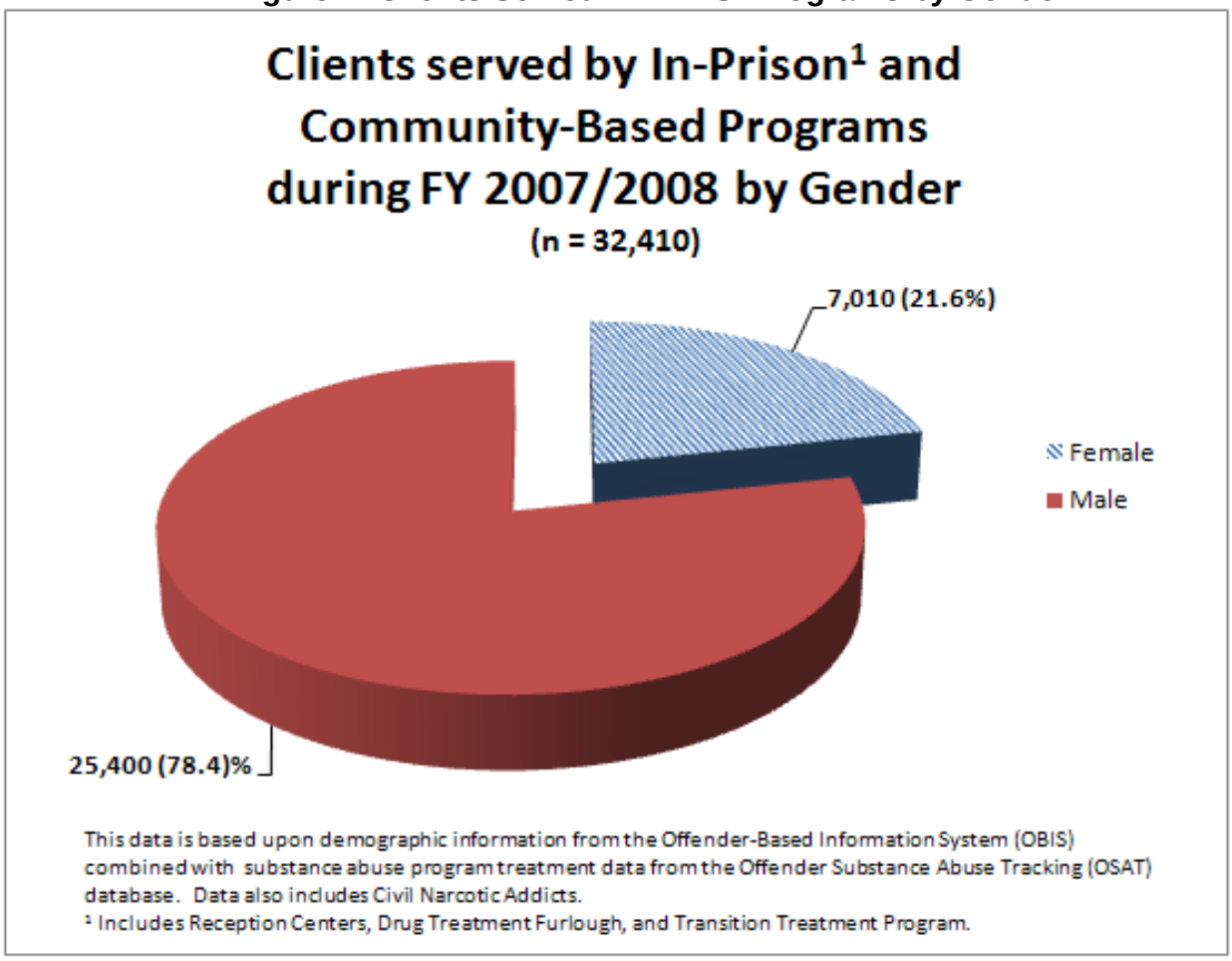
Table 2: DARS Treatment Locations and Capacity as of June 30, 2008

Division of Addiction and Recovery Services Substance Abuse Treatment Programs Treatment Locations and Capacity			
In-Prison Substance Abuse Treatment Programs	**Location**	**Custody Level**	**Treatment Capacity**
ASP	**Facility I**	II	200
CCI	**1 Yard**	I	200
	2 Yard	II-SNY	175
CIM	**Minimum Security Facility (MSF)**	I	200
		I	200
CMC	**West Facility**	I-II	180
		I	50
CRC	**Facility II**	II	200
		II	300
		II	88
	Facility I	II	263
		II	263
	Sensitive Needs Yard	II-SNY	200
COR	**MSF**	I	190
CTF	**MSF**	I	208
	North Facility	III	250
CVSP	**Facility C**	II	340
TTP ***Program located at FTTF**	**Folsom Transitional Treatment Facility ***	I-II	200
KVSP	**Facility D**	IV	256
NKSP-RC	**Facility C**	Reception	200
PSAP ***Program located at FTTF**	**Folsom Transitional Treatment Facility***	Parolee	203
PVSP	**Facility B**	III	200
	Facility C	III	200
RJD	**MSF**	I	100
	Facility 1	III	150
	Facility 3	IV-SNY	200
SATF	**F Yard**	I – II	939
	G Yard	I – II	939
SCC	**Baseline Camp**	I	125
	Sensitive Needs Yard	III-SNY	236
	Facility 3-4	I – II	200
SOL	**Vocational Area**	II	200
	Facility 1	II	200
WSP-RC	**Reception Center**	Reception	300

Table 2: (cont.) DARS Treatment Locations and Capacity as of June 30, 2008

In-Prison Treatment Programs (cont.)	Location	Custody Level	Treatment Capacity
CCWF	Facility B	I – IV	250
	Facility C	I – IV	256
CIW	Main Yard	I – III	294
		I – III	218
		I – III	240
VSPW	D Yard	I – IV	256
		I – IV	250
Inmate Furlough Treatment Programs	**Location**		**Treatment Capacity**
Drug Treatment Furlough	Regions 1 – 4		400
Parolee Programs	**Location**		**Treatment Capacity**
Voluntary Residential	Regions 1 – 4		Varies
Mandatory Conditions Of Parole (MCOP)	Regions 1 – 4		Varies
Mandatory Residential Aftercare (SB 1453)	Regions 1 – 4		Varies
Sober Living Environment/Non-Residential	Regions 1 – 4		Varies
Non-Residential	Regions 1 – 4		Varies
Female Offender Treatment and Employment Program (FOTEP)	Region 1		112
Female Offender Treatment and Employment Program (FOTEP)	Region 2		53
Female Offender Treatment and Employment Program (FOTEP)	Region 3		123
Female Offender Treatment and Employment Program (FOTEP)	Region 4		122
Parolee Services Network	Statewide		915
Parolee Remedial Sanctions	**Location**		**Treatment Capacity**
In-Custody Drug Treatment Program - Jail-Based Treatment	Regions 1 - 4		Varies
In-Custody Drug Treatment Program - Community-Based Treatment	Regions 1 - 4		Varies
Parolee Substance Abuse Program	Folsom Transitional Treatment Facility		203

Figure 2: Clients Served in DARS' Programs by Gender



PROGRAMS

I. IN-PRISON SUBSTANCE ABUSE PROGRAMS

DARS IN-PRISON SUBSTANCE ABUSE PROGRAMS

In-Prison Substance Abuse Programs

DARS In-Prison Substance Abuse Programs (SAPs) seek to reduce the incidence of addiction, relapse and recidivism among participants through substance use disorder treatment. These programs offer services that are gender-responsive, comprehensive in scope, and that promote pro-social behavior. These services are provided to prepare participants for successful release into the community. Substance abuse treatment organizations are contracted to provide services to both men and women, to inmates in conservation camps, and to inmates in all four institutional security levels (I-IV).

As of June 2009, CDCR operates 44 in-prison SAPs within 21 institutions, one correctional community facility, and one fire camp, providing approximately 12,000 treatment slots in-prison. The in-prison SAP inmates have a history of arrests or convictions for being under the influence of drugs (including alcohol), or have been arrested or convicted for committing a crime while under the influence; have a pattern of arrests, convictions, behavior, or other factors that indicate they have, or have had a substance abuse problem; and have a release date of no less than six months from date of assignment to a maximum of 24 months (up to 36 months for Level III and Level IV institutions). The inmates attend substance abuse recovery programming half-time and spend half time in education or vocational education programs or a work assignment. Incentives are provided for inmates who participate in substance abuse programs. Credit earnings for inmates are two days off for every day worked in a fire camp and up to one day for every day an inmate is assigned to an in-prison SAP. Some inmates receive reduced credits, and some do not qualify for these credits at all due to mandatory sentencing laws.

DARS provides an evidence-based continuum of behavioral, addiction and family centered treatment services that include assessments, treatment planning, case management, individual and group counseling, and transitional planning. Staffing for in-prison SAPs include correctional counselors, custody staff, parole agents, community treatment provider staff and headquarters administrative staff working together to provide treatment services to inmates and parolees.

The in-prison programs serve inmates at all classification levels. In-prison programs prepare inmates to transition to community-based substance abuse treatment programs for parolees.

Reception Center

DARS operates a Reception Center substance abuse program at North Kern State Prison and Wasco State Prison. The purpose of the Reception Center substance abuse program is to screen and assess inmates entering CDCR institutions for histories of substance abuse and eligibility for placement into the in-prison SAPs. Inmates identified as substance abusers receive in-prison SAP orientation services for an average of 45 to 90 days with a goal of transitioning into an in-prison or community-based treatment program.

Drug Treatment Furlough (DTF)

The Drug Treatment Furlough (DTF) is a program designed to allow non-violent, non-serious inmates in in-prison SAPs to furlough from prisons into community residential treatment facilities for up to 120 days prior to parole. Eligible inmates are placed in community-based residential treatment facilities 120 days prior to their release date. This placement option is designed to accelerate treatment, support treatment gains and prepare the inmate for successful reintegration to the community. These placements are expected to alleviate costs associated with prison bed overcrowding.

Civil Addict

The Civil Addict Program was enacted in 1961 to provide treatment and rehabilitation to persons convicted of felonies and misdemeanors whose crimes were attributable to repeated use of narcotics. Penal Code 3050-4 provides for a court hearing to determine if the defendant should be placed in the Civil Addict Program. Once in the program the subject will be incarcerated for a period of time while receiving treatment for substance use disorder followed by a period of parole with continuing treatment in the community. At the present time the average length of commitment is three years. Civil Addicts are housed primarily at the California Rehabilitation Center (males) and the California Institution for Women.

Figure 3 figures 3-6 summarize in-prison SAP treatment events, admissions, completions, and total number served by gender for FY 2007-08.

Figure 3: In-Prison SAPs Treatment Events by Gender

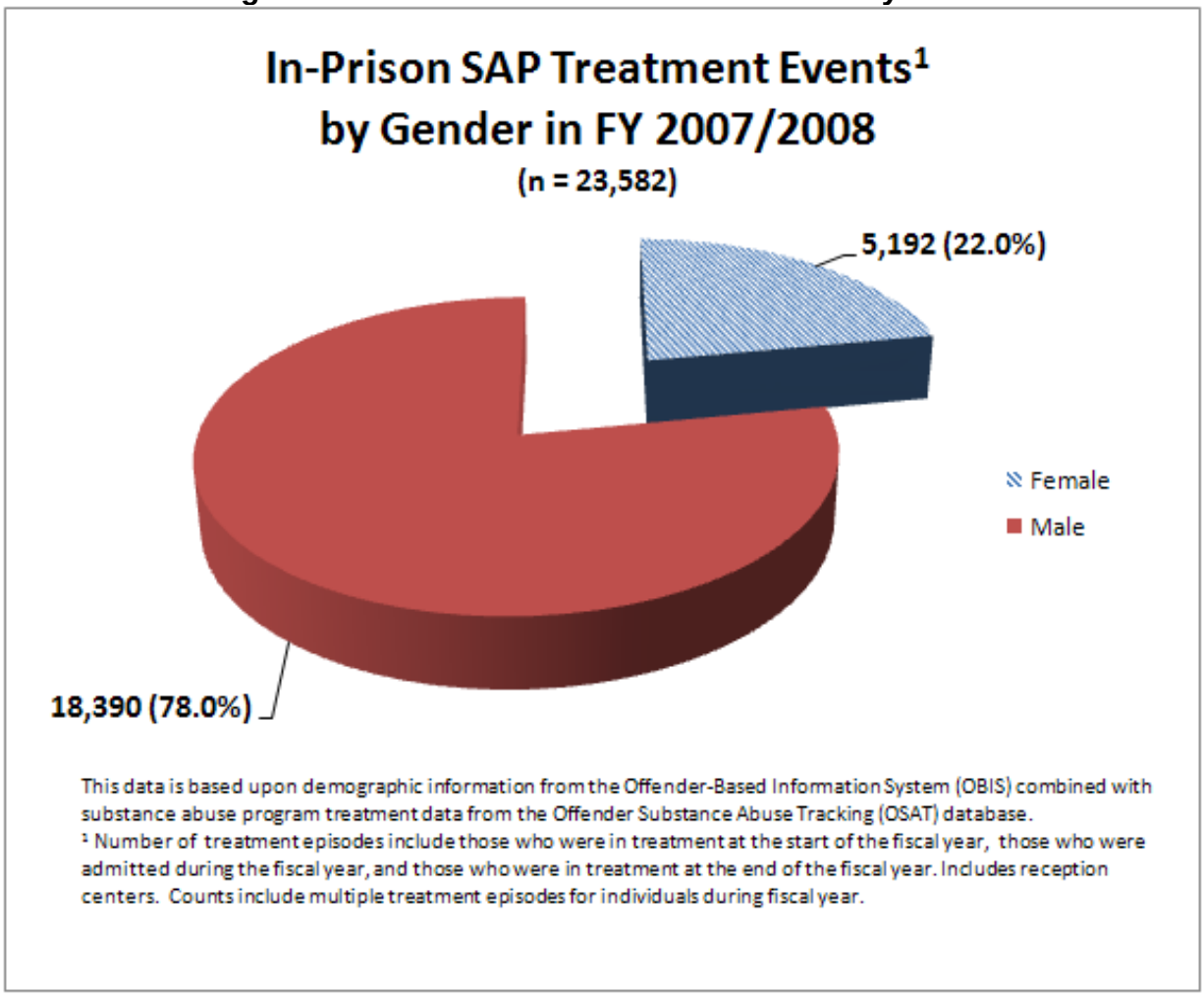


Figure 4 shows that of the 14,066 individuals admitted to in-prison SAPs, 71.6 percent were men. The remaining 28.4 percent of in-prison SAP admissions were women.

Figure 4: In-Prison SAP Admissions by Gender

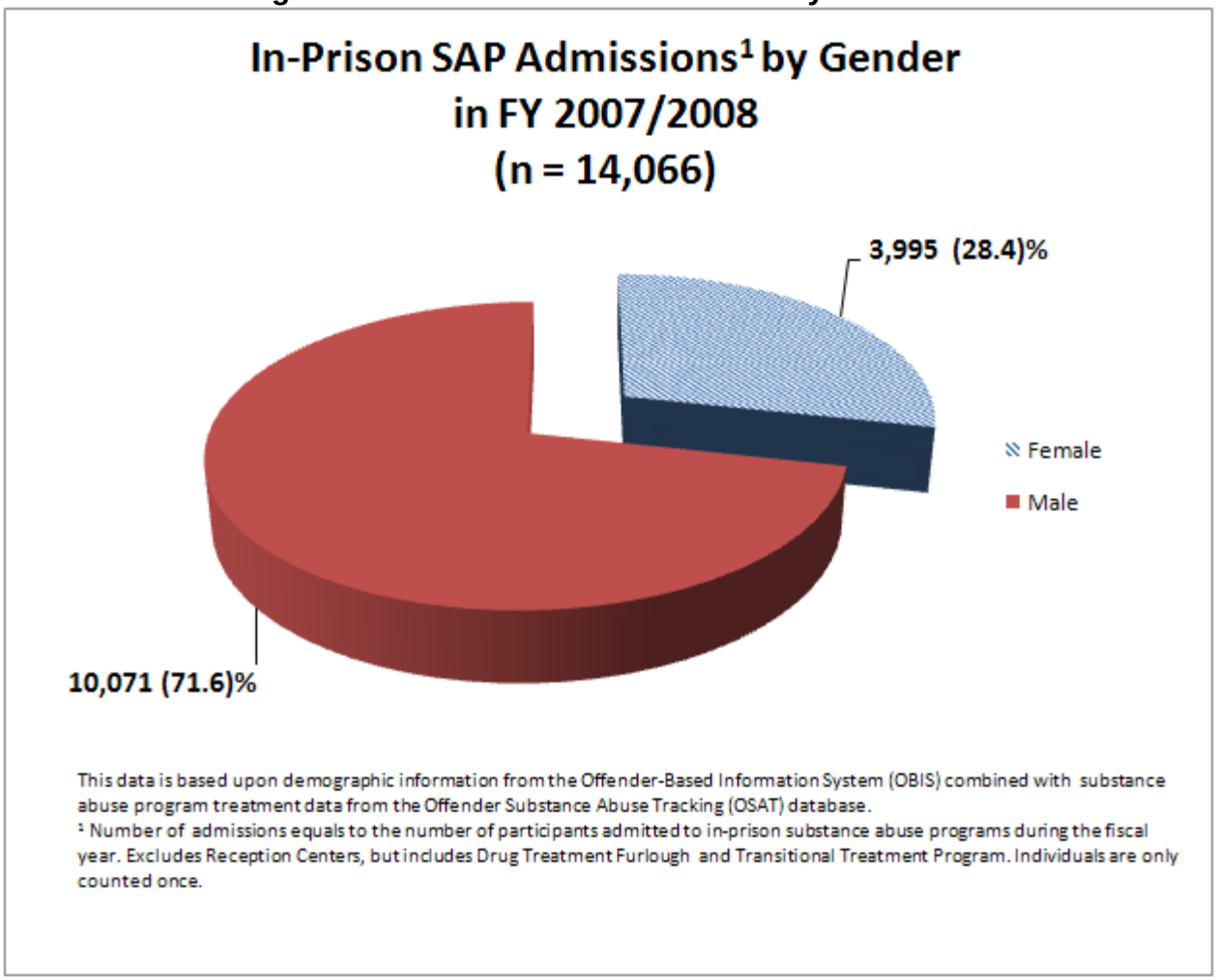


Figure 5 shows the overall increase in admissions and completions over the past four FY. Both in-prison SAP admissions and in-prison SAP completions have decreased over the last FY (2007-08). This is due to movement and discontinuation of programs in preparation for slots to be added with the AB 900 expansion.

Figure 5: In-Prison SAP Admissions and Completions by FY

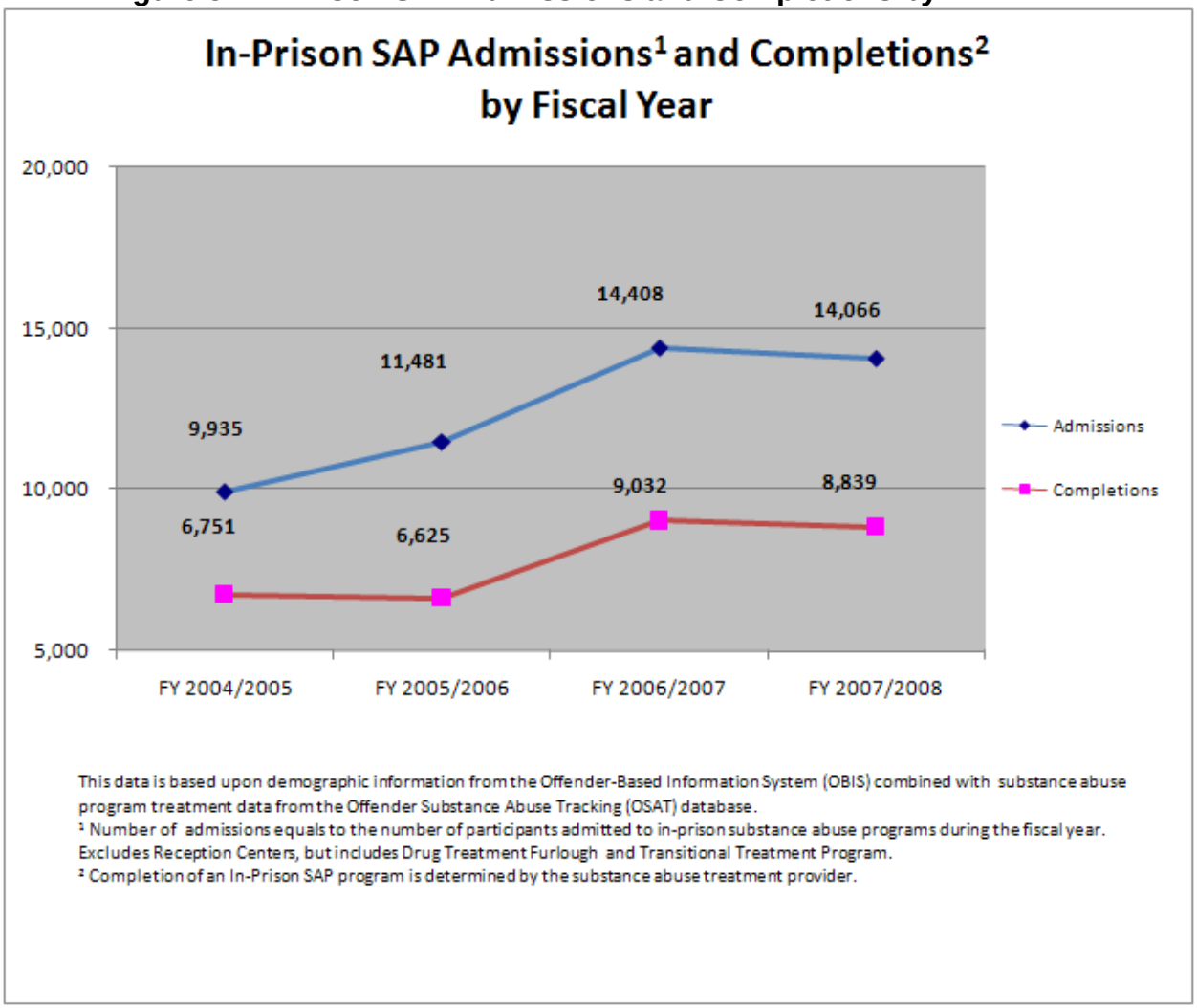


Figure 6 shows that of 8,839 in-prison SAP completers in FY 2007-08, 69.6 percent were men and 30.4 percent were women.

Figure 6: In-Prison SAP Completions by Gender FY 2007-08

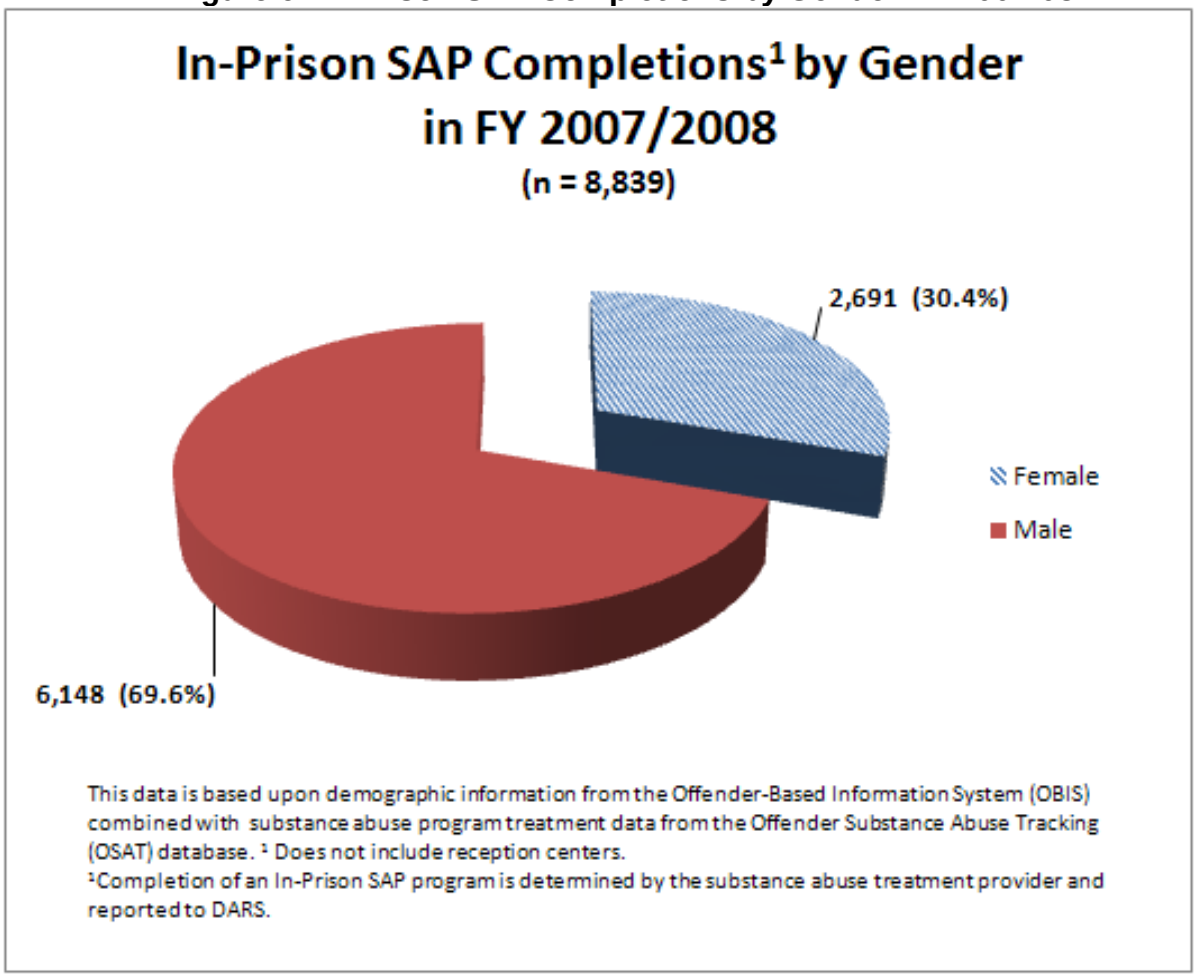


Figure 7 shows the governing offenses for in-prison SAP completers. Drug crimes represented 37 percent, while property crimes represented 41.2 percent and crimes against persons 12.4 percent.

Figure 7: In-Prison SAP Completions by Governing Offense Category FY 2007-08

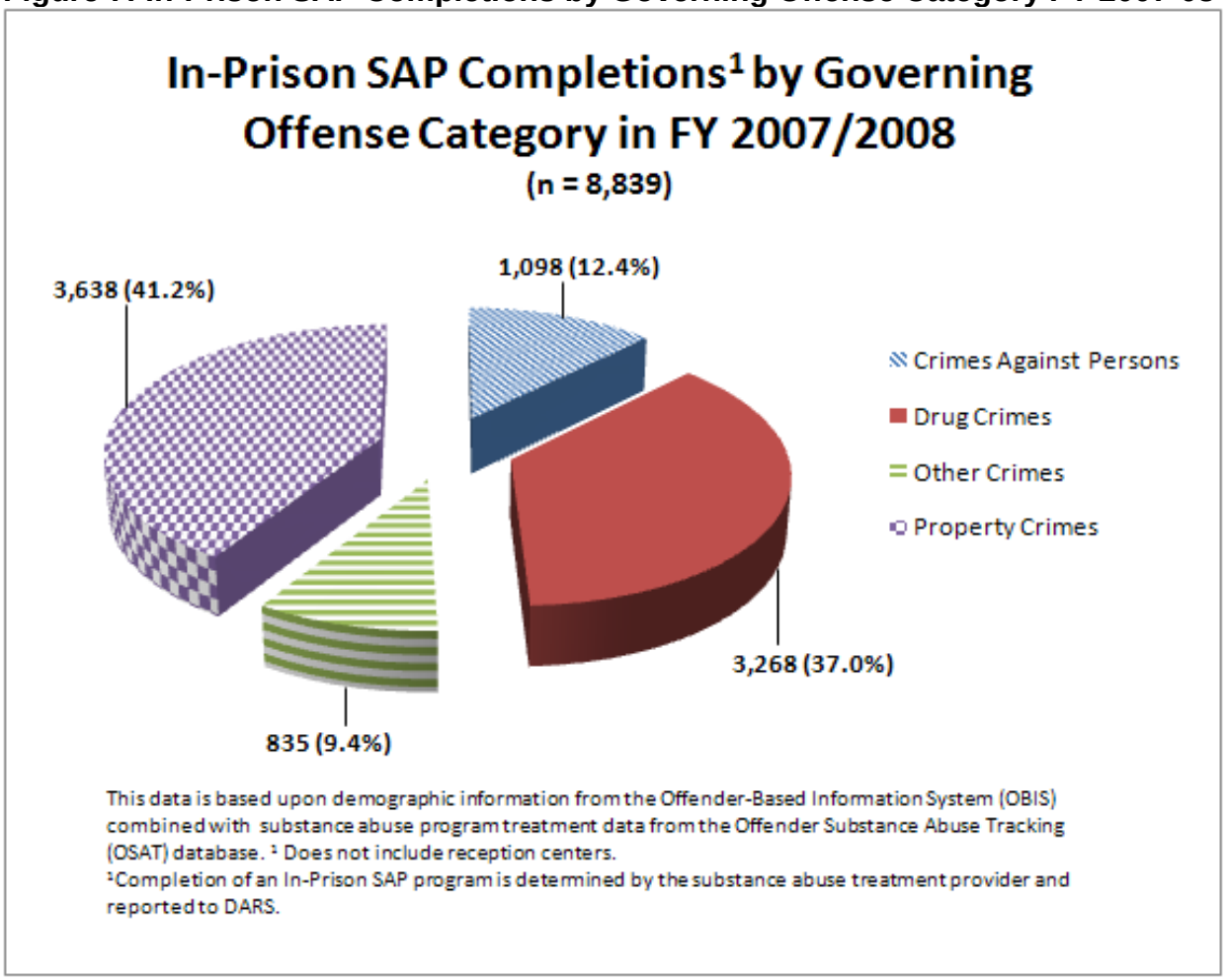
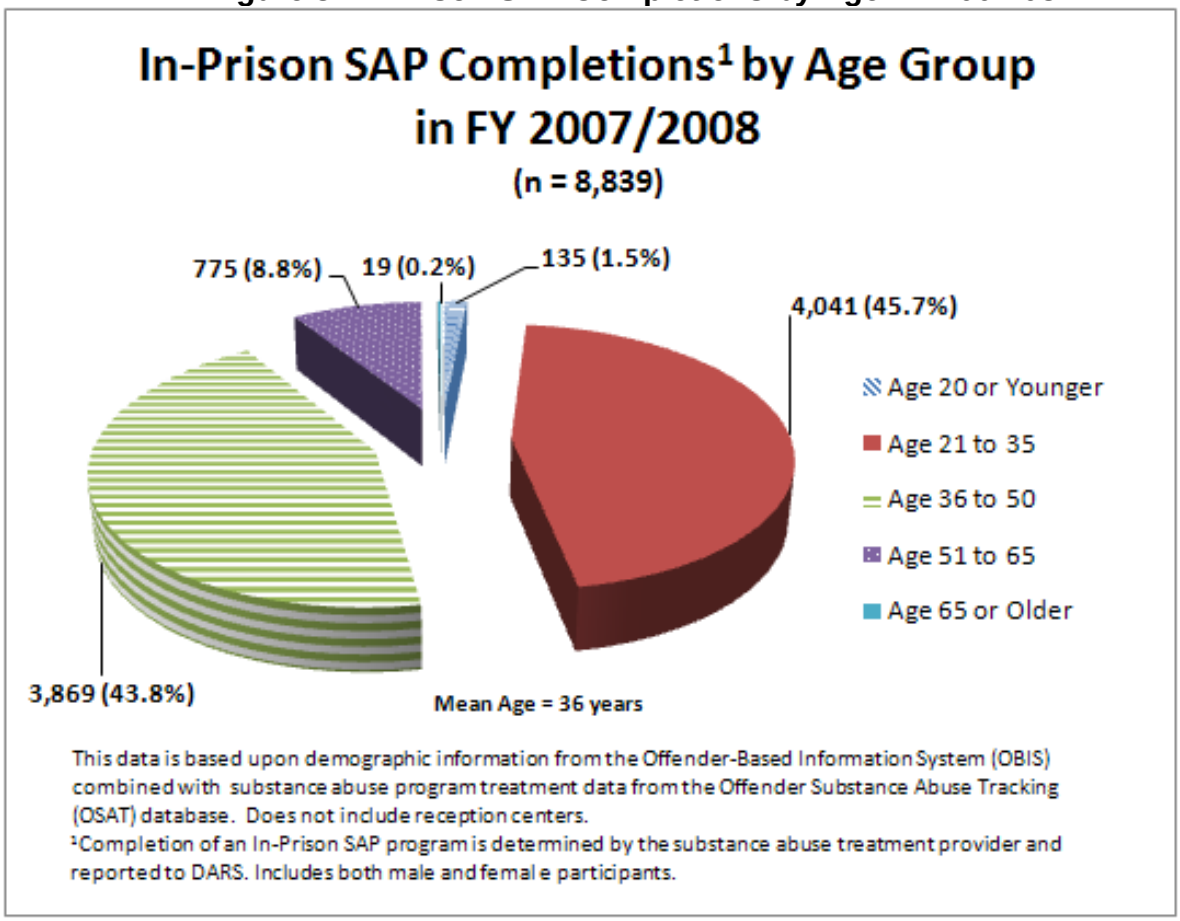


Figure 8 there is no significant difference between the mean age (36) of the in-prison SAP population and the general prison population (37) as reported in the *Office of Research's Prison Census Data as of December 31, 2008 (p.9).*

Figure 8. In-Prison SAP Completions by Age FY 2007-08



PROGRAMS

II. CONTINUING CARE PROGRAMS

VOLUNTARY COMMUNITY-BASED SUBSTANCE ABUSE PROGRAMS

DARS administers community-based substance abuse treatment programs (also referred to as “continuing care” or “aftercare”) for parolees. Research has shown that inmates completing in-prison and continuing community-based care programs are significantly less likely to return to prison. These programs provide continuing care services through the Substance Abuse Services Coordination Agencies (SASCA). There are four SASCAs, one in each parole region. SASCAs refer, place, and track parolees in continuing care programs. SASCAs also provide transportation from prison to treatment facilities.

Female Offender Treatment and Employment Program (FOTEP)

DARS provides continuing care programs that are designed to be appropriate for female parolees and their children. FOTEP offers intensive, gender-responsive counseling and case management services to women. Female parolees receive up to 15 months of residential treatment services and are allowed to have up to two minor children reside with them during their participation in the program. The goal of FOTEP is to reduce recidivism by providing substance abuse treatment services, family reunification, vocational training, and employment services to prepare the female parolees for successful reintegration into the community and workplace.

Core elements of the FOTEP programs include:

- residential care
- substance abuse treatment
- life skills, anger management
- parenting and family reunification
- education and counseling
- employment assistance
- referrals to affordable housing
- other services as needed

Figure 9 figures 9-10 describe community-based drug treatment events in FY 2007-08 by gender and parole region.

Figure 9: Number of Parolees Served in Community-Based Substance Abuse Treatment by Gender FY 2007-08

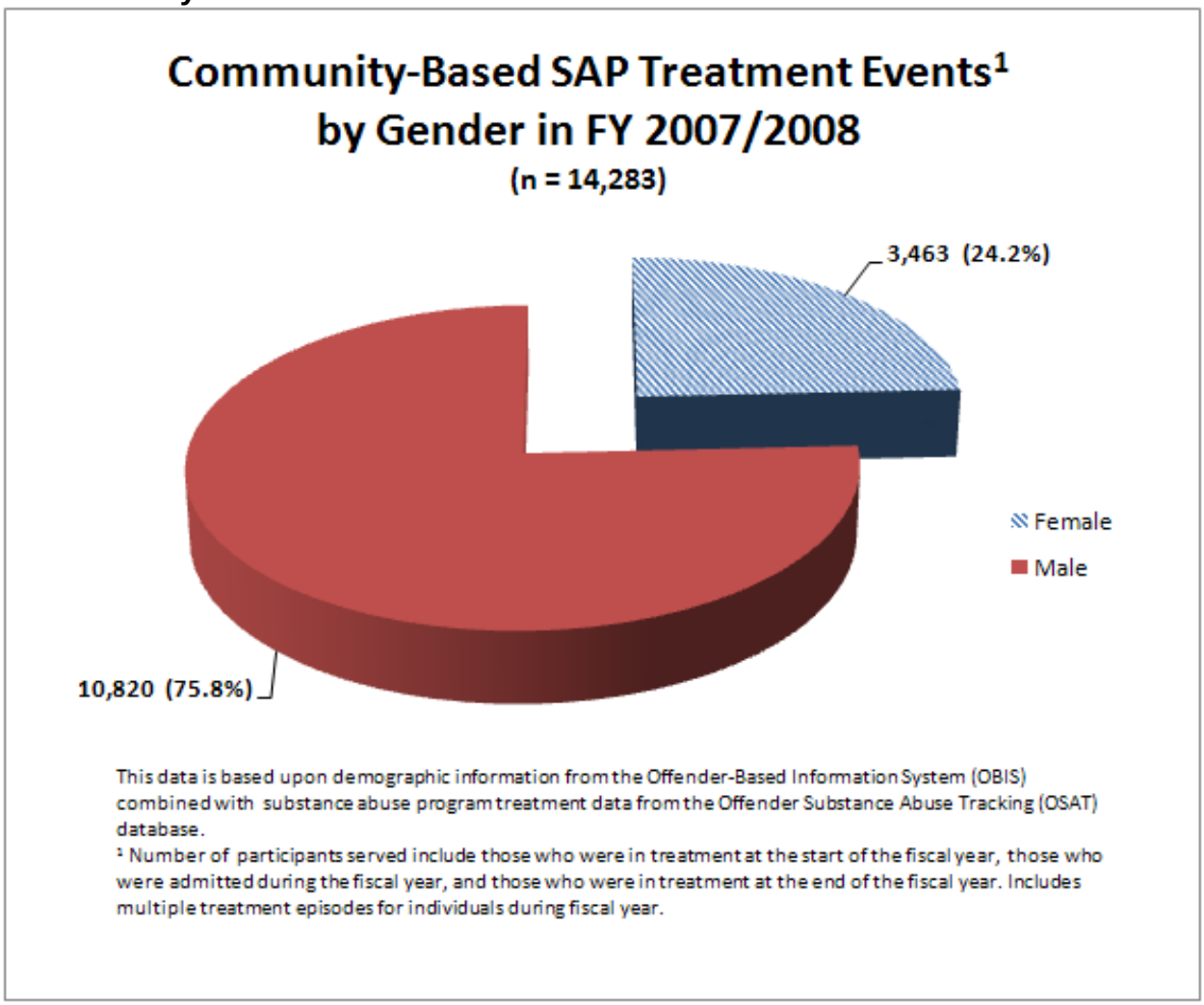
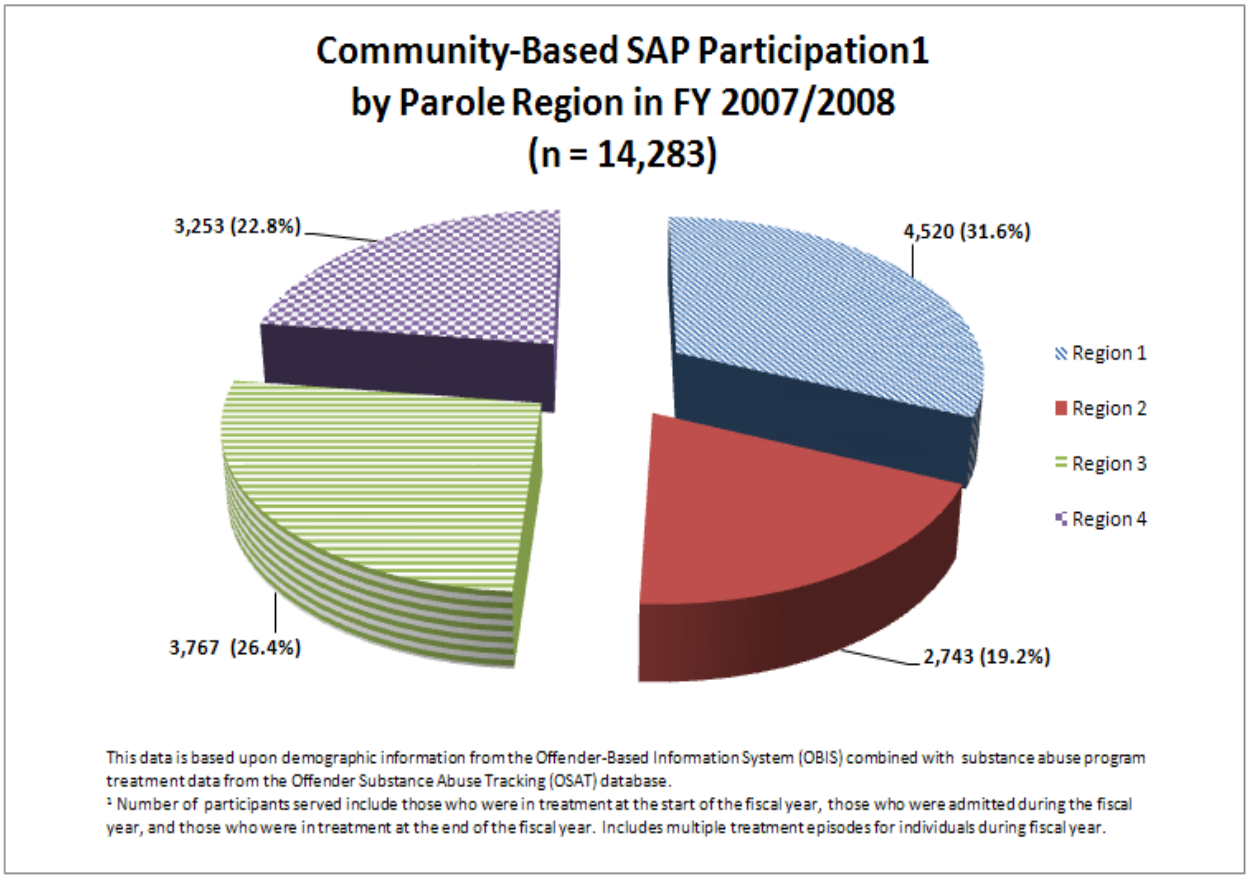


Figure 10: Number of Parolees Served in Community-Based Care by Region FY 2007-08



CONTINUING CARE PROGRAMS

Senate Bill 1453

The Senate Bill (SB) 1453 Program (Penal Code Section 2933.4) allows eligible in-prison substance abuse program graduates to complete 150 days of residential, community-based continuing care as a condition of their parole. Eligible inmates include non-serious, non-violent, non-sex offenders who complete a minimum of 90 days of an in-prison SAP. Parolees who successfully complete 150 days of residential continuing care treatment are discharged from parole. Successful completion is determined by an Aftercare Successful Completion Assessment Team (ASCAT). The ASCAT includes a SASCA designee, a FOTEP designee (in a FOTEP facility), a community-based provider designee, a DARS Parole Agent II, and the Agent of Record.

Mandatory Conditions of Parole (MCOP)

The Mandatory Conditions of Parole (MCOP) program is a pilot program and is located at the Valley State Prison for Women and the California Rehabilitation Center. The MCOP mandates 120 days of residential aftercare treatment for felon inmates paroling from in-prison substance abuse programs. MCOP eligibility requires a pattern of arrest, convictions, behavior or other factors that indicate inmates have a substance use disorder problem.

PAROLE DIVERSION PROGRAMS

In-Custody Drug Treatment Program (ICDTP)

The In-Custody Drug Treatment Program (ICDTP) offers remedial sanctions in lieu of prison for parolees who violate parole. Participants engage in 150 days of treatment in one of two models:

1. **Jail-Based Model:** Parolees participate in a 60-day, jail-based, educational-drug treatment program. Parolees receive 30 days of treatment in residential community-based settings for the second phase of their program participation. Parolees complete their final 60 days of treatment in a residential program, outpatient and/or sober-living, or a combination of both, based on individual assessment. Outpatient treatment includes programs such as Alcoholics Anonymous, Narcotics Anonymous, aftercare groups, etc.

2. **Community-Based Model:** Parolees participate in the first phase of treatment in a residential community-based setting for a minimum of 90 days. Parolees

complete the last 60 days in residential, outpatient and/or sober-living programs.

Parolee Substance Abuse Program (PSAP)

The Parolee Substance Abuse Program (PSAP) was established in December 2003 to provide an educational-based 90 day in-custody treatment program for parolees who have committed violations related to drug or alcohol dependency. Eligible parolees are placed in a PSAP by the Board of Parole hearings based on the recommendation of the agent of record. The PSAP is located at the Folsom Transitional Treatment Facility on the grounds of Folsom State Prison and serves parolees in CDCR Parole Region I. In addition to in-custody treatment, participating parolees are eligible for up to 90 days of continuing care at a residential treatment facility after the completion of PSAP treatment.

Parolee Services Network (PSN)

The Parolee Service Network (PSN) provides community-based alcohol and drug treatment services for eligible parolees (felons and civil addicts). The PSN is a CDCR collaborative program that includes the Department of Alcohol and Drug Programs (ADP), 17 county alcohol and drug programs, case management providers, and community-based organizations. As of June 30, 2008, 915 parolees were being served by PSN, 353 in residential treatment and 562 in outpatient treatment. (California Department of Alcohol and Drug Programs-Office of Criminal Justice Collaborations, Parolee Services, Statewide PSN Client Count, June 2008).

PSN provides a full array of community-based substance abuse treatment services for parolees in the community who cannot normally use SASCA services. CDCR has an interagency agreement with ADP for the purpose of administering the PSN. The goal of PSN is to reduce recidivism and improve parole outcomes as evidenced by reduced alcohol and drug related parole revocations.

PSN is comprised of the following four regional services networks:

- Bay Area Services Network serves male and female parolees in nine Bay Area Counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma).

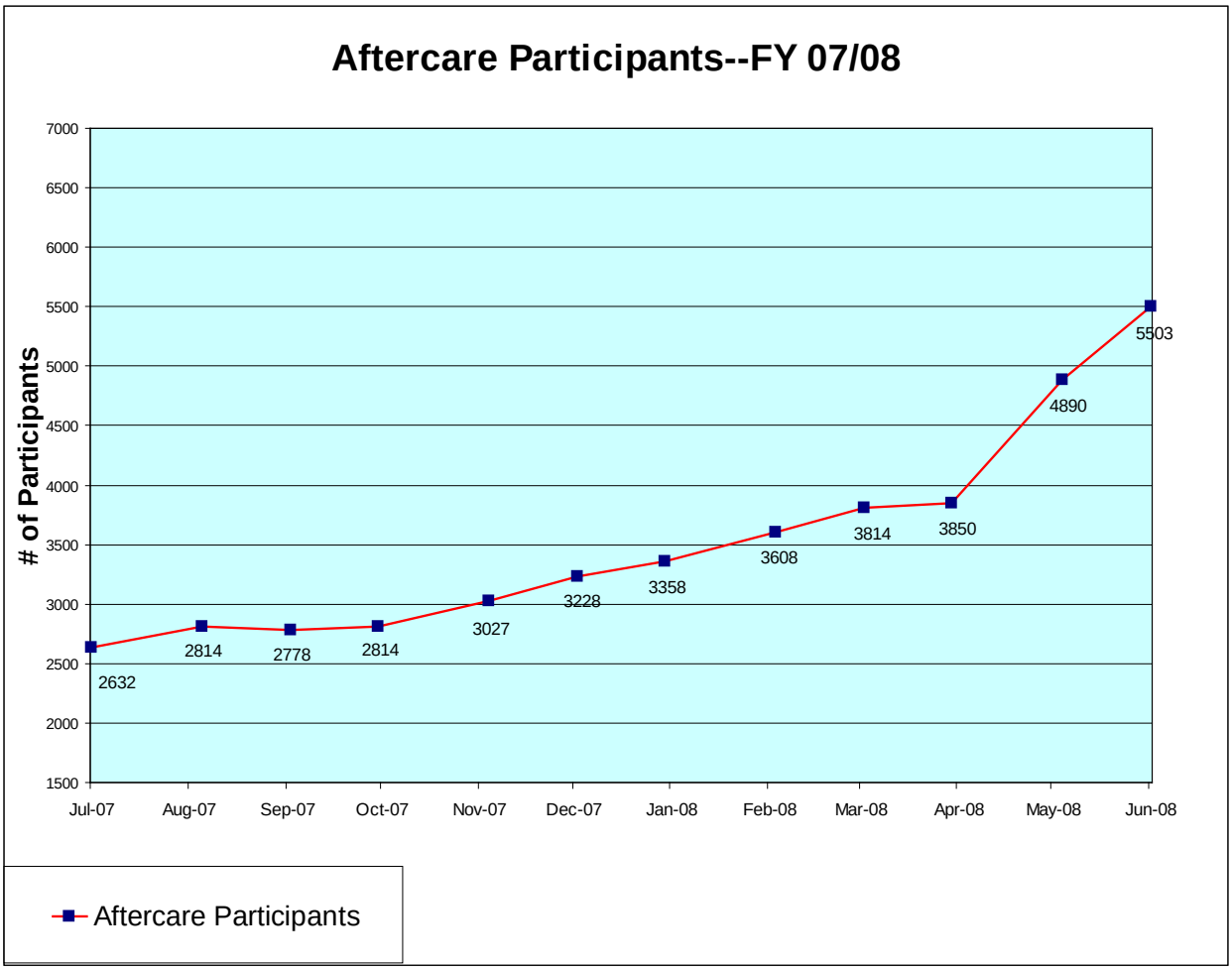
- Central Valley Network serves male and female parolees in three counties (Fresno, Kern and Sacramento).

- Los Angeles Parolee Project Network serves male and female parolees in Los Angeles County.

- Southern California Network serves male and female parolees in Orange, Riverside, San Bernardino and San Diego counties.

Figure 11 community-based aftercare participation for parolees increased by over 109 percent during FY 2007-08. In July 2007, there was an average daily population of 2,632 clients participating in aftercare programs. By the end of June 2008, the average daily population of clients participating in DARS' aftercare treatment programs had increased to 5,503. Much of the growth in community-based aftercare participation comes from the implementation of SB 1453, which mandates 150 days of residential treatment for qualified clients, the utilization of the ICDTP as an alternative sanction for parole violators, and the reporting of PSN participants into aftercare counts.

Figure 11: Aftercare Participation by Month for FY 2007-08



PROGRAMS

III. DARS OFFENDER DEMOGRAPHICS

FISCAL YEAR 2007/08

DEMOGRAPHICS OF CLIENTS SERVED BY DARS

Figures 12-15 summarize demographic information of clients served in DARS in-prison and Community-Based Substance Abuse Programs.

Figure 12 shows a total of 32,410 offenders were served by DARS Programs in FY 2007-08. Of these, 7,010 (21.6 percent) were women and 25,400 (78.4 percent) were men. Female offenders comprise 21.6 percent of the substance use disorder treatment population, compared to female offenders comprising 8.9 percent of the overall CDCR population (institutions and parole).

Figure 12: Clients Served by Gender (All Programs) FY 2007-08

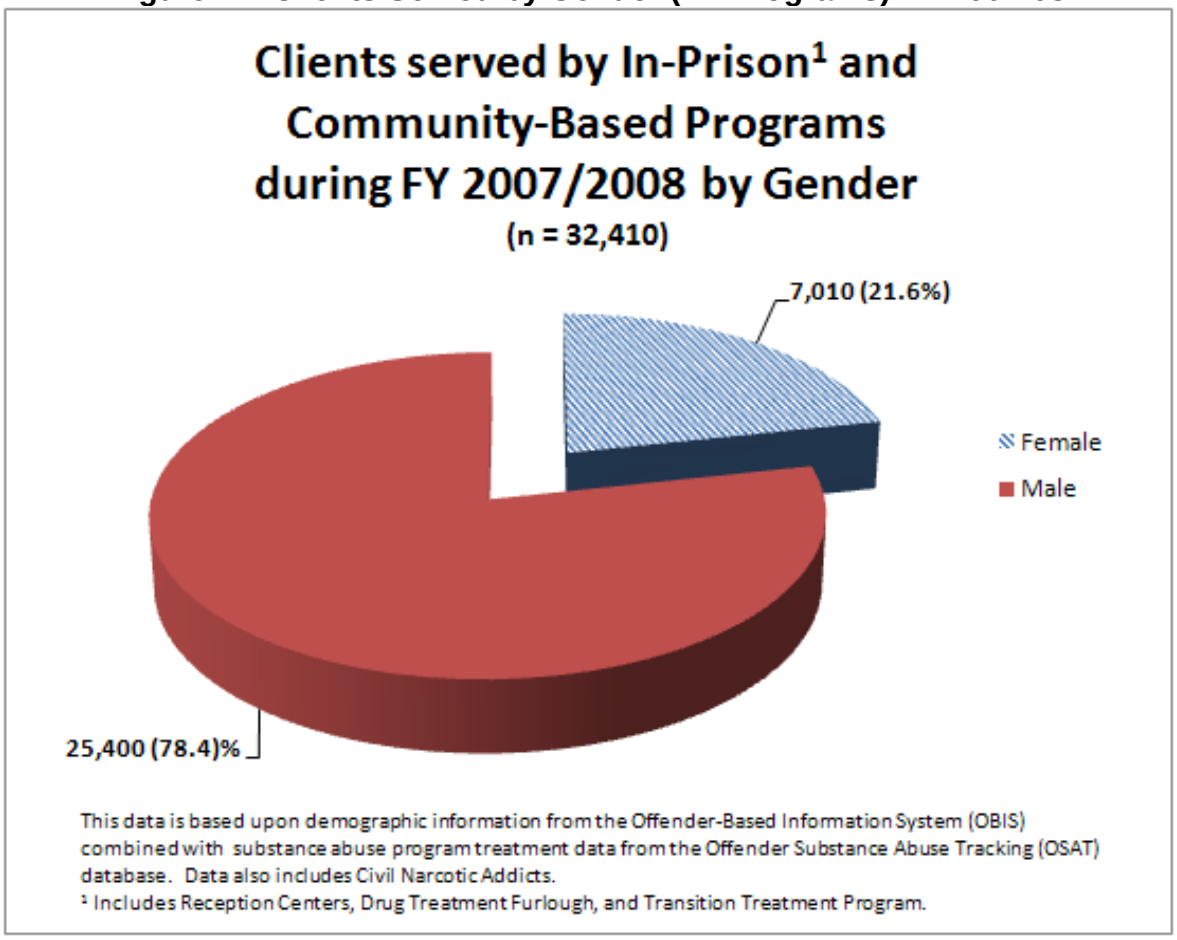


Figure 13 shows that the mean age of all offenders participating in DARS programs is 36 years.

Figure 13: Clients Served by Age (All Programs) FY 2007-08

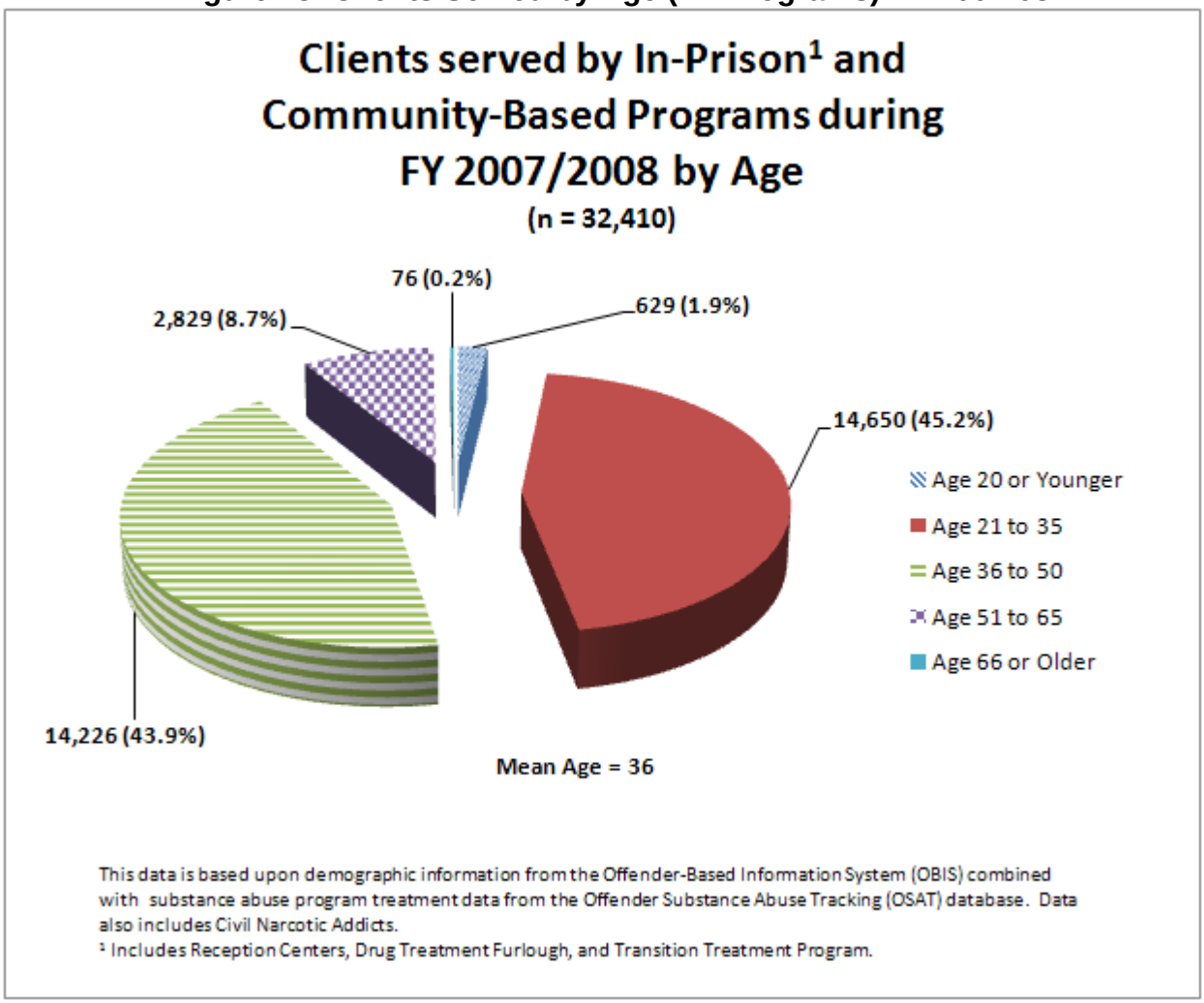


Figure 14 shows that the most common governing offense for DARS program participants is drug crimes (42.5 percent).

Figure 14: Clients Served by Governing Offense (All Programs) FY 2007-08

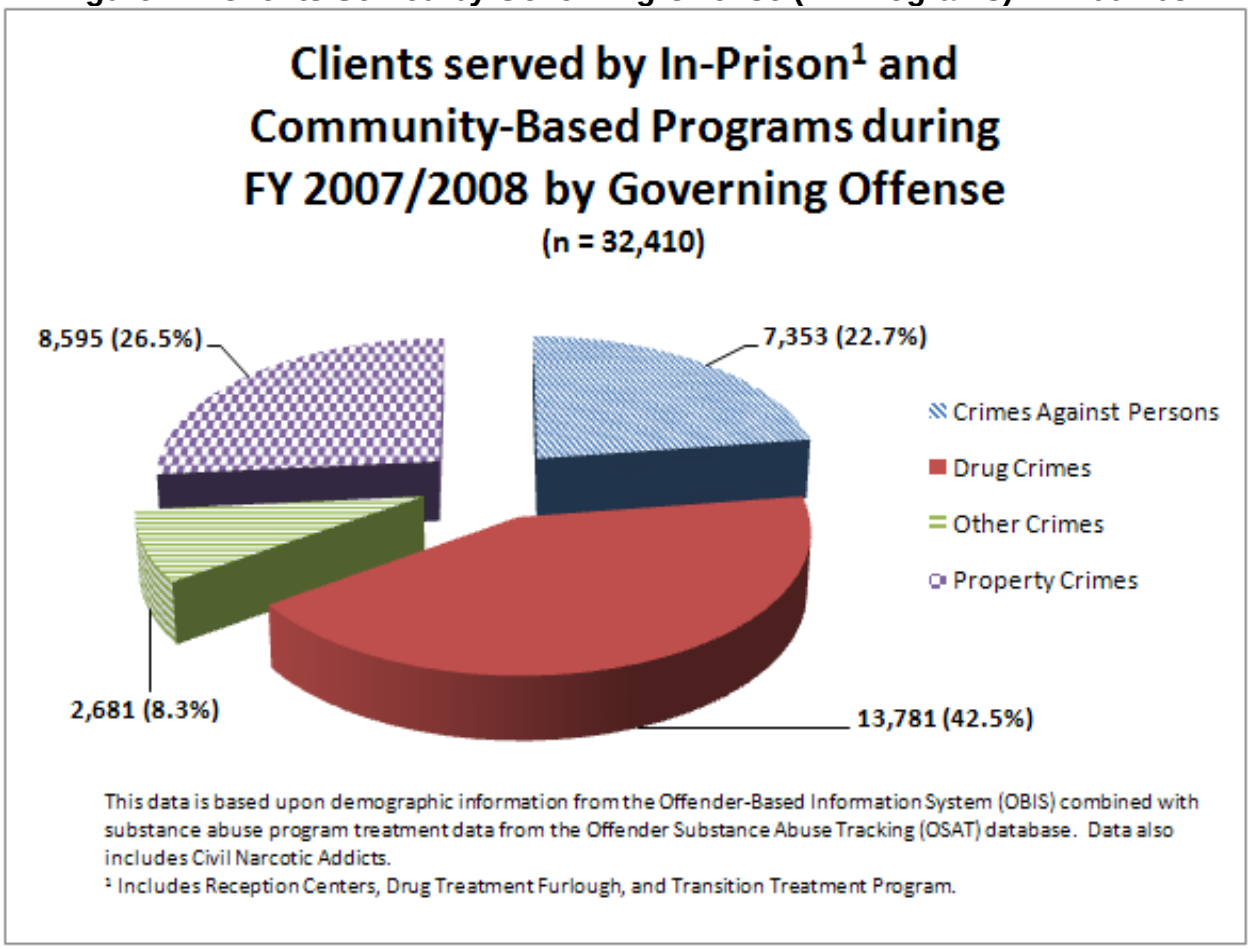
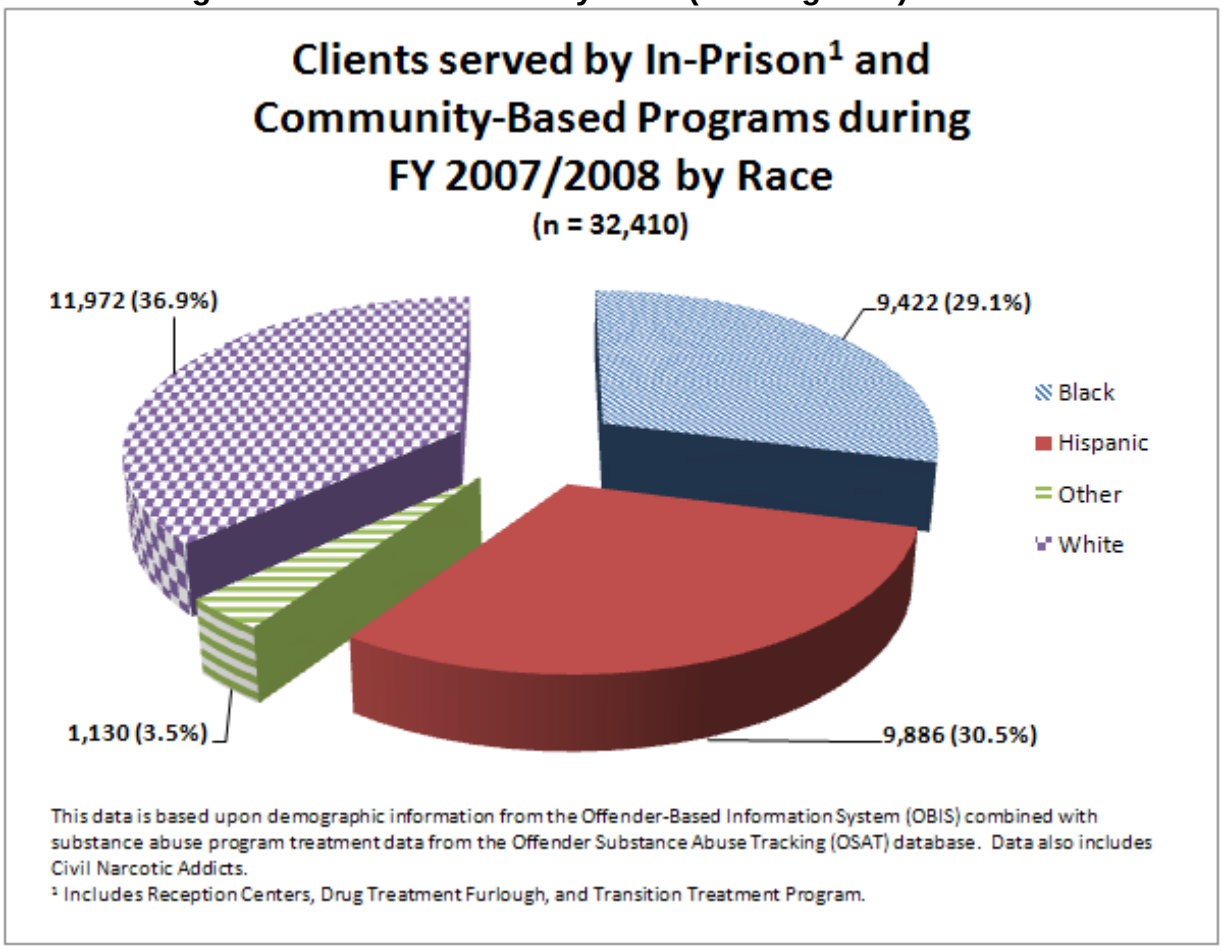


Figure 15 displays the distribution of DARS program participants by race.

Figure 15: Clients Served by Race (All Programs) FY 2007-08



RETURN-TO- PRISON ANALYSIS

PROGRAM COMPLETION AND RECIDIVISM REDUCTION ANALYSIS

Recidivism, or return-to-prison, is defined as a paroled offender returning to prison for *any* reason during a specified time period. This includes offenders who are returned to Substance Abuse Treatment Control Units in correctional facilities; returned pending a revocation hearing by the Board of Parole Hearings on charges of violating the conditions of parole; returned to custody for parole violations to serve revocation time; or returned to custody by a court for a new felony conviction.

The following data is based on offenders who completed both in-prison and community care treatment. CDCR recognizes that there may be some selection problems by focusing only on offenders that completed the program. Future analyses will attempt to assess all offenders assigned to a substance abuse treatment program, including those who do not complete.

Female Offenders

Female offenders who completed both in-prison and community-based substance abuse treatment had substantially lower return-to-prison rates (8.8 percent after one year and 16.5 percent after two years) than those who completed in-prison substance abuse programs (SAPs) but did not attend community-based substance abuse treatment (25.0 percent after one year and 37.7 percent after two years). These rates compare with a 30.1 percent return-to-prison rate after one year and a 43.7 percent return-to-prison rate after two years for all CDCR female offenders (CDCR, Adult Research Branch: One and Two Year Recidivism Rates For All Paroled Felons Released from Prison for the First Time in 2005 Under the Supervision of the California Department of Corrections and Rehabilitation, February 2009). (See Table 3, page 52 and Figure 16, page 53).

Male Offenders

Male offenders who completed both in-prison and community-based substance abuse treatment had lower return-to-prison rates (25.4 percent after one year and 40.4 percent after two years) than male offenders who completed in-prison SAPs but did not attend community-based substance abuse treatment (39.8 percent after one year and 55.8 percent after two years). These rates compare with a 41.2 percent return-to-custody rate after one year and a 55.6 percent return-to-prison rate after two years for all CDCR male offenders (CDCR, Adult Research Branch: One and Two Year Recidivism Rates For All Paroled Felons Released from Prison for the First Time in 2005 Under the Supervision of the California Department of Corrections and Rehabilitation, February 2009). (See Table 3, page 52 and Figure 17, page 54).

Overall

Overall, all offenders, both male and female, who completed both in-prison and community-based substance abuse treatment in FY 2005-06 had a return-to-prison rate

of 21.9 percent after one year and 35.3 percent after two years. This compares with a 39.9 percent return-to-prison rate after one year and a 54.2 percent return-to-prison rate after two years for all offenders. (See Table 3, page 52 and Figure 18, page 55).

Table 3 illustrates that overall, female offenders have lower return-to-prison rates than male offenders across all continuums. Furthermore, offenders who successfully complete both in-prison and community-based substance abuse treatment programs have markedly lower rates of return-to-prison than offenders who either do not receive treatment or only receive in-prison SAP.

Table 3. One and Two-Year Return-to-Prison Rates for Offenders Who Completed In-Prison Substance Abuse Programs in FY 2005-06

RETURNED TO PRISON RATES FOR OFFENDERS WHO COMPLETED[1] IN-PRISON[2]
SUBSTANCE ABUSE PROGRAMS DURING FISCAL YEAR 2005/2006
INFORMATION EXTRACTED FROM OSAT DATA AS OF FEBRUARY 14, 2009

Gender	Program	In-Prison Substance Abuse Program Completers	Completers Return to Prison up to 12 months		Completers Return to Prison up to 24 months	
FEMALE	In-Prison Substance Abuse Program Only[3]	1,012	253	25.0%	382	37.7%
	Continuing Care Completers[4]	339	30	8.8%	56	16.5%
	Continuing Care Non-Completers[5]	314	98	31.2%	156	49.7%
	FEMALE SUBTOTAL	**1,665**	**381**	**22.9%**	**594**	**35.7%**
MALE	In-Prison Substance Abuse Program Only[3]	2,863	1,139	39.8%	1,598	55.8%
	Continuing Care Completers[4]	1,261	320	25.4%	509	40.4%
	Continuing Care Non-Completers[5]	836	432	51.7%	555	66.4%
	MALE SUBTOTAL	**4,960**	**1,891**	**38.1%**	**2,662**	**53.7%**
	GRAND TOTAL	**6,625**	**2,272**	**34.3%**	**3,256**	**49.1%**

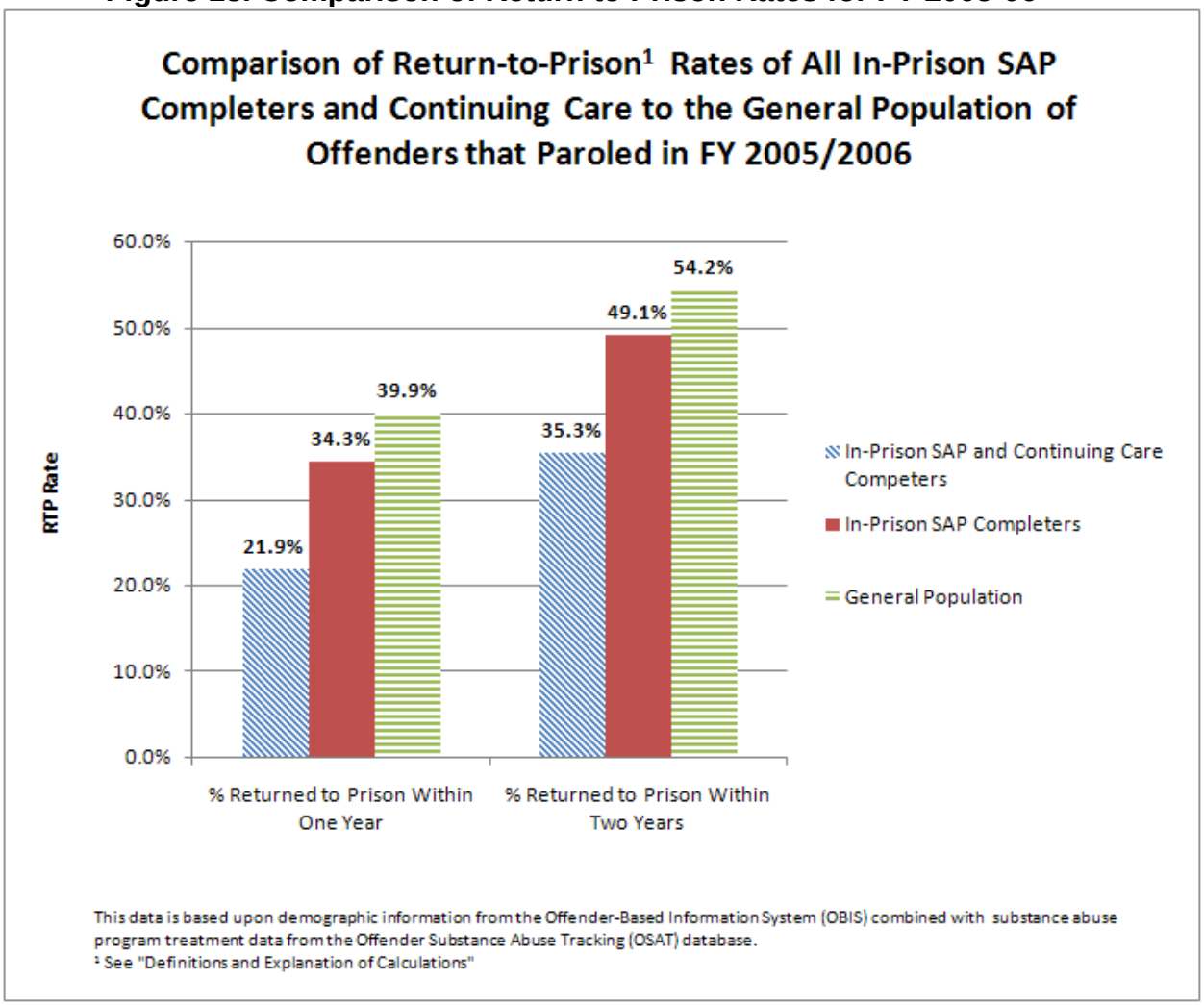
Reception Center Offenders and Offenders with a Modality of 4 are excluded in this data.
[1] Completion is defined as those participants who successfully complete treatment program as determined by the contract treatment provider.
[2] Includes offenders who graduated from In-Prison SAPS, but did not receive community-based treatment; those who graduated from In-Prison SAPS but did not complete community based-treatment; and those who completed both In-Prison SAPS and community-based treatment. Does not include Reception Center inmates.
[3] Offenders who graduated from In-Prison Substance Abuse Programs Only, but did not receive community-based treatment (continuing care).
[4] Offenders who graduated from In-Prison Substance Abuse Programs and completed community-based treatment.
[5] Offenders who graduated from In-Prison Substance Abuse Programs, went to community-based treatment but DID NOT complete.

Figure 16. Return to Prison Rates for Female Parolees

Figure 17: Return to Prison Rates for Male Parolees FY 2005-06

Figure 18 shows a comparison of the return-to-prison rates for all men and women who successfully completed both a in-prison and community-based continuing care substance abuse program, as well as a comparison to the general population of parolees for FY 2005-06.

Figure 18. Comparison of Return to Prison Rates for FY 2005-06



PLANNED INITIATIVES FOR CONTINUED IMPROVEMENT

Planned Initiatives for Continued Improvement

While CDCR continues its major reforms, the Courts and Legislature are reviewing how to reduce the prison population and realign costs while ensuring public safety. Regardless of what happens with the current policy decisions being considered, California and its criminal justice system will continue to need viable, current, evidence-based models for substance abuse treatment which are integrated with medical, mental health and rehabilitative care.

CDCR will continue to design and provide effective gender responsive substance abuse treatment for female and male offenders. Much is being learned at California State Prison, Solano in Vacaville through the Solano Proof Project, implementing the integrated rehabilitative case management model, with assessments and program placement based on risk and need. An important component of this Solano model is the implementation of an "Offender Mentor Academy" – a partnership between DARS, Orange County Office of Education, the United States Department of the Navy and the California Association of Alcohol and Drug Counselors. The Academy is training lifers and long-term inmates to become certified alcohol and other drug counselors. This intensive training is preparing these offenders to be peer mentors and to assist other treatment programs. One unanticipated outcome of this program to date has been the rehabilitative and motivational impacts to the program participants.

CDCR is also reviewing improved rehabilitative services for the higher security and lifer populations. This past year Adult Institutions and Adult Programs, along with the University of California, San Diego, sponsored a high security symposium with Dr. Stanton E. Samenow, Ph. D. who is a national expert on criminal thinking. The symposium explored possible approaches which can lead to reduced violence and criminal thinking while motivating offenders to participate in the rehabilitative programs that will best address their risk and needs.

DARS will continue to seek improvements and efficiencies by requiring qualifying education and certification of treatment staff, and sponsoring collaborative cross trainings with institutional, custodial, other core program staff and the contract provider staff. These cross trainings provide participants with increased awareness of roles, responsibilities and program plans.

The COMPAS and the implementation of the newly designed CDCR, ASI as a secondary assessment instrument (developed by Dr. Larry Carr, CDCR and Dr. Tom McClellan from the Treatment Research Institute at the University of Pennsylvania) will be reviewed this year. Improved data collection, research on SB 1453 outcomes and

the implementation of automated tracking systems to collect treatment dosage and performance data are also planned goals for DARS.

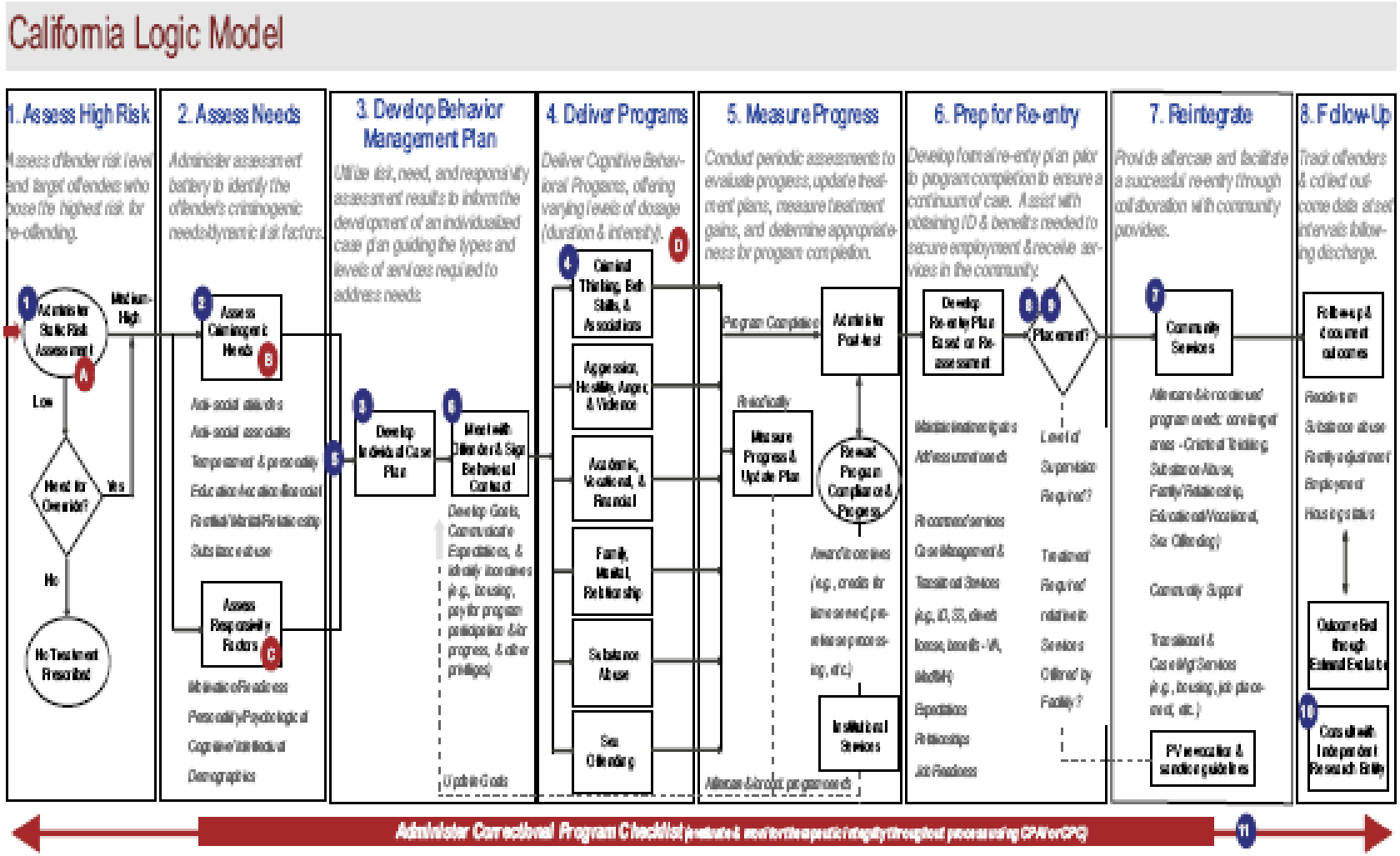
This Annual Report tells a positive story of successful change in progress. DARS has more to accomplish in transferring the science and principles of effective treatment into the "real world" prison and community settings to reduce recidivism and ensure public safety. The key to "doing it better" and "accomplishing more" is to enhance the capacities and working relationships of CDCR staff and program stakeholders.

Note on the Timing of this Report

It should be noted that by the time this report is released, the State's Fiscal Crisis will likely have required CDCR to reduce the services described in this report as well as reduce and reorganize our Adult Programs operations. Nevertheless, CDCR is very proud of these accomplishments and wanted to show them in this report. Lessons learned from this report will assist CDCR in developing strategies to reduce cost and maximize our ability to reduce recidivism without compromising treatment integrity.

APPENDICES

APPENDIX A.


California Logic Model
1. Assess High Risk
2. Assess Needs
3. Develop Behavior Management Plan
4. Deliver Programs
5. Measure Progress
6. Prep for Re-entry
7. Reintegrate
8. Follow-Up
Administer Static Risk Assessment
Medium-High
Low
Need for Override?
Yes
No
No Treatment Prescribed
Assess Criminogenic Needs
Assess Responsivity Factors
Develop Individual Case Plan
Meet with Offender & Sign Behavioral Contract
Develop Goals, Communicate Expectations, & identify incentives (e.g., housing, pay for program participation, for progress, & other privileges)
Update Goals
Criminal Thinking, Beh Skills, & Associations
Aggression, Hostility, Anger, & Violence
Academic, Vocational, & Financial
Family, Marital, Relationship
Substance Abuse
Sex Offending
Program Completion
Administer Post-test
Periodically
Measure Progress & Update Plan
Reward Program Compliance & Progress
Award incentives (e.g., credits for time served, pre-release processing, etc.)
Institutional Services
Develop Re-entry Plan Based on Re-assessment
Placement?
Level of Supervision Required?
Treatment Required related to Services Offered by Facility?
Community Services
Follow-up & document outcomes
Recidivism
Substance abuse
Family adjustment
Employment
Housing status
Outcome Eval through External Evaluator
Consult with Independent Research Entity
Administer Correctional Program Checklist (measure & monitor the quality/integrity throughout process using CPAI or CPC)

APPENDIX B.

Success Stories and News Articles
Division of Addiction and Recovery Services
Substance Abuse Programs

"Jessie" was addicted to crack cocaine and lived on the streets of San Francisco. She lost contact with her five children. When she was controlled by her addiction, she had a sixth child. He was born addicted to crack. She left him in the hospital and never went back for him. Child Protective Services took her four boys away for adoption. She entered the Trauma Informed Substance Abuse Treatment (TI-SAT) Program at Leo Chesney Correctional Facility and is now clean and sober. She just reunited with her two daughters, whom she hadn't seen for seven years. Here is what she said about the TI-SAT program:

"It's given me a chance to be a better mother, to rebuild my relationship with [my daughters], to walk away from my old behavior – people, places and things. It's time for me to break the cycle. I'm tired. I don't want to do it anymore. My girls are looking forward to me changing my life. I made that promise. I'm willing and ready."

"Jessie," Leo Chesney Correctional Facility
Live Oak, California

"John" was paroled after serving 27 years of a seven years-to-life sentence. For the last five years, he was a Walden House Peer Mentor at the California Substance Abuse Treatment Facility (SATF) and State Prison, Corcoran. During his tenure in the Walden House program he completed several college courses as well as numerous self help programs. He recently paroled to a Walden House 28-bed residential program in Los Angeles. This program will be able to provide him with more individual counseling and services to address his specific needs, especially after such a lengthy incarceration. The weekend supervisor, "Joe" also paroled from the Walden House Peer Mentor Program (SATF) five years ago, after serving 13 years of his life sentence. Joe will be able to provide John with support and direction in his re-entry to society, which will strengthen John's likelihood of success. This is a testament that treatment does work and has made a difference for two lifers from SATF.

Cynthia Hebron, Correctional Counselor III
Division of Addiction and Recovery Services
California Substance Abuse Treatment Facility
and State Prison, Corcoran

For Immediate Release
Contact: Paul Verke / Michele Kane
(916) 445-4950

September 30, 2008

CDCR Launches First-of-its-Kind Substance Abuse Treatment Program for Female Offenders

Previous 1 2 3 4 5 6 Next

The Trauma Informed Substance Abuse Treatment Program, or TI-SAT, is unique for CDCR in that it takes a multi-dimensional approach that acknowledges women's pathways into the criminal justice system and targets the causes of substance abuse. The program, provided by Walden House, is geared for 200 inmates at the Leo Chesney Community Correctional Facility.

video | 6 min video

The new Trauma Informed Substance Abuse Treatment Program addresses women's root causes of substance abuse and helps meet the goals of prison reform legislation.

LIVE OAK –Today, California Department of Corrections and Rehabilitations (CDCR) Secretary Matthew Cate joined staff, participants, and substance abuse treatment professionals at the opening ceremony for the new Trauma Informed Substance Abuse Treatment Program for women offenders at the Leo Chesney Community Correctional Facility in Live Oak. The program is one of the components of the Public Safety and Offender Services Act of 2007, also known as AB 900, landmark prison reform legislation signed by Governor Arnold Schwarzenegger in May 2007.

"This innovative program is a down payment on CDCR's commitment to provide more rehabilitation programs to offenders and showcases the Department's shift away from the one-size-fits-all approach to female incarceration," said Secretary Cate. "Substance abuse has a negative effect on families and drives incarceration; however, research has shown that investing in substance abuse treatment has a real cost benefit to the public."

The Trauma Informed Substance Abuse Treatment Program, or TI-SAT, is unique for CDCR in that it takes a multi-dimensional approach that acknowledges women's pathways into the criminal justice system and targets the causes of substance abuse. The program, provided by Walden House, is geared for 200 inmates at the Leo Chesney Community Correctional Facility. Clinicians and counselors provide the 150 women currently in the program treatment in a safe environment. The program targets social and cultural factors including abuse,

violence, family relationships and co-occurring disorders, and treats the trauma that may have lead the women to abuse drugs and alcohol.

"This program provides female offenders with gender-responsive treatment and services to help them successfully reintegrate in their communities," said Thomas Powers, Director of CDCR's Division of Addiction and Recovery Services. "Improving outcomes for these women will also translate into improved outcomes for their children and assist with CDCR's important efforts to break the intergenerational cycle of incarceration."

Powers said that gender-responsive means the housing, supervision, treatment programs, services, the staff who develop and deliver the programs, and every aspect related to the incarceration of women reflects an understanding of the realities and issues of women's lives.

"For several years, CDCR has tackled the issue of female incarceration and developed policies and strategies to address that issue," Powers said. "Research shows that more than 57 percent of incarcerated women have been physically or sexually abused at some time in their lives compared with 16 percent of male inmates. This program is specifically geared to help the women deal with the trauma that may have led to their addiction and subsequent imprisonment."

AB 900 directed the CDCR to expand in-custody substance abuse treatment services as well as follow up treatment for offenders on parole. The TI-SAT program represents the first milestone in the goal to add 2,000 substance abuse treatment slots statewide by December 30, 2008.

It is also part of CDCR's long-term strategic plan for female offenders which began in January 2005 when CDCR established the Gender-Responsive Strategies Commission to develop overall plans, policies, procedures and programs for improving outcomes for juvenile and adult females in prison or on parole.

During the first two weeks of the TI-SAT program, inmates go through an orientation and then progress to the main treatment phase where they are placed in classes and groups geared to address their needs identified in their assessments and interventions.

The Leo Chesney Community Correctional Facility in Live Oak opened in April 1989 and is operated by Cornell Companies, Inc. under contract with CDCR. Located 60 miles north of Sacramento, the facility houses up to 305 minimum-security female offenders. In addition to the TI-SAT program, the facility also offers academic educational programs, substance abuse and addiction support groups, a pre-release program, vocational training and other programs.

Click here to view AB 900 Benchmark Documents

# # #

Click here to view CDCR web page on the opening of the TI-SAT program and related video.

http://www.cdcr.ca.gov/News/2008_Press_Releases/Sept_30.html

The Sacramento Bee

Officials tout Live Oak prison to ease fears about re-entry facilities

hsangree@sacbee.com

Published Sunday, Oct. 12, 2008

In the town of Live Oak, in the shadow of the Sutter Buttes, Roberto Ruiz lives with a prison just a few feet from his backyard.

His neighbor is the Leo Chesney Community Correctional Facility, a minimum-security women's prison. But the 42-year-old construction worker said he's never had a problem with the prison's 300 inmates.

"They're good neighbors," he said.

While residents of the small Yolo County town of Madison are worried sick about a proposal to build a new prison nearby, neighbors of the Chesney facility have had few complaints.

Chesney is similar in many ways to the re-entry prisons planned for Madison and other locations throughout the state, said Carole Hood, chief deputy secretary at the California Department of Corrections and Rehabilitation.

Chesney's small population of inmates study in portable classrooms, bunk in open dorms and raise organic produce in colorful gardens.

Inmates are counseled against substance abuse and take anger management and family relationship classes. They also train for careers as cooks, cable technicians and landscapers.

It's all meant to keep them from returning to California's overcrowded prison system.

Re-entry prisons, which will house up to 500 inmates each, are also intended to rehabilitate felons nearing parole by offering intensive education, counseling and vocational training in unconventional prison settings.

But in a number of counties, Yolo among them, plans to build the new prisons have met resistance.

Corrections officials chalk it up to a not-in-my-backyard attitude. They hope the example of the Chesney prison might change some minds.

Bordered on three sides by residential neighborhoods, the prison is operated by Cornell Cos., a private contractor, in conjunction with the state's department of corrections.

Its inmates, many transferred from larger prisons, are in the final year or two of their sentences.

Chesney is different from the planned re-entry prisons in at least two important ways.

Re-entry prisons are expected to house mostly male offenders, including serious and violent felons. Chesney accepts only women who have committed lower-level crimes.

And Chesney looks like an elementary school surrounded by razor wire. The re-entry prisons, designed in California mission or ranch style, will contain inmates without guard towers or perimeter fences.

The programs at Chesney, however, are similar to what will be offered in the new facilities.

That's the point state officials want to get across to communities like Madison, where residents are concerned about safety, home values and preserving their small-town way of life.

In a substance-abuse session at Chesney last week, a dozen women wearing white T-shirts and blue jeans sat in a circle with a counselor, passing around family photos.

They talked of children and grandchildren and their longing to be with them.

Anna Urbiana, 44, is doing time for assault. She said she hadn't seen her family for four and half years, but her daughters and mother were planning to visit soon. She was hoping to see her 6-month-old grandson for the first time.

Urbiana said the drug-treatment program, with its emphasis on trust and sharing among inmates, has helped her change.

"I'm going back into society and never coming back," she said.

At Chesney, inmates grow vegetables in the prison gardens, while others learn to cook them in culinary classes taught by an instructor from the local community college.

In another classroom, a group of women learned the fine points of installing fiber optics and coaxial cable.

Upon graduation, inmates can be certified as entry-level cable technicians, with jobs starting at around $20 an hour, said instructor Patty Henderson.

LaJoy Smith, 47, of Los Angeles said she intends to go into the delicate work of splicing fiber-optic cables. She hopes her conviction for forgery won't get in the way.

Physical conditioning also is a part of the curriculum. In the prison gym, inmates went through a grueling workout to a Tae Bo video on a big-screen television.

Fawn Butrick, 29, from Rocklin, said she had lost 90 pounds since June through "determination and consistency."

She said she'd been a drug user and had never exercised before coming to Chesney.

"I wanted to make changes so I could live productively on the outside," said Butrick, who was serving a sentence for passing counterfeit bills. "I was lucky the opportunity was here for me."

Instructor Gary Reedy said it's not just about exercise, but "about setting goals, reaching goals and feeling good."

Reedy recalled a woman who cried when he handed her a certificate for completing a class. She told him it was the first thing she had ever finished in her life.

Call The Bee's Hudson Sangree, (916) 321-1191.

Chesney, trauma program locking up better futures

By Howard Yune/Appeal-Democrat October 2, 2008

Venessa Bean began using drugs nearly 20 years ago, and the most recent of her stumbles — a conviction for heroin possession — landed her in a Live Oak prison.

Now, the middle-aged Sacramento woman and mother of two hopes her current prison term will break her vicious circle by helping her do more than kick her drug habit.

Bean is one of California's first prisoners to enter a new counseling program aiming not only to keep drug offenders clean, but to train them to keep their lives in line after they leave.

"This is my first prison term — and my last," she said Tuesday at the Leo Chesney Community Correctional Facility, home to about 300 minimum-security female inmates. "For a woman who's never had the opportunity to experience stability, a steady job, it's good. I'm getting my foundation back."

Chesney is a private facility operated by Houston, Texas-based Cornell Corrections Inc.

Officials at the state Department of Corrections and Rehabilitation call the counseling program at the Chesney center — a combination of drug treatment, group therapy and vocational training — the first of its kind in a California community prison.

Named Trauma Informed Substance Abuse Treatment, or TI-SAT, the program is the first fruit of a 2007 Assembly bill to provide treatment and rehabilitation for up to 2,000 more inmates.

At Chesney, inmates in the program alternate between group counseling, addiction therapy and workshops that teach skills such as computer repair and furniture making.

At an open house at Chesney to introduce the month-old program, corrections leaders called TI-SAT a way to attack the root causes of addiction for many inmates, and hopefully keep more of them out of the revolving door of drug-linked imprisonment.

"What we see is emotional abuse, sexual abuse, violence," said Thomas Powers, director of the department's Division of Addiction and Recovery Services. "They start focusing on going to a place of safety, and then the drugs show up and that's the perfect numbing agent."

"We're looking for a future where we do more than house folks and hope they don't come back," said Kathryn Jett, corrections undersecretary.

About 150 women at Chesney have enrolled in the rehabilitation program since Sept. 2, according to the department.

(This article was This article was printed from the Local Stories section of the Sacramento News & Review, originally published April 2, 2009.This article may be read online at: http://www.newsreview.com/sacramento/content?oid=936668. Copyright ©2009 Chico Community Publishing, Inc.)

Catch and Release

California's prisons are packed with repeat nonviolent drug offenders. Folsom State Prison's Parolee Substance Abuse Program seeks to rehabilitate, not incarcerate.

By Janelle Weiner

Julius Johnson's pursuit of the eternal buzz landed him repeatedly in prison on nonviolent offenses. At the Folsom Transitional Treatment Facility, he hopes to restore balance to his life.
Photo By Kyle Monk

For more than 20 years, Julius Johnson's life swung dangerously out of whack. Although he tried to attend school and hold down a job, plans for how and where to get his next drink or bag of weed crowded his mind. Constantly drunk, stoned or both, he landed in prison multiple times.

"You don't wanna know how many times I've been in," says Johnson, shaking his head. At 45, his face is still boyish, but the ache in his voice reveals a man who has suffered beyond his years. He's tried to walk the straight and narrow, but always loses his balance and winds up back "behind the wall."

This time it's different. After his most recent parole violation, Johnson was given a choice: Go back behind the wall, or enter the Parolee Substance Abuse Program, located in the Folsom Transitional Treatment Facility, in the shadow of the maximum-security state prison.

Johnson chose the latter, and now he says he's been "reborn."

Like Johnson, all of the 200 parolees participating in the recovery program have at least one nonserious, nonviolent felony on their records. Some have been in and out of custody for as long as they can remember. This time when they violated parole—many, but not all, for failing drug tests—they were given the same choice as Johnson: Return to prison for five months to a year or begin a 90-day substance-abuse and transitional living program at Folsom's minimum-security treatment facility.

With California's prisons facing unprecedented overcrowding and ballooning costs, proponents of parole reform are looking at programs like Folsom's to keep inmates from repeatedly returning to prison. Many experts say California's rigid parole policies result in parolees returning to prison at nearly twice the rate of the national average. They want more options for parole violators, including expanding rehabilitation and transitional services as an alternative to lengthy and costly prison terms for nonviolent offenders.

Nevertheless, systematic improvements have been met with resistance from government leaders, the public and the California Correctional Peace Officers Association. Gov. Arnold Schwarzenegger and the Legislature have repeatedly stricken reform measures from the budget, while voters and the CCPOA continue to hold fast to "three strikes."

The short of it? Unless the state takes immediate action, the three federal judges empowered in 2007 to reduce prison overcrowding may turn loose as many as 50,000 nonviolent offenders on the streets. Many won't have the skills to survive and will land right back in trouble. And thanks to the state's ongoing financial problems and lack of political will, recovery programs such as Folsom are in short supply exactly when they're needed the most.

"If no one addresses their substance abuse, even if they have a job, they're right back," insists Thomas Powers, director of the California Department of Corrections and Rehabilitation's Division of Addiction and Recovery Services. "The more risk and needs we can address in an inmate, the lower chance they have to recidivate."

The school of drugs and hard knocks

In the cavernous room where Johnson and the other men sleep, a row of low concrete walls separates narrow beds from a section of the dorm used as a classroom for new arrivals. Battered lockers next to each bed provide some sense of individual space, and slivers of natural light fall from narrow windows. Outside the window, a fence topped with barbed wire and video cameras encloses the property.

The mattresses aren't soft, but it could be worse. The parolees could be behind the wall. A 2007 audit of CDCR's rehabilitative services labeled in-prison programs across the state "a complete waste." The program at the Folsom Transitional Treatment Facility, outside the main prison, offers a stark contrast to that assessment.

The Contra Costa County Office of Education runs the program; principal Shannon Swain monitors activities on site. She strolls across the linoleum floor in a long skirt, passing parolees who move aside and say, "Excuse me."

All along the watchtower.
Minding the beat at Folsom State Prison.
Photo By Kyle Monk

One guy looks up, his blue eyes dancing, and grins at Swain as she passes.

"Hey, you're the director or head coordinator or something, right?" he asks. The yellow lettering on his uniform reads "CDC Prisoner." Although the CDCR changed its name to include "Rehabilitation" in 2005, not all of the uniforms reflect the change.

"Principal," Swain says.

"I knew it was something like that."

Swain and project coordinator Sam Williams Jr. proceed across the enclosed outdoor common area to a classroom where parolees in their first 30 days of the program—Phase I—are reviewing the answers to a test on psychopharmacology. They sit around tables in small groups, folders, paper, pens and blue "Framework for Recovery" workbooks covering the surfaces in front of them. A few men chatter. One rests a foot on a chair.

The teacher, a small, peppy woman with graying hair moves back and forth to the whiteboard at the front of the room. She has written the objective at the top: "Student will classify drugs into categories and will be able to identify two withdrawal symptoms from each category." All of the teachers at PSAP are credentialed. They utilize structured lesson plans as wells as hands-on and cooperative learning to keep their students engaged.

"Under law, barbiturates are classified as … " she calls out, getting the ball rolling.

Answers pop up from around the room. A blond-haired guy calls out from the back row, "B—narcotics!"

The teacher writes the answer on the board and continues. The pace is quick. Participation is high.

"A lot of drugs make you impotent," she mentions at one point. A lanky college-age parolee whispers a question from his seat in the front.

"Not being able to rise to the occasion," answers the teacher.

The guy mouths, "Ohh."

Slumped in his seat in the back of the room, a short, muscular Latino man with tattoos under both eyes and above one eyebrow folds his arms tightly across his chest. His jaw is set and he looks tense, guarded, as if he's defending a one-man fortress. He's been staring straight

ahead since Swain and Williams entered the room.

Tight quarters, but life in Folsom's minimum-security treatment facility is a lot cozier than life behind the wall.
Photo By Kyle Monk

Swain asks to borrow his test packet momentarily. He nods.

"How are you doing?" she asks, gently lifting the packet from his hands.

The man's pained face softens into a smile. His shoulders drop. "Good, good," he says quietly. He has been here two weeks. The first days and weeks of Phase I are perhaps the most difficult. Detox, depending on the parolee's drug of choice, can be physically demanding, and the intense psychological work needed to root out the addiction can be emotionally draining. At least two parolees per month drop out of the program and return to prison.

But Julius Johnson is no quitter. It was during Phase I that he realized he'd been given a second chance. Outside the wall, Johnson spent most of his time trying to score. Early mornings would find him passing by the same building where the same group of people always seemed to be standing outside, waiting to get in. Even when it was cold, even when it was dark, they were there.

One day, returning with his stash, Johnson noticed the walk in front of the building was empty and decided to investigate. He pushed opened the door, stuck his head inside, and was greeted by a roomful of familiar faces turning to look at the man hovering in the doorway.

Johnson backed out of the silent room, away from the faces. Later that day, he asked a custodian what took place there in the mornings. It was an Alcoholics Anonymous meeting.

The next time he passed by, he could have walked in, grabbed a cup of coffee and taken a seat. He could have told them his name and admitted he had a problem.

"That should have been my wake-up call," he says. "This is where I was supposed to go, but I didn't."

When his parole officer suggested he attend a rehabilitation program instead of returning to a prison cell, Johnson initially resisted. He knew how to do prison. He'd never attended recovery before, and he didn't believe in it.

"I knew I had a problem," he says. "But I always thought if a person wanted to stop, they would."

“The first week or so, they don’t wanna be here,” confirms project coordinator Williams, who passed on his powerful physique to his NFL player son. “Their parole officer did them an injustice. Then after about a week, it’s ‘Oh, this isn’t as bad as I thought it was. I could learn something here.’ We see that all the time.”

Phase I opened doors for Johnson, teaching him how to raise his self-esteem and understand his emotions.

“It was like I was reborn,” he says.

Stephen Siscoe’s life spun out of control thanks to methamphetamine addiction, landing him in prison multiple times. He hopes to break the cycle with the help of Folsom’s Parolee Substance Abuse Program.
Photo By Kyle Monk

Later in Phase I, Johnson and his classmates cycled through lessons such as “The Process of Addiction” and “Cognitive Restructuring”—or as Williams calls it, “changing their stinkin’ thinking.”

The walls come down. Denial and grief are exposed. The men often keep it together in the classroom, only to break down in sessions with their independent-study teachers later. They reveal that a father abused them or that a mother taught them how to use drugs. To climb out of the hole, they’ve got to get to the bottom of it first.

In response to the 2007 audit, Gov. Schwarzenegger and prison leadership convened an expert panel to make recommendations for improving rehabilitation and reducing overcrowding. Among the numerous problems they found with existing in-prison programs were shoddily monitored care providers, classes frequently interrupted by lockdowns and prison politics that distracted inmates from the mental and emotional work of recovery.

Stephen Siscoe, a recovering methamphetamine addict currently going through Phase I, has experienced prison politics up close and personal. He says the continuous, often violent struggle between various gangs and factions behind the wall don’t apply at Folsom’s minimum-security program. After spending six hours a day in classes together, many of the men go back to the dorms and continue their conversations. Some talk about their pasts. Others prefer to focus on the future. There is almost always someone willing to offer support.

If Siscoe hadn’t been sent to the program, he has no doubt he would still be on the streets, addicted and on the run.

“I would be out there cheating, lying, justifying my behavior, looking behind my back,” he

says, elbows perched on a metal table bolted to the dormitory floor. Siscoe's large hands spill out of his denim uniform as he describes what landed him here. Family, adolescence, culture, choices.

"We're all adolescents inside," he says. In Phase I, he finally began to grow up.

Breaking the born-bad mold

The sign above the door of the Phase II classroom reads: "Nothing Changes Until I Change." Williams and Swain venture into the classroom, where parolees continue to focus on unlocking negative thought and behavior patterns. They learn how to manage anger and maintain healthy relationships, all the skills necessary to stay clean and sober outside the wall.

The room is packed with men sitting in pairs at rows of tables. An animated discussion in the classroom next door filters through the floor-to-ceiling room divider, but no one seems to notice. Someone jokes, "We're all crazy in here," but no one laughs.

Even with his beard, the teacher looks younger than the majority of men in the room. He's not intimidated, and enthusiastically leads a lesson on stereotypes.

"Is there such a thing as a 'bad' person?" he asks.

The room is quiet, and the teacher asks a thin young man with a close-shaved head if he would like to answer.

The man says he's not sure, so the teacher presses him to share some things about himself that show he's a good person.

"Playing with my kids, hanging out with my old lady, working. Those show I'm not bad."

A few others raise their hands. The discussion takes a philosophical turn.

"Everyone does bad stuff, it's just some get caught," comes a voice from the back of the room.

Mike Gray brings 30 years of social work and teaching experience to Folsom's Parolee Substance Abuse Program.
Photo By Kyle Monk

Cedric McKinney reached his turning point one day during the second phase. He and his classmates were asked to consider the way substance abuse had affected their lives. The teacher told them to think of three things they had lost.

“I could think of more,” he says.

McKinney wants to change. That increases his chances for success. But in a prison system where participation in some rehabilitation programs has actually been correlated with a higher recidivism rate, wanting to change isn’t always enough. For McKinney, the difference is in the support he receives from the teachers at Folsom.

“The people who run the program give you all they have,” says McKinney, who tutors fellow parolees for the GED in the evenings after class. “They don’t just let you float through like it’s prison.”

James Ayres spent 31 months behind the wall and was released back to the community before coming to the program. On the outside, he informally counseled other addicts on the street. Then he got hooked again himself.

Ayres prefers to keep to himself in the dorms, but he has developed an admiration of teacher Mike Gray. Beyond helping him develop a transition plan for attending school, Gray has helped Ayres understand what the experience might be like.

In Gray’s classroom, a detailed pencil drawing of Emiliano Zapata rests on a table. Gray encourages his students to explore and take pride in their cultures.

Throughout his 30 years of social work and teaching experience, Gray has worked to balance the need to maintain appropriate boundaries with his students and communicating to them that he knows where they’ve been.

To Ayres, Gray is “on the level.”

As the lesson on stereotypes continues in the Phase II classroom, a common theme emerges.

An instructor asked parolee Cedric McKinney to list three things he'd lost because of substance abuse. McKinney came up with a lot more, and the realization helped turn his life around.
Photo By Kyle Monk

"No one in society thinks we can be better," one parolee says soberly. "You find that out when you try to get a job."

"You begin to feel hopeless," another student chimes in.

From the front of the room, a heavy-set African-American man gets the floor.

"They don't care about us," he says. "Or they say they care, but they do it from a distance. If there were more programs, if we had more people advocating, we'd do better."

Tough on crime,weak on justice

Dr. Barry Krisberg, director of the National Council on Crime and Delinquency, says there are limits to the effect rehabilitative programming can have on reducing recidivism. Nevertheless, he laments what he sees as a lack of reform in CDCR's rehabilitative policies and programs.

"The principal barrier has been political will," says Krisberg. "We added the 'R' [in CDCR], but the progress has been glacial."

The three-judge federal panel in the overcrowding case that recently wrapped up in San Francisco found that California could save $803 million to $906 million annually by instituting a system of earned credits and parole reform to reduce the prison population. That money could be used to implement the expert panel's recommendation to provide more evidence-based rehabilitation programs in the community.

CDCR currently provides 5,692 community treatment slots that deliver transitional services for recently released inmates. Some 2,028 slots are being utilized by parolees in another remedial sanction program for parole violators, the In Custody Drug Treatment Program. The three-judge panel left the door open for state officials to divert prisoners into rehabilitative programs rather than commit to a wholesale release of the estimated 50,000 prisoners it would take to bring the population to a safe level.

Nevertheless, in a March report, the California Rehabilitation Oversight Board noted none of the reforms *for rehabilitation programs* recommended by the expert panel were included in the governor's final budget, passed in February.

"The expert panel's report was basically thrown in the garbage," says Krisberg. "If we're unwilling to change because we're afraid of being seen as soft on crime, then we're locked into the same failure mode."

Back at the Folsom Transitional Treatment Facility, it's almost time for the head count. The parolees have lunch together and return to their classrooms for three more hours of instruction.

Tables are arranged conference style in the Phase III classroom, where Swain slips into an empty seat next to Johnson. All around her, parolees focus on teacher Vic Wedloe, a muscular former cop who leans against his desk and looks hard at the men as he lays out a situation they're likely to encounter once they're back home, around the old influences, the old temptations.

"It's the middle of the night," says Wedloe. "And you've got the craving. How do you get through it?"

Eyes flicker. The sea of blue uniforms shifts. The men seem to ponder, but no one raises a hand to answer. Wedloe calls on a wiry man a few seats down from Swain.

The man hesitates, but finally says, "If I can recognize it, I guess I can substitute drugs with something else."

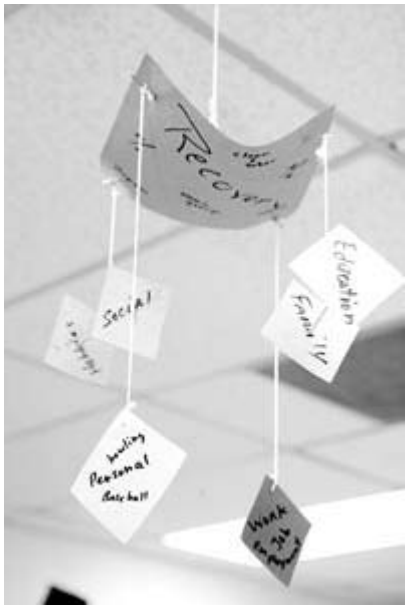
His comment motivates others to speak up. They share stories and insights, chuckles and knowing nods. They articulate their plans: Turn on the television, rearrange the fridge, use positive self-talk. But Wedloe doesn't let them off easy. There are plans, and then there's the reality of facing a lifelong drug addiction.

When Johnson suggests he will call his sponsor, Wedloe challenges him.

"It's 3 in the morning. You wanna wake him up?"

Johnson pauses, looks down. "The way I understand it, he's gotta pick up. If he's a good sponsor, he'll pick up."

Wedloe nods, satisfied. If the men become familiar with their symptoms and have the tools to fight back, they can recover.



A construction-paper mobile hanging over Julius Johnson's bed illustrates the elements he must balance to help ensure a sober and successful return to society.
Photo By Kyle Monk

"That sensation's never gonna rule your life again?" asks Wedloe.

"Never," Johnson says.

Like 60 percent of the program's graduates, Johnson will attend a 90-day after-care program that includes transitional housing, recovery services and job assistance. Krisberg and other experts say aftercare is critically important—to increase the odds that a parolee will, in fact,

stay clean.

Williams, the program's coordinator, is careful to point out that recovery, like addiction, is a process. Some of the parolees will return. Recently, a man who was part of the first group to attend the program approached Williams in the yard and asked if he remembered him.

Williams had to think a minute, but then recalled the man's stay. It wasn't a pleasant one, and the man didn't attend aftercare.

"I shoulda listened to you," he told Williams.

Revenge or rehabilitation?

John Ayers spent 31 months in prison and informally counseled addicts on the street upon his release. He got hooked again, and chose toenter the Parolee Substance Abuse Program instead of returning to prison.
Photo By Kyle Monk

Although the price tag for a parole violator to attend substance-abuse classes is $50 higher per day than a prison stay, the program stands to save the state money since the stay is shorter and, at least anecdotally, the parolees who attend the Folsom program stay out of trouble longer, even if they do eventually recidivate.

"The old approach based on revenge needs to be replaced with something based on science," says Krisberg.

Williams isn't about revenge. He shakes his head when he talks about the parolee in the yard, but his voice is filled with understanding.

"We're not mad at them if they come back," he says. "If a lifelong addict can stay clean for six months to a year, it is counted as a success."

"Of course, we hope they stay out for longer," he adds.

Graduations occur on a rolling basis, since new parolees enter the program almost every day. CDCR director Powers says there are no current plans to expand the Parolee Substance Abuse Program, but he is optimistic that improving in-prison rehabilitative programs will lower recidivism rates. "What we're trying to do is make the whole yard a therapeutic yard," he says.

He also stresses the need to expand the number of openings in community-based transition programs for parolees beyond the current 5,692 slots. California currently releases more than 100,000 inmates back to the community each year.

With Assembly Bill 900, the Public Safety and Offender Rehabilitation Services Act of 2007, Gov. Schwarzenegger and legislators attempted to improve prison conditions and

rehabilitation programs without releasing prisoners. Since the bill's passage, the number of in-prison drug-treatment slots has increased to nearly 10,000.

Powers, however, estimates 35,000 to 40,000 inmates could benefit from treatment. Many other experts, including Dr. Joan Petersilia, a professor of criminology at UC Irvine who served on the state's expert panel for prison reform, put the estimate at more than twice that.

Meanwhile, Stephen Siscoe will soon leave Folsom to enter a recovery program and take steps towards becoming a substance-abuse counselor himself.

"I've thought about it a lot," he says. "If I understand even more, I'll be more likely to stay away."

Ayres also plans to become a certified counselor. McKinney managed to enroll himself in a construction training course to begin the Monday immediately after his graduation.

Pastel-hued paper mobiles hang from the ceiling above Julius Johnson. The tags, with words like "hobbies," "family" and "respect" written on them, reflect the pieces individual parolees must juggle to lead balanced lives.

If he had been sent back to prison for his parole violation, Johnson would still be there, serving out his sentence and waiting for his "gate money," the $200 all prisoners are given on completion of their sentence. Instead, he will soon enter aftercare and start attending a school that will move him towards his goal of attaining a heavy-equipment operator's license.

At the Folsom facility, Johnson has been reborn. He's been given a second chance, and he knows it's up to him to restore balance to his life. He does not intend to go back behind the wall.

APPENDIX C. SAP Slot Authorization by Fiscal Year-Men's' Institutions

Division of Addiction and Recovery Services			
Substance Abuse Program Slot Authorization by Fiscal Year through 6/30/08			
Institution	**Fiscal Year Authorized**	**Legislative or Budgetary Authority**	**Number of Slots**
MEN'S INSTITUTIONS			
ASP	2000-2001	Additional 1,500-Slot Expansion BCP	200
CCI	2000-2001 2006-2007	Additional 1,500-Slot Expansion BCP SAP Realignment	175 200
CIM	2000-2001	1,500-Slot Expansion BCP	400
CMC	2000-2001	Additional 1,500-Slot Expansion BCP	180
CRC	1994-1995 1998-1999 1999-2000 1999-2000 2000-2001 2001-2002 2006-2007	Civil Addict Program Enhancement 1,000-Slot Expansion BCP 2,000-Slot Expansion BCP Slots Absorbed Due to End of Byrne Funds Additional 1,500-Slot Expansion BCP 500-Slot Expansion BCP SAP Realignment	80 200 1,030 3 13 300 (312)
COR	2000-2001	Additional 1,500-Slot Expansion BCP	190
CTF	1999-2000 2000-2001	2,000-Slot Expansion BCP Additional 1,500-Slot Expansion BCP	208 250
CVSP	2000-2001 2006-2007	Additional 1,500-Slot Expansion BCP Provision 22 (MCOP, SAP Expansion, and KVSP BCPs)	292 48
FTTF	2003-2004 2003-2004	Balance of FY/01-02 500-Slot Expansion BCP Redirect NCWF's 100 SAP and 100 Cognitive Skills Slots	200 203
ISP	2000-2001 2006-2007	Additional 1,500-Slot Expansion BCP SAP Realignment	200 (200)
KVSP	2006-2007	Provision 22 (MCOP, SAP Expansion, and KVSP BCPs)	256
LAC	2000-2001 2006-2007	Additional 1,500-Slot Expansion BCP SAP Realignment	200 (200)
NKSP-RC	2004-2005	500-Slot BCP	200
PVSP	2000-2001	1,500-Slot Expansion BCP	400
RJD	1990-1991 2000-2001	RJD BCP 1500-Slot Expansion BCP	200 250
SATF	1997-1998 2006-2007	SATF BCP Provision 22 (MCOP, SAP Expansion, and KVSP BCPs)	1,478 400

APPENDIX C. (cont) SAP Slot Authorization by Fiscal Year-Men's' Institutions

Substance Abuse Program Slot Authorization by Fiscal Year through 6/30/08 (continued)			
Institution	**Fiscal Year Authorized**	**Legislative or Budgetary Authority**	**Number of Slots**
MEN'S INSTITUTIONS (continued)			
SCC	1998-1999 1999-2000 2006-2007	1,000-Slot Expansion BCP 2,000-Slot Expansion BCP Provision 22 (MCOP, SAP Expansion, and KVSP BCPs)	200 125 36
SOL	1998-1999 2000-2001	1,000-Slot Expansion BCP 1,500-Slot Expansion BCP	200 200
WSP	2004-2005	500-Slot BCP	300

SAP Slot Authorization by Fiscal Year-Women's' Institutions

Substance Abuse Program Slot Authorization by Fiscal Year through 6/30/08			
Institution	**Fiscal Year Authorized**	**Legislative or Budgetary Authority**	**Number of Slots**
WOMEN'S INSTITUTIONS			
CCWF	1998-1999 1999-2000	1,000-Slot Expansion BCP 2,000-Slot Expansion BCP	200 306
CIW	1990-1991 1997-1998 2006-2007	CIW Legislative Authority CIW BCP SAP Realignment	120 120 512
VSPW	1999-2000 2000-2001	2,000-Slot Expansion BCP 1,500-Slot Expansion BCP	256 250

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APPENDIX TABLE 1A. Annual Male Felon Admissions to In-Prison* Substance Abuse Programs by Institution Program

Program	Program Name	Custody Level	Prog Slots (2007)	Admissions** FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
ASP	Avenal State Prison	II	200	280	315	277	240	1,112
CCI	CA Correctional Institution-A	II	175	N/A	320	224	177	721
	CA Correctional Institution-B	I	200	N/A	N/A	N/A	231	231
CIM	CA Institute for Men-A	I	200	226	258	238	233	955
	CA Institute for Men-B	I	200	247	230	230	272	979
CMC	CA Men's Colony	II	180	310	318	262	363	1,253
COR	CA State Prison - Corcoran	I	190	200	244	265	229	938
CRC	CA Rehabilitation Center Norco-A	II	200	145	84	119	106	454
	CA Rehabilitation Center Norco-C	II	263	151	116	154	114	535
	CA Rehabilitation Center Norco-E	II	263	105	108	152	143	508
	CA Rehabilitation Center Norco-G	II	300	167	156	202	266	791
	CA Rehabilitation Center Norco-J***	II	200	N/A	N/A	N/A	261	261
CTF	Correctional Training Facility - Soledad-A	I	208	231	265	329	290	1,115
	Correctional Training Facility - Soledad-B	III	250	175	188	392	291	1,046
CVSP	Chuckawalla Valley State Prison	II	340	430	325	395	465	1,615
FTTP	Folsom Transitional Treatment Program	TTP	200	324	609	632	519	2,084
ISP	Ironwood State Prison***	III	200	275	191	240	27	733
KVSP	Kern Valley State Prison	IV	256	N/A	N/A	326	210	536
LAC	CA State Prison Los Angeles County***	IV	200	248	189	126	N/A	563
PVSP	Pleasant Valley State Prison-A	III	200	N/A	106	332	268	706
	Pleasant Valley State Prison-B	III	200	N/A	319	271	368	958
RJD	Richard J. Donovan Correctional Facility-A***	III	200	147	125	102	197	571
	Richard J. Donovan Correctional Facility-B***	III	200	N/A	171	128	49	348
	Richard J. Donovan Correctional Facility-C	I	100	76	100	105	143	424
	Richard J. Donovan Correctional Facility-D	IV-SNY	150	1	2	54	136	193
SATF	Substance Abuse Treatment Facility - Corcoran-A	I - II	939	911	797	903	1,044	3,655
	Substance Abuse Treatment Facility - Corcoran-B	I - II	939	N/A	N/A	1619	952	2,571
SCC	Sierra Conservation Center Jamestown-A	III	236	251	228	284	179	942
	Sierra Conservation Center Baseline-B	I	125	143	191	163	286	783
SOL	Solano State Prison-A	II	200	258	259	259	178	954
	Solano State Prison-B	III	200	103	103	211	256	673
Drug Treatment Furlough								
DTF-1	Drug Treatment Furlough - Region 1			129	225	219	205	778
DTF-2	Drug Treatment Furlough - Region 2			5	N/A	N/A	N/A	5
DTF-3	Drug Treatment Furlough - Region 3			151	285	291	341	1,068
DTF-4	Drug Treatment Furlough - Region 4			130	247	238	223	838
Total				**5,819**	**7,074**	**9,742**	**9,262**	**31,897**

*Does not include reception centers.

**Each offender is counted once on first treatment admission during the reporting period.

***Programs transferred to another facility or institution during 2007.

APPENDIX TABLE 1B. Annual Civil Addict Male Admissions to In-Prison* Substance Abuse Programs by Institution Program

Program	Program Name	Custody Level	Prog Slots (2007)	Admissions** FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
CIM	CA Institute for Men-A	I	175	N/A	N/A	N/A	1	1
	CA Institute for Men-B	I	200	N/A	N/A	N/A	N/A	0
CRC	CA Rehabilitation Center Norco-A	II	200	152	150	135	126	563
	CA Rehabilitation Center Norco-C	II	263	320	251	232	171	974
	CA Rehabilitation Center Norco-E	II	263	288	303	314	247	1,152
	CA Rehabilitation Center Norco-G	II	300	244	246	220	134	844
	CA Rehabilitation Center Norco-H	II	88	140	126	145	104	515
FTTP	Folsom Transitional Treatment Program	TTP	200	N/A	N/A	1	N/A	1
SATF	Substance Abuse Treatment Facility - Corcoran-A	I - II	939	1	1	4	6	12
	Substance Abuse Treatment Facility - Corcoran-B	I - II	939	N/A	N/A	1	5	6
SCC	Sierra Conservation Center Jamestown-A	III	236	N/A	1	N/A	N/A	1
	Sierra Conservation Center Baseline-B	I	125	N/A	N/A	2	1	3
	Sierra Conservation Center Jamestown-C	III SNY	236	N/A	N/A	N/A	1	1
SOL	Solano State Prison-A	II	200	2	2	1	2	7
	Solano State Prison-B	III	200	N/A	N/A	N/A	1	1
Drug Treatment Furlough								
DTF-1	Drug Treatment Furlough - Region 1			1	1	N/A	N/A	2
DTF-4	Drug Treatment Furlough - Region 4			N/A	2	N/A	N/A	2
Total				**1,148**	**1,083**	**1,055**	**799**	**4,085**

*Does not include reception centers.

**Each offender is counted once on first treatment admission during the reporting period.

APPENDIX TABLE 1C. Annual Female Felons Admissions to In-Prison Substance Abuse Programs by Institution Program								
				Admissions*				
Program	Program Name	Custody Level	Program Slots (2007)	FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	256	299	374	356	327	1,356
	Central CA Women's Facility Chowchilla-B	I - IV	250	405	457	370	344	1,576
CIW	CA Institute for Women-A	I - IV	240	503	496	438	597	2,034
	CA Institute for Women-B	I - III	294	176	N/A	N/A	247	423
	CA Institute for Women-C	I - IV	218	N/A	149	74	153	376
CRC	CA Rehabilitation Center Norco-D**	I - IV	294	228	196	101	N/A	525
VSPW	Valley State Prison for Women-A	I - IV	256	314	295	414	433	1,456
	Valley State Prison for Women-B	I - IV	250	509	544	507	516	2,076
Drug Treatment Furlough								
DTF-1	Drug Treatment Furlough - Region 1			62	100	222	150	534
DTF-2	Drug Treatment Furlough - Region 2			2	N/A	24	91	117
DTF-3	Drug Treatment Furlough - Region 3			108	142	277	380	907
DTF-4	Drug Treatment Furlough - Region 4			67	204	495	407	1,173
Total				2,673	2,957	3,278	3,645	12,553

*Each offender is counted once on first treatment admission during the reporting period.
**Programs transferred to another institution during 2007.

APPENDIX TABLE 1D. Annual Civil Addict Female Admissions to In-Prison Substance Abuse Programs by Institution Program								
				Admissions*				
Program	Program Name	Custody Level	Program Slots (2007)	FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	256	1	1	1	2	5
CIW	CA Institute for Women-A	I - IV	240	8	7	7	1	23
	CA Institute for Women-B	I - III	294	N/A	N/A	1	263	264
	CA Institute for Women-C	I - III	218	114	147	84	63	408
CRC	CA Rehabilitation Center Norco-D**	I - IV	294	166	203	225	N/A	594
VSPW	Valley State Prison for Women-B	I - IV	256	2	N/A	2	2	6
Drug Treatment Furlough								
DTF-4	Drug Treatment Furlough - Region 4			N/A	N/A	2	19	21
Total				291	358	322	350	1,289

*Each offender is counted once on first treatment admission during the reporting period.
**Programs transferred to another institution during 2007.

APPENDIX TABLE 2A. Annual Male Felon Completions from In-Prison* Substance Abuse Programs by Institution Program

Program	Program Name	Custody Level	Prog Slots (2007)	Treatment Completions** FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
ASP	Avenal State Prison	II	200	162	151	160	126	599
CCI	CA Correctional Institution-A	II	175	N/A	113	131	118	362
	CA Correctional Institution-B	I	200	N/A	N/A	N/A	82	82
CIM	CA Institute for Men-A	I	200	203	225	227	219	874
	CA Institute for Men-B	I	200	55	137	173	183	548
CMC	CA Men's Colony***	II	180	156	164	143	173	636
COR	CA State Prison - Corcoran	I	190	N/A	136	169	115	420
CRC	CA Rehabilitation Center Norco-A	II	200	70	78	86	82	316
	CA Rehabilitation Center Norco-C	II	263	53	73	81	104	311
	CA Rehabilitation Center Norco-E	II	263	69	79	88	69	305
	CA Rehabilitation Center Norco-G	II	300	110	110	115	112	447
	CA Rehabilitation Center Norco-H	II	88	N/A	N/A	N/A	N/A	0
	CA Rehabilitation Center Norco-J	II	200	N/A	N/A	N/A	N/A	0
CTF	Correctional Training Facility - Soledad-A	I	208	193	174	231	217	815
	Correctional Training Facility - Soledad-B	III	250	84	93	161	173	511
CVSP	Chuckawalla Valley State Prison	II	340	156	206	220	261	843
FTTP	Folsom Transitional Treatment Program-A		200	242	486	524	373	1,625
ISP	Ironwood State Prison****	III	200	113	53	96	11	273
KVSP	Kern Valley State Prison	IV	256	N/A	N/A	20	61	81
LAC	CA State Prison Los Angeles County****	IV	200	94	75	65	N/A	234
PVSP	Pleasant Valley State Prison-A	III	200	N/A	11	152	141	304
	Pleasant Valley State Prison-B	III	200	N/A	93	132	131	356
RJD	Richard J. Donovan Correctional Facility-A****	III	200	97	66	83	28	274
	Richard J. Donovan Correctional Facility-B****	III	200	N/A	41	30	25	96
	Richard J. Donovan Correctional Facility-C	I	100	59	79	84	56	278
	Richard J. Donovan Correctional Facility-D	IV-SNY	150	1	3	7	32	43
SATF	Substance Abuse Treatment Facility - Corcoran-A	I - II	939	672	289	567	686	2,214
	Substance Abuse Treatment Facility - Corcoran-B	I - II	939	N/A	N/A	499	740	1,239
SCC	Sierra Conservation Center Jamestown-A	III	236	224	192	262	N/A	678
	Sierra Conservation Center Baseline-B	I	125	132	165	121	144	562
	Sierra Conservation Center Baseline-C	III-SNY	200	N/A	N/A	N/A	55	55
SOL	Solano State Prison-A	II	200	149	162	143	72	526
	Solano State Prison-B	III	200	72	21	11	60	164
Drug Treatment Furlough								
DTF-1	Drug Treatment Furlough - Region 1			128	197	273	253	851
DTF-3	Drug Treatment Furlough - Region 3			112	237	352	344	1,045
DTF-4	Drug Treatment Furlough - Region 4			52	136	81	153	422
Total				**3,458**	**4,045**	**5,487**	**5,399**	**16,071**

*Does not include reception centers.
**Completions are defined as those who successfully completing treatment according to treatment provider records.
***Missing data from CMC between July and October 2006 due to changes in treatment contractors.
****Programs transferred to another facility or institution during 2007.

APPENDIX TABLE 2B. Annual Civil Addict Male Completions from In-Prison* Substance Abuse Programs by Institution Program

Program	Program Name	Custody Level	Prog Slots (2007)	Treatment Completions** FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
CIM	CA Institute for Men-A			N/A	N/A	1		1
CRC	CA Rehabilitation Center Norco-A	II	200	192	123	127	128	570
	CA Rehabilitation Center Norco-C	II	263	263	209	205	160	837
	CA Rehabilitation Center Norco-E	II	263	291	265	297	216	1,069
	CA Rehabilitation Center Norco-G	II	300	216	209	202	143	770
	CA Rehabilitation Center Norco-H	II	88	122	106	112	92	432
SATF	Substance Abuse Treatment Facility-A	I - II	939	1	1	2	5	9
	Substance Abuse Treatment Facility-B	I - II	939	N/A	N/A	N/A	2	2
SCC	Sierra Conservation Center-A	III	236	N/A	1	N/A	N/A	1
	Sierra Conservation Center-B	I	125	N/A	N/A	1	1	2
SOL	Solano State Prison-A	II	200	N/A	1	2	N/A	3
	Solano State Prison-B	III	200	N/A	N/A	N/A	1	1
Drug Treatment Furlough								
DTF-1	Drug Treatment Furlough - Region 1			N/A	N/A	1	N/A	1
Total				**1,085**	**915**	**950**	**748**	**3,698**

*Does not include reception centers.

**Completions are defined as those who successfully completing treatment according to treatment provider records.

APPENDIX TABLE 2C. Annual Female Felon Completions* from In-Prison Substance Abuse Programs by Institution Program

Program	Program Name	Custody Level	Prog Slots (2007)	Treatment Completions* FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	256	203	215	191	182	791
	Central CA Women's Facility Chowchilla-B	I - IV	250	262	239	217	208	926
CIW	CA Institute for Women-A	I - IV	240	286	328	352	402	1,368
	CA Institute for Women-B	I - III	294	134	134	N/A	54	322
	CA Institute for Women-C	I - IV	218	N/A	N/A	87	59	146
CRC	CA Rehabilitation Center Norco-D**	I - IV	218	188	67	109	N/A	364
VSP	Valley State Prison for Women-A	I - IV	256	206	57	215	222	700
	Valley State Prison for Women-B	I - IV	250	301	80	261	334	976
Drug Treatment Furlough								
DTF-1	Drug Treatment Furlough - Region 1			84	111	245	194	634
DTF-2	Drug Treatment Furlough - Region 2			N/A	N/A	9	102	111
DTF-3	Drug Treatment Furlough - Region 3			92	112	269	311	784
DTF-4	Drug Treatment Furlough - Region 4			20	112	341	377	850
Total				**1,776**	**1,455**	**2,296**	**2,445**	**7,972**

*Each offender counted once on first treatment admission during the reporting period. Completions are defined as those who successfully completing treatment according to treatment provider records.
**Programs transferred to another institution during 2007.

APPENDIX TABLE 2D. Annual Civil Addict Female Completions* from In-Prison Substance Abuse Programs by Institution Program

Program	Program Name	Custody Level	Prog Slots (2007)	Treatment Completions* FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	Total 04/05 - 07/08
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	256	1	N/A	2	3	6
CIW	CA Institute for Women-A	I - IV	240	1	N/A	N/A	6	7
	CA Institute for Women-B	I - III	294	N/A	N/A	N/A	167	167
	CA Institute for Women-C	I - III	218	101	106	116	51	374
CRC	CA Rehabilitation Center Norco-D**	I - IV	294	161	104	179	8	452
VSPW	Valley State Prison For Women-B	I - IV	250	3	N/A	N/A	1	4
Drug Treatment Furlough								
DTF-4	Drug Treatment Furlough - Region 4			N/A	N/A	2	9	11
Total				**267**	**210**	**299**	**245**	**1,021**

*Each offender counted once on first treatment admission during the reporting period. Completions are defined as those who successfully completing treatment according to treatment provider records.
**Programs transferred to another institution during 2007.

APPENDIX TABLE 3A. Male Felon Show-Up Rates to Continuing Care by Institution Program* for FY 2007-2008

Program	Program Name	Custody Level	IPSAP Treatment Completions**	Admitted to Cont. Care	Show-Up Rate***
ASP	Avenal State Prison	II	126	60	48%
CCI	CA Correctional Institution-A	II	118	48	41%
	CA Correctional Institution-B	I	82	25	30%
CIM	CA Institute for Men-A	I	219	100	46%
	CA Institute for Men-B	I	183	88	48%
CMC	CA Men's Colony	II	173	103	60%
COR	CA State Prison - Corcoran	I	115	65	57%
CRC	CA Rehabilitation Center Norco-A	II	82	26	32%
	CA Rehabilitation Center Norco-C	II	104	40	38%
	CA Rehabilitation Center Norco-E	II	69	20	29%
	CA Rehabilitation Center Norco-G	II	112	37	33%
CTF	Correctional Training Facility - Soledad-A	I	217	128	59%
	Correctional Training Facility - Soledad-B	III	173	48	28%
CVSP	Chuckawalla Valley State Prison	II	261	96	37%
FTTP	Folsom Transitional Treatment Program-A	TTP	373	195	52%
ISP	Ironwood State Prison****	III	11	2	18%
KVSP	Kern Valley State Prison	IV	61	20	33%
LAC	CA State Prison Los Angeles County****	IV	N/A	N/A	N/A
PVSP	Pleasant Valley State Prison-A	III	141	25	18%
	Pleasant Valley State Prison-B	III	131	40	31%
RJD	Richard J. Donovan Correctional Facility-A****	III	28	15	54%
	Richard J. Donovan Correctional Facility-B****	III	25	13	52%
	Richard J. Donovan Correctional Facility-C	I	56	36	64%
	Richard J. Donovan Correctional Facility-D	III-SNY	32	12	38%
SATF	Substance Abuse Treatment Facility - Corcoran-A	I - II	686	313	46%
	Substance Abuse Treatment Facility - Corcoran-B	I - II	740	319	43%
SCC	Sierra Conservation Center Jamestown-A	III	N/A	N/A	N/A
	Sierra Conservation Center Baseline-B	I	144	112	78%
	Sierra Conservation Center Baseline-C	III SNY	55	29	53%
SOL	Solano State Prison-A	II	72	30	42%
	Solano State Prison-B	III	60	19	32%
Drug Treatment Furlough					
DTF-1	Drug Treatment Furlough - Region 1		253	150	59%
DTF-3	Drug Treatment Furlough - Region 3		344	244	71%
DTF-4	Drug Treatment Furlough - Region 4		153	128	84%
Total			**5,399**	**2,586**	**48%**

*Data timeframe covers 12 months (180 days) of in-prison substance abuse program participation followed by 6 months (180 days) of continuing care participation following in-prison treatment completion.
**Count of treatment completions does not include those in Reception Centers. Completions are defined as those who successfully completed treatment according to treatment provider records.
***Show-up rate is calculated by dividing the number of offenders who "show-up" at community-based substance abuse treatment (continuing care) within 180 days of parole release by the total number of inmates paroled after treatment completion at anytime.
****Programs transferred to another facility or institution during this reporting period.

APPENDIX TABLE 3B. Male Civil Addict Show-Up Rates to Continuing Care by Institution Program* for FY 2007-2008

Program	Program Name	Custody Level	Exited After Treatment Completion**	Admitted to Cont. Care	Show-Up Rate***
CRC	CA Rehabilitation Center Norco-A	II	128	116	91%
	CA Rehabilitation Center Norco-C	II	160	143	89%
	CA Rehabilitation Center Norco-E	II	216	192	89%
	CA Rehabilitation Center Norco-G	II	143	133	93%
	CA Rehabilitation Center Norco-H	II	92	80	87%
SATF	Substance Abuse Treatment Facility-A	I-II	5	5	100%
	Substance Abuse Treatment Facility-B	I-II	2	2	100%
SCC	Sierra Conservation Center-B	I	1	0	0%
SOL	Solano State Prison-B	III	1	0	0%
Total			**748**	**671**	**90%**

*Data timeframe covers 12 months (180 days) of in-prison substance abuse program participation followed by 6 months (180 days) of continuing care participation.

**Count of Civil Addicts does not include those in Reception Centers. Completions are defined as those who successfully completed treatment according to treatment provider records.

***Show-up rate is calculated by dividing the number of offenders who "show-up" at community-based substance abuse treatment (continuing care) within 90 days of parole release by the total number of inmates exiting prison after treatment completion at anytime.

APPENDIX TABLE 3C. Female Felon Show-Up Rates to Continuing Care by Institution Program* for FY 2007-2008

Program	Program Name	Custody Level	IPSAP Treatment Completions**	Admitted to Cont. Care	Show-Up Rate***
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	182	83	46%
	Central CA Women's Facility Chowchilla-B	I - IV	208	117	56%
CIW	CA Institute for Women-A	I - IV	402	148	37%
	CA Institute for Women-B	I - III	54	23	43%
	CA Institute for Women-C	I - III	59	25	42%
VSP	Valley State Prison for Women-A	I - IV	222	148	67%
	Valley State Prison for Women-B	I - IV	334	209	63%
Drug Treatment Furlough					
DTF-1	Drug Treatment Furlough - Region 1		194	122	63%
DTF-2	Drug Treatment Furlough - Region 2		102	62	61%
DTF-3	Drug Treatment Furlough - Region 3		311	180	58%
DTF-4	Drug Treatment Furlough - Region 4		377	237	63%
Total			**2,445**	**1,354**	**55%**

*Data timeframe covers 12 months (365 days) of in-prison substance abuse program participation followed by 6 months (180 days) of continuing care participation following in-prison treatment completion ending December 31, 2008.

**Completions are defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

***Show-up rate is calculated by dividing the number of offenders who "show-up" at community-based substance abuse treatment (continuing care) within 90 days of parole release by the total number of inmates exiting prison after treatment completion at anytime.

APPENDIX TABLE 3D. Female Civil Addict Show-Up Rates to Continuing Care by Institution Program* for FY 2007-2008

Program	Program Name	Custody Level	IPSAP Treatment Completions**	Admitted to Cont. Care	Show-Up Rate***
CCWF	Central California Women's Facility - A	I - IV	3	1	33.3%
CIW	CA Institute for Women-A	I - IV	6	6	100.0%
	CA Institute for Women-B	I - III	167	155	92.8%
	CA Institute for Women-C	I - III	51	44	86.3%
CRC	CA Rehabilitation Center Norco-D	I - IV	8	3	37.5%
VSPW	Valley State Prison For Women-B	I - IV	1	0	0.0%
Drug Treatment Furlough					
DTF-4	Drug Treatment Furlough - Region 4		9	5	55.6%
Total			**245**	**214**	**87.3%**

*Data timeframe covers 12 months (365 days) of in-prison substance abuse program participation followed by 6 months (180 days) of continuing care participation following in-custody treatment completion ending December 31, 2008.

**Completions are defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

***Show-up rate is calculated by dividing the number of offenders who "show-up" at community-based substance abuse treatment (continuing care) within 180 days of parole release by the total number of inmates paroled after treatment completion at anytime.

APPENDIX TABLE 3E. Participation* Rates in Continuing Care by Population for In-Prison SAP Parolees for FY 2007/2008

Population	Show-Up Rate**
Male Felons	47.90%
Female Felons	55.38%
Male Civil Narcotic Addicts	89.71%
Female Civil Narcotic Addicts	87.35%
Total (All Parolees)	**54.60%**

*Data timeframe covers 12 months (180 days) of in-custody substance abuse program participation followed by 6 months (180 days) of continuing care participation following in-custody treatment completion ending Dec. 31, 2008.
**Show-up rate is calculated by dividing the number of offenders who show-up at community-based continuing care within 180 days by the total number of inmates paroled after treatment completion at anytime.

APPENDIX TABLE 4A. Fiscal Year 2005-2006 Return to Prison* (RTP) Rates for Male Felons** from In-Prison*** Substance Abuse Programs

				Completed**** in 2005/06 12 Month Return to Prison		Completed in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Number Completed	Number RTP*	RTP Rate	Number RTP*	RTP Rate
ASP	Avenal State Prison	II	151	60	39.7%	81	53.6%
CCI	CA Correctional Institution-A	II	113	43	38.1%	59	52.2%
CIM	CA Institute for Men-A	I	225	74	32.9%	116	51.6%
	CA Institute for Men-B	I	137	59	43.1%	79	57.7%
CMC	CA Men's Colony*****	II	164	57	34.8%	77	47.0%
COR	CA State Prison - Corcoran	1	136	53	39.0%	76	55.9%
CRC	CA Rehabilitation Center Norco-A	II	78	29	37.2%	39	50.0%
	CA Rehabilitation Center Norco-C	II	73	26	35.6%	42	57.5%
	CA Rehabilitation Center Norco-E	II	79	37	46.8%	52	65.8%
	CA Rehabilitation Center Norco-G	II	110	47	42.7%	68	61.8%
CTF	Correctional Training Facility - Soledad-A	I	174	72	41.4%	96	55.2%
	Correctional Training Facility - Soledad-B	III	93	50	53.8%	67	72.0%
CVSP	Chuckawalla Valley State Prison	II	206	63	30.6%	106	51.5%
FTTP	Folsom Transitional Treatment Program-A	TTP	486	204	42.0%	273	56.2%
ISP	Ironwood State Prison	III	53	23	43.4%	32	60.4%
LAC	CA State Prison Los Angeles County	IV	75	37	49.3%	50	66.7%
PVSP	Pleasant Valley State Prison-A	III	11	5	45.5%	6	54.5%
	Pleasant Valley State Prison-B	III	93	38	40.9%	56	60.2%
RJD	Richard J. Donovan Correctional Facility-A	III	66	21	31.8%	31	47.0%
	Richard J. Donovan Correctional Facility-B	III	41	22	53.7%	29	70.7%
	Richard J. Donovan Correctional Facility-C	I	79	34	43.0%	45	57.0%
	Richard J. Donovan Correctional Facility-D	I	3	2	66.7%	2	66.7%
SATF	Substance Abuse Treatment Facility - Corcoran-A	I - II	289	110	38.1%	160	55.4%
SCC	Sierra Conservation Center Jamestown-A	III	192	66	34.4%	97	50.5%
	Sierra Conservation Center Baseline-B	I	165	54	32.7%	82	49.7%
SOL	Solano State Prison-A	II	162	64	39.5%	89	54.9%
	Solano State Prison-B	III	21	8	38.1%	14	66.7%
Drug Treatment Furlough							
DTF-1	Drug Treatment Furlough - Region 1		197	79	40.1%	104	52.8%
DTF-3	Drug Treatment Furlough - Region 3		237	63	26.6%	96	40.5%
DTF-4	Drug Treatment Furlough - Region 4		136	49	36.0%	74	54.4%
Total			**4,045**	**1,549**	**38.3%**	**2,198**	**54.3%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Includes Felons who only attended in-prison substance abuse programs as well as felons who attended both in-prison and community-based substance abuse treatment programs.
***Does not include reception centers.
****Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.
*****Missing data from CMC between July and October 2006 due to changes in treatment contractor.

APPENDIX TABLE 4B. Fiscal Year 2005-2006 Return to Prison* (RTP) Rates for Male Civil Addicts** from In-Prison*** Substance Abuse Programs

				Completed**** in 2005/06 12 Month Return to Prison		Completed**** in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Number Exited	Number RTP*	RTP Rate	Number RTP*	RTP Rate
CRC	CA Rehabilitation Center Norco-A	II	123	49	39.8%	62	50.4%
	CA Rehabilitation Center Norco-C	II	209	83	39.7%	107	51.2%
	CA Rehabilitation Center Norco-E	II	265	106	40.0%	138	52.1%
	CA Rehabilitation Center Norco-G	II	209	48	23.0%	83	39.7%
	CA Rehabilitation Center Norco-H	II	106	56	52.8%	73	68.9%
SATF	Substance Abuse Treatment Facility-A	I-II	1	0	0.0%	0	0.0%
SCC	Sierra Conservation Center-A	III	1	0	0.0%	0	0.0%
SOL	Solano State Prison-A	II	1	0	0.0%	0	0.0%
Total			**915**	**342**	**37.4%**	**463**	**50.6%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.

**Includes Civil Addicts who only attended in-prison substance abuse programs as well as felons who attended both in-prison and community-based substance abuse treatment programs.

***Does not include reception centers.

****Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

APPENDIX TABLE 4C. Fiscal Year 2005-2006 Return to Prison (RTP) Rates* for Female Felons** from In-Prison Substance Abuse Programs

				Completed*** in 2005/06 12 Month Return to Prison		Completed*** in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Number Completed	Number RTP	RTP Rate	Number RTP	RTP Rate
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	215	53	24.7%	83	38.6%
	Central CA Women's Facility Chowchilla-B	I - IV	239	59	24.7%	96	40.2%
CIW	CA Institute for Women-A	I - IV	328	93	28.4%	130	39.6%
	CA Institute for Women-C	I - III	134	28	20.9%	49	36.6%
CRC	CA Rehabilitation Center Norco-D	I - IV	67	20	29.9%	28	41.8%
VSPW	Valley State Prison for Women-A	I - IV	57	7	12.3%	12	21.1%
	Valley State Prison for Women-B	I - IV	80	26	32.5%	34	42.5%
Drug Treatment Furlough							
DTF-1	Drug Treatment Furlough - Region 1		111	12	10.8%	28	25.2%
DTF-3	Drug Treatment Furlough - Region 3		112	20	17.9%	32	28.6%
DTF-4	Drug Treatment Furlough - Region 4		112	24	21.4%	43	38.4%
Total			**1,455**	**342**	**23.5%**	**535**	**36.8%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Includes Felons who only attended in-prison substance abuse programs as well as felons who attended both in-prison and community-based substance abuse treatment programs.
***Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

APPENDIX TABLE 4D. Fiscal Year 2005-2006 Return to Prison (RTP) Rates* for Female Civil Addicts** from In-Prison Substance Abuse Programs

				Completed*** in 2005/06 12 Month Return to Prison		Completed*** in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Number Exited	Number RTP	RTP Rate	Number RTP	RTP Rate
CIW	CA Institute for Women- C	I - III	106	20	18.9%	25	23.6%
CRC	CA Rehabilitation Center Norco-D	I - IV	104	19	18.3%	34	32.7%
Total			**210**	**39**	**18.6%**	**59**	**28.1%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Includes Civil Addicts who only attended in-prison substance abuse programs as well as felons who attended both in-prison and community-based substance abuse treatment programs.
***Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

APPENDIX TABLE 4E. Fiscal Year 2005-2006 Return to Prison (RTP) Rates* for Male Felons from In-Prison** Substance Abuse Programs Followed by Completion of Continuing Care

				Completed*** Treatment in 2005/06 12 Month Return to Prison		Completed*** Treatment in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Number Completed IPSAP & Completed* Cont Care	Number RTP* w/ Cont Care	RTP Rate	Number RTP** w/ Cont Care	RTP Rate
ASP	Avenal State Prison	II	24	6	25.0%	9	37.5%
CCI	CA Correctional Institution	II	24	7	29.2%	10	41.7%
CIM	CA Institute for Men-A	I	29	8	27.6%	12	41.4%
	CA Institute for Men-B	I	13	2	15.4%	2	15.4%
CMC	CA Men's Colony****	II	38	6	15.8%	10	26.3%
COR	CA State Prison - Corcoran	I	39	12	30.8%	20	51.3%
CRC	CA Rehabilitation Center Norco-A	II	14	1	7.1%	3	21.4%
	CA Rehabilitation Center Norco-C	II	9	2	22.2%	3	33.3%
	CA Rehabilitation Center Norco-E	II	10	2	20.0%	6	60.0%
	CA Rehabilitation Center Norco-G	II	12	5	41.7%	6	50.0%
CTF	Correctional Training Fac - Soledad-A	I	31	4	12.9%	12	38.7%
	Correctional Training Fac - Soledad-B	III	10	6	60.0%	7	70.0%
CVSP	Chuckawalla Valley State Prison	II	26	5	19.2%	8	30.8%
FTTP	Folsom Transitional Treatment Program	TTP	55	17	30.9%	21	38.2%
ISP	Ironwood State Prison	III	1	0	0.0%	0	0.0%
LAC	CA State Prison Los Angeles County	IV	2	0	0.0%	0	0.0%
PVSP	Pleasant Valley State Prison-A	III	2	0	0.0%	0	0.0%
	Pleasant Valley State Prison-B	III	8	3	37.5%	4	50.0%
RJD	Richard J. Donovan Correctional Fac-A	III	9	1	11.1%	2	22.2%
	Richard J. Donovan Correctional Fac-B	III	7	2	28.6%	5	71.4%
	Richard J. Donovan Correctional Fac-C	I	26	4	15.4%	9	34.6%
SATF	Substance Abuse Treatment Fac - Corcoran-A	I - II	53	9	17.0%	20	37.7%
SCC	Sierra Conservation Center Jamestown-A	III	27	8	29.6%	12	44.4%
	Sierra Conservation Center Baseline-B	I	62	15	24.2%	23	37.1%
SOL	Solano State Prison-A	II	27	6	22.2%	10	37.0%
	Solano State Prison-B	III	1	0	0.0%	1	100.0%
Drug Treatment Furlough							
DTF-1	Drug Treatment Furlough - Region 1		44	9	20.5%	16	36.4%
DTF-3	Drug Treatment Furlough - Region 3		49	4	8.2%	6	12.2%
DTF-4	Drug Treatment Furlough - Region 4		33	9	27.3%	14	42.4%
Total			**685**	**153**	**22.3%**	**251**	**36.6%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Does not include reception centers.
***Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.
****Missing data from CMC between July and October 2006 due to changes in treatment contractor.

APPENDIX TABLE 4F. Fiscal Year 2005-2006 Return to Prison (RTP) Rates* for Male Civil Addicts from In-Prison Substance Abuse Programs Followed by Completion of Continuing Care

				Completed** in 2005/06 12 Month Return to Prison		Completed** in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Number Exited & Comp Cont Care	Number RTP* w/ Cont Care	RTP Rate	Number RTP* w/ Cont Care	RTP Rate
CRC	CA Rehabilitation Center Norco-A	II	82	23	28.0%	33	40.2%
	CA Rehabilitation Center Norco-C	II	127	39	30.7%	58	45.7%
	CA Rehabilitation Center Norco-E	II	137	41	29.9%	61	44.5%
	CA Rehabilitation Center Norco-G	II	167	35	21.0%	64	38.3%
	CA Rehabilitation Center Norco-H	II	63	29	46.0%	42	66.7%
Total			**576**	**167**	**29.0%**	**258**	**44.8%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

APPENDIX TABLE 4G. Fiscal Year 2005-2006 Return to Prison* (RTP) Rates for Female Felons from In-Prison Substance Abuse Programs Followed by Completion of Continuing Care

				Completed** in 2005/06 12 Month Return to Prison		Completed** in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Completed IPSAP & Cont Care	RTP w/ Cont Care	RTP Rate	RTP w/ Cont Care	RTP Rate
CCWF	Central CA Women's Facility Chowchilla-A	I - IV	24	1	4.2%	2	8.3%
	Central CA Women's Facility Chowchilla-B	I - IV	32	1	3.1%	5	15.6%
CIW	CA Institute for Women-A	I - IV	50	4	8.0%	6	12.0%
CIW	CA Institute for Women-C	I - IV	15	1	6.7%	2	13.3%
CRC	CA Rehabilitation Center Norco-D	I - IV	9	2	22.2%	2	22.2%
VSPW	Valley State Prison for Women-A	I - IV	10	0	0.0%	0	0.0%
	Valley State Prison for Women-B	I - IV	8	1	12.5%	1	12.5%
Drug Treatment Furlough							
DTF-1	Drug Treatment Furlough - Region 1		26	1	3.8%	4	15.4%
DTF-3	Drug Treatment Furlough - Region 3		31	3	9.7%	5	16.1%
DTF-4	Drug Treatment Furlough - Region 4		19	3	15.8%	5	26.3%
Total			**224**	**17**	**7.6%**	**32**	**14.3%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

APPENDIX TABLE 4H. Return to Prison* (RTP) Rates for Female Civil Addicts from In-Prison Substance Abuse Programs Followed by Completion of Continuing Care

				Completed** in 2005/06 12 Month Return to Prison		Completed** in 2005/06 24 Month Return to Prison	
Program	Program Name	Custody Level	Exited w/ Cont Care	RTP w/ Cont Care	RTP Rate	RTP w/ Cont Care	RTP Rate
CIW	CA Institute for Women-C	I-III	59	6	10.2%	9	15.3%
CRC	CA Rehabilitation Center Norco-D	I - IV	56	7	12.5%	15	26.8%
Total			**115**	**13**	**11.3%**	**24**	**20.9%**

*Return to Prison includes any return to a prison facility for any reason within the specified time frame.
**Completed is defined as successfully completing treatment during the time period as determined by treatment program staff or treatment provider records.

APPENDIX F.

DEFINITIONS AND EXPLANATION OF CALCULATIONS

Program Completion: Number or rate of participants who successfully completed treatment during the time period as determined by treatment program staff or treatment provider records.

Recidivist: An offender who returns to prison for any reason during a specified follow-up period.

Return to prison: Includes offenders who are returned to Control Units in correctional facilities; returned pending a revocation hearing by the Board of Parole Hearings on charges of violating the conditions of parole; returned to custody for parole violations to serve revocation time; or returned to prison by a court for a new felony conviction.

Return-to-Prison Rate: The ratio of the number of recidivists (number returned) to the number of offenders at risk of recidivating (number paroled) during the specified period, times one hundred.

Show-up: The number or rate of offenders who show-up at community-based continuing care within the specified time frame.

How DARS calculates recidivism: The recidivism rate starts with a cohort of offenders who are released to parole in a given year. They are tracked for a period of three years to determine if they return to prison.

How DARS calculates show-up rates: The show-up rate is calculated by dividing the number of offenders who show-up at community-based continuing care within 180 days by the total number of inmates paroled after treatment completion at anytime.