



UCIrvine

CENTER FOR
EVIDENCE-BASED CORRECTIONS

Inside California's Prisons and Beyond: A Snapshot of In-Prison and Re-entry Programs

Robert Werth and Jennifer Sumner

The authors would like to thank the program staff for answering questions and providing information about their programs. We would also like to thank Susan Turner, Joan Petersilia, Jesse Jannetta, Kristy Matsuda, Elizabeth Bernstein, Jean Merrell, and Valerie Jenness for their support and input on this report.

TABLE OF CONTENTS

Table of Contents	2
Tables	2
Introduction.....	3
Programs For Individuals In Prison	3
1. Amity	3
Evaluations	4
Wexler, De Leon, Thomas, Kressel, and Peters, 1999a	4
Wexler, Melnick, Lowe, and Peters, 1999b	5
Prendergast, et al., 2004	5
McCollister, et al., 2003; McCollister, French, Prendergast, Hall, and Sacks, 2004	5
Wexler et al., 2005	6
2. Conservation Camp Programs-Inmate Firefighters	6
3. Community Prisoner Mother Program (CPMP) and Family Foundations Program (FFP).....	7
4. Forever Free	7
Evaluations	8
Jarman, 1993	8
Prendergast, Wellisch, and Wong, 1996	8
Hall et al., 2004.....	9
5. Patten University at San Quentin, through the Prison University Project.....	9
6. Prison Industry Authority (PIA).....	9
Evaluations	10
California Department of Corrections, 1998.....	10
Goldman and Pradhan, 2002	10
7. Transitional Case Management Program for parolees infected with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS): TCMP-HIV	11
Evaluations	11
California Department of Corrections, 1995	11
California Department of Corrections, 1996	11
8. Peer Health Education	11
Evaluations	12
Grinstead, Faigeles, and Zack, 1997	12
Grinstead, Zack, Faigeles, Grossman, and Blea, 1999	13
Programs for Individuals on Parole.....	13
1. Delancey Street Foundation	13
2. Mental Health Services Continuum Program (MHSCP).....	16
Evaluations	16
3. Project Choice.....	17
4. PACT Program (Parole and Corrections Team)	17
Evaluations	17
5. Parolee Services Network (PSN)	17
Evaluations	18
6. Parole Planning and Placement.....	18
(Formerly called Parolee Accountability Program)	18
7. STAR: Substance Abuse Treatment & Recovery Program	19
Evaluations	19
8. Parole Employment Program (PEP)	19
9. Men of Valor	20
Conclusion	20
APPENDIX	23
Programs for Individuals In Prison	23
Programs for Individuals On Parole.....	23
References.....	24

TABLES

Table 1: Characteristics of In-Prison Programs	14
Table 2: Characteristics of Parole Programs	21

INTRODUCTION

Project Background

The California Department of Corrections and Rehabilitation (CDCR) currently incarcerates over 168,000 people in its institutions and supervises 115,001 parolees (California Department of Corrections and Rehabilitation, 2006). Once released, these individuals face a variety of barriers to successful community reintegration, including their own limited education and job skills, histories of substance abuse, and mental and physical impairments, as well as challenges from the outside world: social stigma based on their offender status, difficulty finding housing, family issues, trouble securing government assistance, and more (Mauer & Chesney-Lind, 2002; Petersilia, 2003). Approximately two-thirds of former California inmates are reincarcerated within three years of release (Fischer, 2005). (About twenty-seven percent of returning parolees have committed a new crime and received a new sentence.)

The average time served for inmates in California is just over two years – 24.8 months – and most inmates are released on three-year mandatory supervised parole (California Department of Corrections, 2006). This time under state correctional supervision offers a valuable opportunity for individuals to participate in in-prison or community-based reentry programs. Correctional services and programs have the potential to help inmates and former inmates change their behavior and move away from future offending. Institutional programs can be beneficial in other ways as well: effective prison programs contribute to the maintenance of order in prison, reducing institutional violence and rule violations (Gaes, Flanagan, Motiuk, & Stewart, 1999). The continuity of care from prison into the community is also important to successful outcomes, leading not only to greater well-being for ex-offenders and their families, but also reducing recidivism and increasing public safety (Hall, Prendergast, Wellisch, Patten, & Cao, 2004; Prendergast, Hall, Wexler, Melnick, & Cao, 2004).

Project Goals and Methodology

This project consists of a preliminary exploration into the programs and services available to both prisoners and parolees in California that seek to help reduce criminal behavior, increase public safety, prevent risk behaviors, facilitate community reintegration, and maintain institutional order, among other benefits.

Seventeen programs, operated either by the CDCR or community-based organizations and groups, were surveyed. Some of the community-based programs are contracted and funded by the CDCR; others are independently operated and funded. A broad range of service areas are addressed, including substance abuse, mental health, employment, education, and re-entry planning. Likewise, a variety of processes are used to obtain programmatic goals, including peer education, therapeutic communities, industry training, faith-based initiatives, and partnership with community resources.

This report is neither exhaustive nor intended to represent a full spectrum of programs. The goal of this project is simply to provide an introduction to services and programs available within California by collecting descriptive information about each. Thus, what follows is an accessible snapshot of seventeen programs that are currently operating within the state. These programs do not necessarily represent a catalog of best practices or model programs that have been proven to be effective.¹ Rather, this report is a starting block from which to build that analysis, and we suggest that as the next important stage in related research.

The following material is divided into two sections: programs for individuals in prison and programs for individuals on parole. In order to select these, we utilized snowball sampling: researchers, administrators at the CDCR, and other correctional practitioners such as parole agents provided recommendations or nominations, and from those recommendations we selected seventeen programs which represented a diverse cross-section of resources currently available for prisoners and parolees. The authors collected information directly from program staff via phone interviews, email, and visits, as well as from program materials, websites, and, when available, other publications (e.g., academic journal articles). In addition, program staff were sent an initial write-up of their program to review for accuracy. See the Appendix for contact information and locations of the 17 programs included in this report.

PROGRAMS FOR INDIVIDUALS IN PRISON

1. Amity

Funded by the CDCR and operated by the Amity Foundation, Amity programs operate in five different prisons which offer a total of 1,300 beds of service typically in 200 bed cell blocks. Amity also has two community locations (Vista in San Diego and Amistad in Los Angeles). Started in 1990 at the Richard J. Donovan Correctional Facility in San Diego, Amity was the first in-prison therapeutic community (TC) in California. The program at California State Prison in Los Angeles County is one of the few drug treatment programs of its kind in a maximum-security prison (Wexler, Burdon, & Prendergast, 2005). The community project in San Diego was the first community-based TC in California to offer intensive continuance and “decompression” services for those released from an in-prison project.

The program serves male inmates and parolees struggling with substance abuse. In prison, admission requirements vary depending on the program and security level but inmates may not have documented in-prison gang affiliations, housing in a Security Housing Unit within the last year for assault or weapons possession, convictions for arson or a sex related crime, psychiatric disorders, or Immigration and Naturalization Service holds, and are most often within 6-24 months of parole. In addition,

¹ Eight of the seventeen programs surveyed for the purposes of this project have been evaluated.

there is usually a small group of Lifers, selected by Amity and the warden, who act as peer mentors at each prison-based site (Sagami, 2004).

Most students at the Vista (San Diego) site are typically former inmates who participated in one of the Amity projects in prison. At the Amistad (Los Angeles) site, most students come from the general parole population although at the time of this writing there were roughly 20 participants from an in-prison Substance Abuse Program (SAP) there. Some parolees are mandated to attend by their parole agents, and currently about 20 participants are from the Drug Treatment Furlough (DTF) population. The DTF participants have not yet paroled and are officially still “inmates.” They are usually low-level offenders who serve the remainder of their sentences at Amity.

Amity recruits participants in many ways. For incarcerated individuals, the inmate broadcasting system advertises the program, as does the Men’s Advisory Committee (MAC). Participants volunteer for treatment through an application and interview process. In the community, participants may be connected through an in-prison SAP which links them to the program upon release. Often, parolees are mandated by their parole agents to participate. Substance Abuse Services Coordination Agencies (SASCA) also coordinate placement throughout the state if contracted.

Amity operates 24 hours a day, seven days a week. The program is a curriculum based rather than a structure based TC and thus refers to itself as a Teaching *and* Therapeutic Community, to its participants as “students” and its staff as “faculty.” The curriculum utilized has four basic domains: self-help restorative paradigms, family dynamics/personal origins, moral development, and emotional literacy. Generally, therapeutic communities emphasize self-help as a key component of behavioral change, meaning that participants are expected to be responsible for their own change (National Institute on Drug Abuse, 2002). This model relies on the use of a peer community, guided by trained professionals, to facilitate social and psychological change in individuals.

In prison, the program consists of a three-phase treatment process:

1. An orientation phase assesses residents’ needs, plans for treatment, determines which group they will be assigned to, and exposes them to the curriculum in small courses. Residents are also assigned jobs.
2. During the second phase, residents participate intensively in curriculum completing as many courses as their length of stay permits. The curriculum includes encounter groups and sessions that address issues such as violence, family, personal history, relationships, self-discipline, self-worth, respect for authority, and acceptance of guidance for problem areas.
3. Finally, residents work with staff to strengthen

decision-making skills with efforts toward a successful return to the community. As release nears, residents are offered continued treatment for up to one year in an Amity facility in the community. Once at the community-based residential treatment site, residents are responsible for the maintenance of the TC and required to continue their program curriculum started in prison.

In the community-based program, residents are involved in the curriculum consistently for three months and are then permitted to look for job placement or begin skill development. The curriculum used in both Amity prison-based and community-based programs and developed by Extensions, consists of an orientation phase and four sections called “lodges” that address different personal issues, such as violence, prejudice, emotional literacy, family development, individual responsibility, family dynamics, self-esteem and more. In the final section of the program, participants focus on relapse prevention and develop a support system that includes community-based treatment.

Amity delivers its curriculum in multiple ways, including DVD media, experiential learning, role development, ceremonies, games, and skits, as well as encounter groups, seminars, and writing assignments.

After six months of treatment at the community-based sites, participants may continue in an Apprentice Program, which trains them to work with Amity as counselors. This period is called “continuance” and participants are required to pay about \$100 a month for the program.

Generally, if a participant relapses, he is expected to start the program anew. If a DTF inmate is involved in drugs or violence, he is returned to prison. Amity staff does conduct some drug testing and in other cases the parole agents do so. In prison, if an Amity resident tests positive on a drug test, he experiences consequences by the TC in addition to the consequences of the CDCR by way of their Rules Violation Reports (CDC 115s). In this situation, Amity might require a resident to complete additional “learning experiences” such as writing about an issue and giving a presentation on it. The most severe consequence would be to remove him from the community.

Evaluations

Wexler, De Leon, Thomas, Kressel, and Peters, 1999a

Wexler and colleagues conducted a prospective study with an experimental design. The authors randomly selected clients from a voluntary pool of inmates at R.J. Donovan Correctional Facility in San Diego that met the Amity admission criteria and randomly assigned them to the program once bed space permitted. Once those not selected reached a point where they had nine months left to serve, they became members of the control group (no treatment). Random assignment to groups resulted in little differences between the “intent-to-treat” and control

groups.² Ultimately, five groups were compared:

- a no-treatment control group, consisting of inmates who volunteered for the in-prison TC but were not randomly selected;
- prison TC dropouts, consisting of inmates who entered into the in-prison TC but left early because of disciplinary or other personal reasons;
- prison TC treatment completers who graduated from the in-prison TC but chose not to continue treatment upon release;
- aftercare TC treatment dropouts who did continue in aftercare but left in less than 3 months;
- aftercare TC completers who completed both the prison and community TC programs.

Upon the 12-month follow-up with study participants, the authors found that those in the no-treatment control group recidivated (measured by returns to prison) significantly more than all treatment groups combined (49.7% vs. 33.9%). These results decreased across the four other study groups such that those who completed the most treatment (both prison and aftercare TCs) were reincarcerated the least (8.2%). Given that those who participated in any aftercare were in the community less, this difference becomes more telling at the 24-month follow-up. Still, upon follow-up two years later the reincarceration outcomes were similar to the previous one-year findings for the control and intent-to-treat groups (67.1% vs. 43.3%). In addition, of those who were reincarcerated, the control group returned to prison much sooner than those in the other groups and the days to incarceration increased across the five study groups such that the aftercare completers, if reincarcerated, had the most time in the community before reincarceration (both when considering the 12 and 24 month follow-ups).

Wexler, Melnick, Lowe, and Peters, 1999b

This study is a follow-up on the participants (in the above study) on parole in the community for at least 36 months. Findings show that overall, the treatment group again recidivated (returned to custody) less than the control group but this difference was not found to be statistically significant for this follow-up period. However, there was a large statistically significant difference in outcomes among the treatment subgroups³ – those who completed aftercare recidivated much less than those in the other treatment groups (27% versus 75%). Again, those who received treatment took significantly longer to be returned to custody than the control group and, as with the prior follow-up period, the more treatment one was exposed to, the longer one remained in the community

2 The only statistically significant difference was that the latter had slightly more people with an education beyond high school.

3 This study included one less subgroup than the prior Wexler et al. (1999a) study. Due to low number of participants in the aftercare dropout group, this group was merged with those who completed the prison TC.

before reincarceration.

While the results of this study show increases in recidivism upon the 36-month follow-up (as compared to the 12 and 24-month follow-ups) for all groups, it remains clear that those who completed the community program after completing the in-prison program return to custody at a much lower rate than all others.

Prendergast et al., 2004

Finally, Prendergast et al. (2004) conducted a five-year follow-up assessment distinguishing not only between all treatment and control groups but also the four sub-treatment groups analyzed at the time of the first 12-month follow-up. This time, three outcomes were analyzed: reincarceration, heavy drug use, and employment. Findings show that those in the treatment group were significantly less likely to be reincarcerated (75.7%) than those in the control group (83.4%) (a relationship that disappeared at the 36 month follow-up). Those in the treatment group who did become reincarcerated took an average of 6 months longer to do so. Being older and spending more time in treatment after release decreased one's likelihood of reincarceration. Specifically, "For each additional year of age, the likelihood of reincarceration decreased by 2%, and for each additional month spent in treatment postrelease, the likelihood of reincarceration decreased by 4%" (Prendergast et al., 2004, p. 47).

With regard to drug use, there was a small (and nonsignificant) difference in the percentage of participants from the treatment and control groups (24.93% and 22.55% respectively) reporting "heavy drug use" one year prior to the interview (or, if incarcerated, prior to their current incarceration). Reports of heavy drug use did not vary significantly across sub-treatment groups. Likewise, there was a small (and nonsignificant) difference in the percentage of those in both groups reporting employment in the year prior to the interview (54.84% of the treatment group and 52.34% of the control group).

Consistent with earlier research on shorter follow-up periods, those who completed treatment in prison and in the community were least likely to be reincarcerated (42% versus >80% for all other groups). Again, the days to first incarceration increased across treatment subgroup such that those who completed both the prison TC and the community TC remained in the community the longest before reincarceration, and those who dropped out of the prison TC returned to prison the quickest (although the average days to prison for prison TC dropouts was only 8 days less than for those who completed the prison TC). Finally, those completing both in-prison and community treatment were significantly more likely to be employed during the past year (72%) than those in all other treatment groups (prison TC dropouts 40%, prison TC completers 56%, and aftercare/vista dropouts 38%).

McCollister et al., 2003; McCollister, French, Prendergast, Hall, and Sacks, 2004

In studies on the cost-effectiveness of Amity in-prison

treatment and after-care, the authors found that the largest cost savings is generated when both prison and community treatment are used.

Wexler et al., 2005

The authors assessed the degree to which Amity's TC is effective in a maximum security setting. The authors compared Amity's male felons at California State Prison, Los Angeles County with others participating in four other therapeutic communities of a lower security level (at three other prisons) in terms of their first return to prison within 12 months of their parole date following first admission to a prison-based TC. Although the Amity participants were significantly different from other participants on a number of background variables (such as lower education level, more mental health issues, and a more extensive criminal history), findings show that the Amity TC participants did not differ significantly from the other male felon TC participants in 12-month return to custody (RTC) rates. Most importantly, "security level was not related to differential outcomes, even when controlling for significant background differences between the maximum security Amity participants and other male felons who participated in lower level TCs" (Wexler et al., 2005, p. 6). Those who completed the in-prison TC program and participated in at least 90 days of aftercare were most successful. Thus, controlling for theoretically relevant background variables, the authors found that time spent in treatment significantly predicted 12-month RTC rates, while security level did not.

2. Conservation Camp Programs-Inmate Firefighters

Since its inception in 1915, when inmates were sent from San Quentin and Folsom State Prison to help build roads, the Conservation Camps have been working to rehabilitate California prisoners in an environmental setting. Operated and funded by the CDCR, the California Department of Forestry (CDF) and the Los Angeles County Fire Department (LACFD), the Conservation Camp Programs of Inmate Firefighters serve:

- 4,400 inmates (320 women and 4,080 men) in actual camps at a given time, as well as roughly 1,800 inmates in various stages of training or development who will eventually reach the camps
- 150 adolescents in youth camps
- 7,000-8,000 inmates total each year

Most inmates in the Conservation Camps Program are minimum custody inmates due to the security parameters of open camps. Most are sentenced for drug or property-related crimes. Crime exclusions include murder, kidnapping, sex offenses, or arson, and any sentence that exceeds five years. After an initial committee review, an inmate is sent to one of three hubs for an additional classification committee review. Once

determined eligible for the program, the participant undergoes a thorough physical fitness program at the hub. Failure to meet any physical fitness requirement results in disqualification from the program. Once this test is passed, participants begin the CDF firefighter-training program (the same program used for firefighters in the community), also located at each of the hubs. Inmates are then assigned to a fire crew by the CDF and sent to one of the camps.

The program's stated mission is to provide the CDF with a labor force that can be used to mitigate wild land fires and other emergencies, to perform other fire protection and resource management work and to provide other labor agencies with a labor force to perform other public service work projects. The stated goals include promoting conservation of natural and human resources in cooperation with other state and local agencies, and providing minimum custody facilities for inmates who may perform meaningful work in a structured program.⁴

While the Conservation Camps Program provides training and work opportunities for minimum custody inmates while incarcerated, there is a focus on teaching a work ethic, working as part of a team, and teaching work-related skills. Inmates are trained by the CDF to be firefighters and assigned to firefighting crews at each of the 42 camps. Inmate firefighters most often assist in fighting non-structure fires but can assist in structure protection as well. This requires additional supervision by correctional personnel. During non-firefighting assignments, jobs include re-forestation projects, vegetation management and maintenance of state and national parks. The inmates in the Conservation Camp Programs also participate in frequent community work including crafting of hobby projects that are auctioned off to generate funds for the Make-A-Wish Foundation or other organizations.

Inmates can be returned to an institution for a variety of reasons, including medical issues (there are no doctors on site) and discipline problems. All inmates are subject to random drug testing.

Reported outcomes include:

- Seven million hours spent on grade projects per year and three million hours spent on firefighting, on average.
- On any given fire, 50-75% of the personnel are inmates.
- The average time spent at a camp is eight months.
- In 2004, six escapes were reported; five is average.

No formal evaluations have been completed for this program.

⁴ The mission statement and goals of this program were recorded in the interview with program staff.

3. Community Prisoner Mother Program (CPMP) and Family Foundations Program (FFP)

Operated by a variety of community-based agencies contracted by the CDCR and overseen by the Women and Children's Services Unit (WCSU), the Community Prisoner Mother Program (CPMP) and Family Foundations Program (FFP) serve the needs of incarcerated women who are pregnant or have children. The CPMP is mandated by Penal Code Section 3410-3424 and the FFP program is required by Penal Code Section 1174-1174.9, the legislation for the Pregnant and Parenting Women's Alternative Sentencing Program Act. Community partners include the Parole Division, the Office of Substance Abuse Programs (OSAP) and the Employment Development Department.

"The mission of both programs is to provide a safe, stable, wholesome, and stimulating environment for both the mother and the child, utilizing the least restrictive alternative to incarceration consistent with the needs for public safety. The primary focus of the programs is the best interest of the children. The goals of the programs are to promote or maintain the mother/child bond, reunite the family, enhance community reintegration, foster successful independent living, and enhance self-reliance and self-esteem. The ultimate vision is to break the inter-generational chain of crime and social services dependency."⁵

In the CPMP, those sentenced to prison with a child under six years old or pregnant women giving birth to a child while an inmate can request admittance if she has a minimum of 90 days left of her prison sentence. Participants remain under the legal custody of the CDCR. A mother may be admitted to the program as long as she had a child or children before her admission to the CDCR, her expected maximum release date is within six years, she was the primary caretaker of the child(ren) prior to her incarceration, and she has not been determined to be an unfit parent in court. An applicant can be denied admission for various reasons, including certain sex, drug, or violent offenses, a history of escape or behavior that is inappropriate to the program, or other medical or psychiatric conditions. Children may participate in the program until they reach six years of age.

For participation in the FFP women must be pregnant or parenting a child under 6 years old at the time of program admittance and have a history of substance abuse. The women may not have a criminal history of violence, sex offenses, or arson (see PC1174.4 for complete list of ineligible offenses), a sentence exceeding 36 months, nor have any potential or active holds (felony or Immigration and Naturalization Services).

The most notable difference between these two programs is how participants are connected to the program. The CPMP participants must first arrive at a state prison, where they submit an application for admission to the program through their correctional

counselors. Participants in the FFP arrive through the sentencing court without ever having traveled to the state institution.

If an inmate gives birth to a child while incarcerated, the CDCR is required to notify the inmate of the CPMP by the date of birth. Within five days after the application has been received by the CDCR or five days after the date of the application for admission, the department must notify the child's current caretaker and any local social service agencies investigating child abuse, neglect or dependency. They then have five days to either support or challenge the applicant's admission into the program.

For the FFP, the court reviews probation department and/or WCSU evaluations to determine eligibility. Social Services may object to program placement. The District Attorney may also make a recommendation to the court. If the court determines the program to be appropriate, it imposes a state prison sentence recommending that the defendant serve the sentence as a participant in the FFP. The CDCR then determines admittance to the program. Finally, the Sheriff's Department transports the mother to one of the two FFP facilities.

In both programs, mothers participate in various structured activities including classes, counseling sessions, and drug education. They also help to maintain the facilities and care for their children. Women spend roughly 15 hours a week in treatment activities which address issues of parenting skills, health care, family planning, and preparation for employment. In addition, alcohol and drug programs are offered and health care is provided.

If a mother chooses to participate in the FFP, she must agree to remain in the program for precisely 12 months. This time cannot be reduced through work/behavior credits obtained pre- or post-sentence. If an inmate is removed from the program, she will return to a state prison to finish her remaining sentence. If an inmate graduates from the program, she is subject to a mandatory parole period of 12 months. Upon completion of the program (including a minimum of one year of parole services) women can be discharged from parole. If they do not complete the program, they are returned to the state prison to serve their original sentences but they do receive credit for the time already served in the program.

No formal evaluations have been completed for these programs.

4. Forever Free

Forever Free is a Mental Health Systems, Inc. program, under contract with the CDCR. The OSAP provides oversight and ensures compliance with the contract. Founded in 1991, Forever Free was the state's first in-prison substance abuse program for females, and provides 240 beds at the California Institution for Women (CIW) in Corona, CA.

Forever Free is generally voluntary, although participation is sometimes mandated by the court if an inmate has been convicted of certain drug offenses. For voluntary

⁵ Retrieved from the Women and Children's Services Unit program materials.

participants, detailed criteria exist for eligibility. Participants must not have been placed in a security-housing unit within the last year due to an assault or battery involving a weapon or serious injury; nor may they have been housed in a protective housing unit within the last year. Finally, they may not be gang members (as identified by the Criminal Activities Coordinator).

Program goals include behavior modification, adjusting the attitude of an individual to stop substance abuse, reducing in-prison disciplinary actions, and lowering recidivism after release. The program consists of intensive residential treatment lasting from 4 to 18 months (and longer if necessary) and includes recovery education, relapse prevention, self-help, problem-solving, women's issues, moral development, emotional literacy, physical and spiritual education, experiential learning, and parenting skills.

The curriculum is based on a therapeutic community approach that is followed by OSAP more generally and was developed by Mental Health Systems, Inc. After a short orientation period, participants attend regular groups, meetings, and classes that address topics such as self-esteem, decision making, HIV, and anger management as well as more recreational activities such as how to keep your body in shape with exercise and meditation. In addition, the Terrance Gorski curriculum is used to cover relapse prevention and criminal behavior. The focus of the curriculum is to understand warning signs and triggers to the behavior and develop a plan for prevention. The program also uses a gender-specific curriculum by Stephanie Covington structured as a 12-week workbook course, which addresses the topics of self, relationships, sexuality, and spirituality.

Each day is divided between the cognitive-behavioral curriculum, education and work. This full-time schedule results in "day-for-day" good time credit accrued. Once participants complete the program, they are recognized for their accomplishments in a ceremony. If their sentences are not complete at this time, they remain two years as mentors to the program. Participants are encouraged to follow their Forever Free experience with voluntary community residential treatment while on parole. Partnering community agencies visit the program to advocate for this continuation of care.

Evaluations

Jarman, 1993

Jarman (1993) conducted an evaluation of the effectiveness of Forever Free using a quasi-experimental research design to understand how the program worked, with whom it was most successful, and its effects on both disciplinary actions and parole success (based on returns to custody). Women who participated in Forever Free at CIW were compared to women in two comparison groups (one "combined" group consisting of women from other California women's prisons and another consisting of women at CIW who did not volunteer to participate in the program). Subjects were followed up between 6 and 14

months post release. Those in the comparison groups were matched with those in the treatment group on age, ethnicity, county of origin, date of release, and primary offense. Study results showed, however, that these groups differed with regard to other relevant variables; those who volunteered for Forever Free demonstrated greater "severity" (more severe drug use, social and cognitive deficits, and criminogenic behavior) than those in the comparison groups.⁶

Quantitative findings indicate that 21.9% of the treatment group returned to prison compared to 14.5% of the CIW comparison group and 19.6% of the combined group, although the author indicates these differences were not statistically significant and attributes them to differences between groups. In addition, the amount of time spent in treatment correlated with parole success. When comparing treatment subgroups findings show that 38% of those who did not complete the program were successful on parole (did not return to custody) versus 62% of program graduates, 72% of graduates who also participated in some community treatment and 90% of those who not only completed the program but also participated in at least 5 months of community-based residential treatment.

Prendergast, Wellisch, and Wong, 1996

Prendergast et al. (1996) used a retrospective design to study the effectiveness of the Forever Free treatment program on parole outcomes and drug use. The authors compared graduates of Forever Free who continued residential treatment in the community upon release (for a minimum of 30 days), graduates who did not, and women who were interested in participating in Forever Free but were not able to due to administrative constraints (the comparison group).⁷ The study groups were similar when considering drug use before incarceration, but differences existed with regard to primary drug of choice and other variables such as marital status and children, although differences were not tested for statistical significance. One year after release, the authors found that the community residential group was reincarcerated the least (where 68.4% were either discharged from parole or had not been reincarcerated) compared to the nonresidential group (52.2%) and the no treatment comparison group (27.2%).⁸ The residential group also reported less drug use and less dependence on a drug used in the past year than the other two groups.

6 The treatment group was further analyzed according to various subgroups: dropouts, older versus younger, women with children versus those without, heroine versus ploy drug users, those with prior prison experiences versus first timers.

7 In addition, the authors collected data on the needs of women in the program and while on parole and whether those needs were met. See Prendergast et al. (1996) for findings on these data. For instance, the authors found that women appreciated group and individual sessions with the counselor and, in particular, any activities that focused on their drug addictions.

8 Limited comparisons can be made between groups due to small study sample size (N=64).

Hall et al., 2004

Hall et al. (2004) also examined the effectiveness of the Forever Free treatment program, this time using a prospective, longitudinal research design. This two-part study included both a process evaluation⁹ and a 12 month post-release outcome evaluation. Two groups were compared: one that participated in the Forever Free program and a comparison group consisting of women participating in Life Plan for Recovery, a less intensive substance abuse education course lasting eight weeks, for three hours a day. The comparison group was expected to be similar to the treatment group with regard to relevant individual characteristics including comparable motivation for treatment. Analyses showed that the groups were not significantly different on most measures (although more women in the comparison group had prior drug treatment when previously incarcerated, and more women in the treatment group reported ever injecting drugs). The three outcomes analyzed were crime or recidivism, drug use, and employment.

Results show that Forever Free participants fared better with regard to all outcomes. Forever Free participants were arrested or convicted the year after release (while on parole) significantly less than those in the comparison group. Specifically, about half of those in the treatment group were rearrested and half convicted compared to 75% of those in the comparison group who were rearrested and 71% who were convicted. When comparing groups differentiated by treatment exposure, the authors demonstrate that “as treatment exposure increased from no treatment in prison or on parole to treatment both in prison and during parole, reincarceration significantly decreased” (Hall et al., 2004, p. 93). In addition, self-reported drug use data also show more success among Forever Free participants who used drugs significantly less than the comparison group (50.5% versus 76.5%). Also, upon the one year follow-up, significantly more participants in the treatment group were employed (65.3% versus 44.7% of those in the comparison group).

5. Patten University at San Quentin, through the Prison University Project (PUP)

Founded in 1996, an extension site of Patten University, the Prison University Project (PUP) operates the only on-site, degree-granting college program within the CDCR. The site at San Quentin provides a minimum of 12 classes per semester and three 13-week semesters per year which, upon fulfillment of degree requirements, may result in obtainment of an Associate of Arts degree in Liberal Arts from Patten University. College courses are offered in humanities, social sciences, math, and science. In addition, the PUP offers pre-college courses in English and Math for those needing to improve these skills in order to prepare for the college-level courses. An estimated 60 instructors, teaching assistants, and tutors –

most often graduate students or faculty from nearby universities – teach each semester. The PUP also provides pre-release academic advising to assist those who intend to continue their higher education upon release. All instructors are volunteers and all materials are donated. Two full-time administrators’ salaries are paid by funds raised independently by the PUP and consist primarily of private donations.

“The mission of the Prison University Project is to provide free, high-quality higher education to prisoners at San Quentin State Prison and throughout the California State Prison system; to create a national model for such programs; and to promote public support for prison education and rehabilitation.”¹⁰

The PUP serves male inmates who are part of the general population at San Quentin. The Reception Center and condemned populations are not eligible. Within the general population, students must have at least a high school degree or GED to enroll. There are no exclusionary policies based on commitment crime. The program has no formal outreach structure, thus participants connect to it primarily by word-of-mouth.

Approximately 200 students are enrolled at any given time, and throughout the year roughly 350 students enroll in the program. Class size averages about 15 students per course, but this can vary: Some classes may have as few as two students and others as many as 50. As of the end of the 2005 academic year, 54 students had received their Associate of Arts degree. No incidents of violence have ever been reported while students are participating in the college.

No scientific evaluations have been completed for this program.

6. Prison Industry Authority (PIA)

The Prison Industry Authority (PIA) is overseen by the Prison Industry Board (PIB). The PIA is self-supporting: Funds come from product sales and services to governmental organizations. Founded in 1982, PIA now operates in 22 California state prisons. Currently there are 6,000 inmates working for PIA, 650 of whom are women. The waiting list is long: Approximately 110,000 inmates are eligible to work.

Once a committee has determined that an inmate is eligible for the program, voluntary participants are assigned to a job based on various criteria, including security and custody issues, physical restrictions, and education level. Commitment offense is a factor in eligibility for certain assignments and the condemned, those housed in Administrative Segregation, Security Housing Units, or in Reception Centers are not eligible for PIA employment. In addition, inmates who have been determined to be severely mentally ill may not participate. Once the classification committee determines eligibility and takes into account the inmate’s work interest, he or she is placed on a waiting list until a job opening becomes available in that facility. Employees

⁹ See Prendergast, M., Wellisch, J., & Baldwin, D.M. (2000) for these results.

¹⁰ Prison University Project: <http://prisonuniversityproject.org>.

may be terminated due to refusal to work or misbehavior such as fighting. On rare occasion they are removed as a result of poor performance.

“The mission of the PIA is to support the California Department of Corrections’ (and Rehabilitation) public safety mission. PIA accomplishes its mission by providing inmates with job opportunities that reduce idleness and violence, and increase inmates’ successful re-entry into society. PIA will accomplish its mission by operating self-sustaining, customer-focused enterprises to provide inmates alternatives and career enhancing job skills.”¹¹

The PIA provides work for incarcerated men and women in over 60 service, manufacturing and agricultural industries that produce more than 1,800 goods and services, which are sold to federal, state, and local government agencies but not to the general public.

Evaluations are conducted on each employee every 90 days. These reports address issues of quality and quantity of work as well as attitudes and working relationships with others. As employees of PIA, inmates may obtain both internal and external certification of the skills they acquire. In both cases, to obtain certification inmates must meet certain criteria and their supervisors must submit nominations, which are then reviewed by PIA headquarters. The internal Inmate Certification allows inmates to earn a certificate of proficiency, which serves as an independent validation of the skills acquired while working with PIA. Alternatively, the Inmate Employability Program (IEP), a subset of PIA, began in 2000 to develop documented employability skills learned at PIA factories that meet industry-accredited standards, thereby increasing the possibility of obtaining employment upon release.

Many certification programs are currently available. These include, but are not limited to certifications from: National Association of Institutional Linen Management (NAILM), American Board of Opticianry (ABO), American Welding Society (AWS), National Institute for Metalworking Skills (NIMS), California Department of Food and Agriculture, Federal Emergency Management Institute (FEMA Independent Study Courses), Electronics Technicians’ Association (ETA), American Institute of Baking (AIB), National Restaurant Association, Productivity Training Corporation, and Stiles Computer-Based Training Modules.

PIA also conducts exit interviews for paroling employees who have worked in PIA six months or longer. These interviews cover accomplishments, skills obtained, résumé development, and interview skills. In addition, inmates are given documents such as evaluations and certifications that can be used when searching for employment upon release. The IEP will also set up introductions for eligible inmates to community employers who will interview them upon release from prison in the job referral program.

The IEP works with many outside groups including

private industry associations in order to provide certification of workers, community employers to provide job referrals for interviews for exiting parolees, and with the state Division of Adult Parole Operations in multiple capacities to assist with community reentry. PIA also works with Parole on the Offender Employment Continuum (OEC) program operated by the Orange County Office of Education. This program provides workshops on life skills and employability in select prisons in addition to assisting with employment seeking upon release.

Several positive outcomes have been reported by the program, including:

- 1,000 inmates with at least six months of work experience are paroled every year.
- As of June 2004, over 2,300 industry-accredited certifications had been issued and more than 860 certificates of proficiency earned.
- PIA generated \$144 million in revenue in fiscal year 2003-2004 (California State Auditor, 2004).

Evaluations

California Department of Corrections, 1998

In 1998, the (then) CDC examined the incident rate of inmates employed by PIA compared to those assigned to alternative work and educational positions and those unassigned. In particular, the researchers analyzed five groups (PIA, academic education, vocational education, support services, and those with no assignments) across five outcomes (overall serious incidents, incidents by prison location, incidents by type of violation, severity of incidents, and net time credit days lost). This study does not indicate how/if those assigned to PIA differ (or not) from those in other assignments or unassigned.

Findings show that those assigned to PIA were involved in serious incidents less than those in other assignments. That is, the overall rate of serious incidents for PIA inmates (incidents per 100 inmate years) is 4.93 versus 6.75 for inmates in Academic Education, 8.70 for Vocational Education, 6.50 for Support Services, and 11.91 for the unassigned group. PIA inmates also demonstrated a lower incident rate in most prison locations. With regard to type of incident violation, inmates within PIA showed the lowest rate of assault incidents and incidents involving weapons but did have higher rates of drug and “other serious” incidents. Finally, inmates within PIA also showed the least amount of credit days lost as a result of rules violations and had the most time credits restored.

Goldman and Pradhan, 2002

In 2002, researchers at the University of California, Berkeley sought to determine PIA’s contribution to the state economy. They found that “the combined impacts of all [the] expenditures are: \$230.1 million in state sales, \$142.4 million in income, and 3,000 jobs in California’s economy” (Goldman & Pradhan, 2002, p. 22).

11 Retrieved from Prison Industry Authority program materials.

7. Transitional Case Management Program for parolees infected with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS): TCMP-HIV

TCMP-HIV is operated by the CDCR's Division of Adult Parole Operations, Health Administration Unit. Begun as a pilot study project in 1993, the program has since expanded and is administered by eight state contractors who cover 33 counties within the state.

Since the most recent contractor expansion in 2001, the TCMP-HIV has provided services to approximately 1,500 inmates/parolees annually. Specific client characteristics are not regularly tracked; however, general tracking has found that roughly 85% of the clients served are male, 10% female, and 5% transgender.

All inmates within the CDCR who have been identified by institutional medical staff as having HIV/AIDS are eligible for program participation. Any inmate who is not HIV/AIDS infected is ineligible. However, inmates are not connected to the program exclusively through medical staff; they may also come to the program via inmate word-of-mouth (self-referral) or inmate referral. Outreach by program staff may include flyers and, in some institutions, presentations at Reception Center orientations. Program participation is strictly voluntary.

The primary mission of the TCMP-HIV program is to provide comprehensive continuity of care to parolees who suffer from HIV/AIDS that starts with pre-release services and ends with post-release services, and ultimately, the transfer of the parolee to long-term community care. TCMP-HIV staff also provides additional educational awareness training to inmates regarding Hepatitis A, B, and C and Tuberculosis, in addition to HIV/AIDS services.

Clients are in the program for up to 180 days: 90 days while in the institution and up to 90 days on parole. Clients meet with TCMP-HIV contracted staff a minimum of six times – 90, 60, and 30 days prior to release from the institution; and 30, 60, and 90 days after release – but may meet more often to address specific individual concerns such as housing, employment or entitlement eligibility.

At these meetings, TCMP-HIV case managers provide health education, discuss inmates' needs, and let them know about resources available in the communities to which they will parole. They discuss post-release plans including vouchers, housing, and employment. When appropriate, case managers also connect parolees to HIV/AIDS-specific housing services. The TCMP-HIV contractors work extensively with various community-based providers that focus on housing, substance abuse treatment, and employment assistance.

Evaluations

The TCMP program was developed in response to studies conducted by the Research Branch of the former California Department of Corrections (CDC) which indicated that HIV-positive offenders returned to prison

at a higher rate than all CDC felons.

California Department of Corrections, 1995

A group of HIV positive inmates who volunteered to participate in TCMP in 1994 and had been on parole for six months was compared to all CDC parolees for the same time, according to parole success (measured by returns to custody). Those who had been on parole for a minimum of six months were eligible at the time of the research evaluation. Results indicate that the rate of returns to custody for all CDC parolees was 7.6% higher than those participating in TCMP within the six month follow-up period (30% returned within an average of 122 days versus 22.4% who returned within an average of 128 days). The report compares these results to 1990 data which show that inmates who were HIV-positive (and did not participate in TCMP) returned to custody during the first six months at a rate 11.7% higher than all parolees (51.7% versus 40%), and thus concludes that TCMP increases one's likelihood of parole success and consequently produces a cost savings to the state.

California Department of Corrections, 1996

This study followed TCMP participants who were released to parole any time after January 1, 1994, had been on parole for at least a year (or been discharged from parole), and continued to participate in TCMP. Three groups (category A, B, or C) distinguished by stage and severity of illness were analyzed. The group characterized as "least sick" (Category A) returned to custody within one year at the highest rate (61%). Of those in group B, 57% were returned to custody during the study time period. Group C (the most seriously ill) returned to custody the least (42%), demonstrating that "the one-year recidivism rate decreases as a function of the level of illness for TCMP cases" (California Department of Corrections, 1996, p. 5). Given that there is a direct relationship between cost of beds and severity of illness, the authors conclude that this group also has the most savings potential.

TCMP cases returned to custody within one year of release at a higher rate (55%) than all CDC felons released or re-released during the same time period (49%). This is down from 71% of HIV infected felons (not participating in TCMP) released to parole between 1989-1992 who returned to custody within one year, compared to 53% of all felons released during 1990.¹²

Finally, the bed savings analysis again indicated a cost savings that greatly exceeded program costs.

8. Peer Health Education

The Peer Health Education Program, run by Centerforce since 1995, is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and operates at three sites: San Quentin State Prison, Central California Women's Facility (CCWF),

¹² It is important to note that all study groups include both those released to parole for the first time on a current term and parole violators re-released to parole.

and Valley State Prison for Women (VSPW).¹³

Prisoners participating in the Peer Health Education program “educate other prisoners about HIV/Hepatitis, tuberculosis and other diseases.... Peer educators facilitate group workshops, provide one-on-one outreach and support and coordinate prison-wide special events.”¹⁴

Inmates are eligible to train to be peer health educators if they:

- have a minimum of six months to one year left in their sentences
- are not sex offenders (some violent offenses are also excluded)
- are cleared by the institution
- are not part of the condemned population (lifers are eligible),
- are members of the general population (not in the Reception Center)

Participants most often join the program through word-of-mouth. Inmate educators conduct outreach to recruit trainees and attendees for various events and classes. Participants are also recruited through public service announcements from the institution-wide network broadcasting system, as well as by way of flyers and applications that are distributed. Finally, new inmates attend an orientation at which inmate educators give a presentation.

The peer health education program at Centerforce consists of both training of inmate peer educators and coordination of education throughout the institutions. Each educator completes a 30-40 hour training. There are five jobs as inmate educators at each institution - pay varies by institution. The remaining educators are volunteers. Sixty to eighty inmates are trained per year, per institution, but the number of inmates the program reaches through its inmate educators is much larger. A large part of this program is the informal outreach and education provided by the peer educators on a daily basis throughout the institution.

The primary responsibility of the peer educators is to provide orientation classes to the other inmates. This occurs daily at San Quentin (where there are 15-45 men per class) and weekly at CCWF (where there are anywhere from 50-100 women in each class). At this session, the educators discuss HIV, substance abuse, Hepatitis, safer sex, and what to do to keep safe while inside, as well as the prison disability placement program and how to submit medical forms and child support information. Finally, HIV testing is offered, although not required. Usually, about 50-60% of those in the orientation sign up for testing.

In addition to the regular orientation courses, the peer educators provide workshops to the general population

on modules from the training curriculum. These address the same issues on which they are trained as well as re-entry preparation. Whenever they are guest speakers at an educational or vocational class, the peer educators give a presentation on the issue of their choice. At CCWF, this occurs four times a week and at San Quentin about once or twice a week. At CCWF the peer educators also provide support in the Hospice. Finally, the peer educators help coordinate and recruit attendance for Health Fairs and the Names Quilt (AIDS quilt) display that occur twice a year. Here, community agencies come into the facility to provide health education and substance abuse resources.

The program has many community partners, including: the CDCR, California State Office of AIDS, Center for AIDS Prevention Studies University of California San Francisco, Centers for Disease Control and Prevention, Marin Community Foundation, National Institute for Mental Health, National Institute of Nursing Research, and the Substance Abuse and Mental Health Services Administration.

Evaluations¹⁵

Grinstead, Faigeles, and Zack, 1997

The purpose of the study was both to understand the “HIV-related knowledge, attitudes, and behavior of inmates entering prison” (Grinstead et al., 1997, p.S-31) and to assess the effectiveness of HIV-positive inmate educators compared to professional HIV educators in educating inmates entering the prison about HIV prevention and transmission. Inmates were randomly assigned to either a peer or professional educator group. The comparison group completed a questionnaire without having received the HIV education intervention. Statistically significant differences between groups existed with regard to ethnicity (more African-American men in the professional educator group than the peer educator group) and number of injection users (less among the no intervention comparison group). Upon entry into the prison, inmates participated in an HIV prevention education intervention with a standardized curriculum. To assess inmate knowledge, a self-administered questionnaire was used. In addition, after the intervention the authors made note of who opted to receive HIV testing.

Results indicate that both education groups were more knowledgeable than the no intervention group where the mean knowledge score was 8.3 for the professional educator group, 8.1 for the peer educator group, and 7.8 for the no treatment group.

While 53% of respondents indicated that they preferred an HIV-positive inmate peer educator, in general,

13 VSPW has recently begun this program. So far Centerforce has conducted training as well as assisted in coordination of health fairs.

14 Centerforce: <http://www.centerforce.org/programs/>.

15 Given the space and scope of this project only the two evaluations that directly address the peer educators are summarized here. However, Centerforce demonstrates a commitment to evaluative research and program implementation that considers evidence-based research. For evaluative efforts related to but not directly of the peer health education program see also: Comfort, Grinstead, Faigeles, and Zack (2000) and Grinstead, Zack, and Faigeles (2001).

the peer education and professional education groups did not differ significantly in terms of intentions to use condoms and be tested for HIV. An intention to use condoms and get tested for HIV was higher for both intervention groups than the no intervention group and highest in the peer educator group. However, men participating in professional education were slightly more likely to test right after the intervention than those in the peer educator group (45% versus 42.5%); testing was not offered to those who did not participate.

Grinstead, Zack, Faigeles, Grossman, and Blea, 1999

This study consisted of an evaluation of a pre-release 30-minute intervention session led by an inmate peer educator. Inmates within 14 days of release were randomly assigned to receive the intervention or not (although all inmates were able to access educational materials and/or consult with staff). The groups did not differ with regard to age, ethnicity, relationship status, history of condom use, or use of injection drugs. The purpose of the intervention was to determine to what degree participants would be at risk of acquiring or transmitting HIV once released from prison and develop a suitable plan to reduce this risk. Inmates in the treatment and no treatment groups completed a face-to-face survey about sexual and drug-related behavior that might put them at risk and the follow-up consisted of phone interviews (2 weeks after release) to determine HIV risk behavior since residing in the community.

Less than half of the sample was interviewed at the follow-up. Men who completed the follow up were more likely to be married or in a committed relationship than those who did not. Most notably, there was a significant difference between the treatment and comparison groups with regard to condom use. The group that received the intervention by the peer educator indicated more condom use the first time they had oral, vaginal, or anal sex after their release than the no-treatment comparison group (37.5% versus 19.6% respectively). The treatment group also reported less drug use, less injected drug use, and less sharing of needles when using injected drugs although these differences were not statistically significant.

PROGRAMS FOR INDIVIDUALS ON PAROLE

1. Delancey Street Foundation

Started in 1971, the Delancey Street Foundation is a non-profit organization that does not accept government funding, and instead generates revenue from businesses that the Foundation and its members operate. Its sites in San Francisco and Los Angeles (as well as others outside of the state) assist former inmates, parolees, probationers, or those with a history of substance abuse and/or alcoholism. Currently, approximately 600 participants live at Delancey Street's two California locations. Of this 600, approximately 130 are currently on parole.

The Delancey Street Foundation is a residential education and self-help center for former substance abusers and ex-convicts. It is dedicated to helping

individuals by empowering them to lead independent and successful lives. At the core of the Foundation is the belief that behavior can be changed in a structured, supportive, and market-driven environment in which individual responsibility and accountability are emphasized.

Delancey Street residents live and work together, pool their incomes, and are encouraged to take responsibility for each other's welfare as they learn new skills to rebuild their lives. There is technically no "professional staff," as the residents teach each other and "learn by doing."¹⁶

Participants either apply to the program or are mandated by the court to attend. Parolees typically refer themselves or are referred by a parole agent. Delancey Street seeks residents who are highly motivated to making positive changes in their lives.

Participants are required to stay in the program for two years, although the average stay is four years. Participants live in dorm-style rooms with other participants, and are responsible for upkeep of the residential facility. Delancey Street emphasizes an "each one teach one" principle, in which participants teach and share information with newer participants. One of the first goals for participants is to achieve a GED degree. After this, participants learn skills at one of the Foundation's training schools, which are businesses that the Foundation runs, including a moving and trucking company, a restaurant and catering service, a print and photo shop, retail and wholesale sales, paratransit services, advertising sales and an automotive service center. Before graduating, participants must earn their GED and be trained in three different marketable job skills. Participants receive housing, meals and a small stipend while living and working at Delancey Street.

Participants new to Delancey Street begin in the "Immigration" phase, in which they work in maintenance jobs and spend time familiarizing themselves with the environment and getting to know other residents. Following this, participants begin training and working in one of the Foundation's businesses.

The Delancey Street Foundation reports that they have:

- Helped over 10,000 formerly illiterate individuals obtain GEDs.
- Moved approximately 1,000 violent gang members away from gangs.
- Trained over 5,000 participants to teach and mentor on non-violence.
- Awarded 1,000 individuals a diploma from the state accredited three-year Delancey vocational program.
- Awarded 30 individuals a Bachelor of Arts degree from the Delancey chartered college.¹⁷

16 Delancey Street Foundation: <http://www.eisenhowerfoundation.org/grassroots/delancey/mission.htm>.

17 Delancey Street Foundation: <http://www.eisenhowerfoundation.org/grassroots/delancey/accomplishments.htm>

Table 1: Characteristics of In-Prison Programs

	Amity	Conservation Camp Programs—Inmate Firefighters	Community Prisoner Mother Program (CPMP), Family Foundations Program (FFP)	Forever Free
Number of participants	1300 beds of service among 5 prisons	7,000-8,000 inmates annually	CPMP: 71 beds FFP: 70 beds	240 beds
Program type	Substance abuse treatment/ Therapeutic community	Work/Work training	Alternative sentencing/Family reunification/ Parenting	Substance abuse treatment
Program location	California State Prison, Los Angeles County; R.J. Donovan Correctional Facility; Correctional Training Facility; Ironwood State Prison; Chuckawalla Valley State Prison	42 camps statewide	CPMP: Sites in Bakersfield, Pomona and Oakland FFP: Sites in San Diego and Santa Fe Springs	California Institution for Women (Corona)
Program Goals	Substance abuse recovery, self-help and self-esteem	Teaching work ethic, work-related skills	Promoting mother/child bond, family reunification, community reintegration	Reduce in-prison disciplinary actions and substance abuse; reduce recidivism
Eligibility Criteria	Male inmates with substance abuse problems, between 6-24 months of sentence remaining. Inmates with documented in-prison gang affiliation, housed in a Security Housing Unit within the past year for assault or weapons possession, convicted of arson or sex crime convictions, or having psychiatric disorders or INS holds ineligible.	Inmates with convictions for murder, kidnapping, sex offenses, arson, and sentences exceeding 5 years excluded. Failure to meet physical fitness requirements results in disqualification.	Inmates pregnant or with a child under six years old, a maximum release date within 6 years (CPMP) or a maximum sentence of 36 months (FFP); primary caretaker for child prior to incarceration. Sex, drug, or violence convictions and medical or psychiatric conditions may be disqualifiers.	Inmates placed in a security-housing unit for assault or a protective housing unit within the last year, or identified as gang members ineligible.
Participation Mandatory/ Voluntary/ Incentives	Both voluntary and mandatory participation: day-for-day credit in some cases	Voluntary; 2 days off sentence for every day of work (unless sentence diminishment prohibited); \$1.45/day for regular work projects, \$1/hour for firefighting	CPMP: Voluntary, with day for day credit FFP: Voluntary, no credits	Mostly voluntary, but can be mandated for some drug offenses
Program Duration	6-36 months (recently extended from 24 months)	Can last for the duration of sentence, not to exceed 5 years	CPMP: Until children reach 6 years of age FFP: 12 months	4-18 months
Partner Agencies/ Organizations	Amity Community Programs	California Department of Forestry, Los Angeles County Fire Department	Division of Adult Parole Operations, Office of Substance Abuse Programs, Employment Development Department	Transitional counselors from community programs
Evaluation Results	Positive program impact on recidivism	No evaluation	No evaluation	Positive program impact on recidivism and drug use

Table 1: Characteristics of In-Prison Programs (Continued)

	Peer Health Education	Prison University Project: Patten University at San Quentin	Prison Industry Authority	Transitional Case Management Program for Parolees with HIV
Number of participants	60-80 inmates per facility trained as peer health educators annually; a much larger number of inmates attend workshops facilitated by the educators	350 inmates annually	6,000 inmates (650 female)	1,500 inmates/parolees annually
Program type	Health education	Education	Vocational	Health-focused reentry assistance
Program location	San Quentin State Prison, Central California Women's Facility, Valley State Prison for Women	San Quentin State Prison	22 California State Prisons	California State Prisons and 33 counties throughout the state
Program Goals	Educate inmates on health topics such as HIV/AIDS, hepatitis, and safe sex	Provide free, high-quality higher education to prisoners, and to create a national model for such programs	Reduce inmate idleness and violence and support successful reentry through building job skills	Continuity of care, including pre- and post-release services to smooth community reintegration
Eligibility Criteria	Inmates must have a minimum of 6 months to 1 year remaining on their sentences. Sex offenders, condemned and Reception Center populations ineligible. Must be cleared by the institution to participate.	Open to all male inmates except condemned and Reception Center populations. Participants must have a high school degree or GED.	Open to all inmates except condemned and Reception Center populations, and those housed in Administrative Segregation or a Security Housing Unit. Specific jobs may have additional eligibility criteria.	Open to all CDCR inmates identified by institutional medical staff as having HIV/AIDS.
Participation Mandatory/ Voluntary/ Incentives	Voluntary; 5 paid positions inmate at each institution, the remainder are volunteer positions	Voluntary	Voluntary, with wages of \$.30 to \$.95 per hour; various skills certification programs available to inmates with a good work record	Voluntary
Program Duration	6 months to 1 year, with continuation possible	Courses last 13 weeks; overall participation is not limited	Not limited	180 days, 90 days before release and 90 days after release
Partner Agencies/ Organizations	Multiple partners, including the Substance Abuse and Mental Health Services Administration, the California State Office of AIDS, and the National Institute for Mental Health	Patten University	A variety of private industry associations, Division of Adult Parole Operations	Housing, substance abuse, employment, and other community-based service providers
Evaluation Results	Program effects on inmate HIV knowledge and post-release condom use	No evaluation	Mixed effects on in-prison disciplinary infractions; lower rate of serious disciplinary incidents	Program associated with reduction of participant returns to custody

No formal evaluations have been conducted for this program.

2. Mental Health Services Continuum Program (MHSCP)¹⁸

The Mental Health Services Continuum Program (MHSCP) began in 2000 and is operated by the CDCR's Division of Adult Parole Operations. The program is designed to be an extension and enhancement of mental health treatment services delivered by the Parole Division's existing Parole Outpatient Clinics (POC) throughout the state, and to ensure continuity of care between prison and the community. MHSCP aims to reduce the symptoms of mental illness among parolees by providing timely, cost-effective mental health services that optimize an individual's functioning in the community, thereby reducing recidivism and improving public safety (Farabee, Yip, Garcia, Lu, & Sanchez, 2004). A primary goal is to increase the number of eligible inmates with mental illness who are identified and assessed prior to leaving prison.

The target populations for this program are parolees who received mental health treatment in California institutions under the Mental Health Services Delivery System prior to being released on parole, parolees who have been in a Mental Health Crisis Bed and those being released from any Department of Mental Health Facility.

To participate, an individual must be diagnosed with one or more specific psychiatric disorders. Eligible inmates are identified from the monthly Offender Information Services (OIS) listing of Correctional Clinical Case Management System (CCCMS) and Enhanced Outpatient (EOP) parolees who are within 120 days of release.

Previously, parole agents were primarily responsible for referring parolees to these clinics for mental health care. In order to enhance services and reduce the number of parolees who are either not identified or not given appropriate mental health services, the Division of Adult Parole Operations (formerly called the Parole and Community Services Division) created the MHSCP (Farabee et al., 2004).

The program consists of three major components:

1. Comprehensive, computerized pre-release needs assessment, benefits eligibility, and application assistance. Pre-release services are provided by a Transitional Case Management team and independent contractors who employ social workers to cover all of the state's correctional institutions. The pre-release services are provided at 90 days and 30 days prior to release. A centralized, statewide database is used that includes an appointment scheduler, medication management, benefits eligibility updates and information on parolees' mental health diagnoses.

2. Expanded and enhanced post-release mental health services. This includes mental health services such as medication management, psychological testing and individual and group therapy. After release, as a condition of parole, individuals receive post-release care from the POC.

3. The POC offers reintegration assistance by offering links to long-term community-based care and services (Urban Institute, 2004).

In terms of collaboration, the program allows for information sharing on mental health care issues and treatment from the CDCR to the Parole Division and its POC. The program partners with the Social Security Administration to provide eligibility for mentally ill inmates to receive support, and gives information to the Board of Prison Terms (now called the Board of Parole Hearings) to alert the Parole Division when a person with a mental illness is released into the community and to establish a service plan with the POC so the parolee is adequately treated.

Evaluations

Farabee et al., 2004

In this evaluation, the authors found that inmates identified by the OIS as eligible for the MHSC program accounted for only 51.1% of eligible releases overall. The percentage of inmates identified, however, had increased from 45.7% of inmates released in the second half of 2001 to 68% of inmates released in the second half of 2003. As the MHSCP can provide services only to identified inmates, this percentage of inmates identified for eligibility is relevant for understanding the efficacy of this program.

Farabee et al. (2004) concluded that:

“...among offenders who were identified on the OIS list prior to release, the TCMP process continues to show promising results, both with regard to increasing the likelihood of attending a POC upon release as well as reducing the likelihood of being returned to custody. Specifically, after controlling for background characteristics, we found that receiving a pre-release assessment by a TCMP-MI social worker was associated with an 86% (compared to 67% increase as found in the first-year evaluation) increase in the likelihood of attending a POC at least once following release from prison. In turn, parolees who attended a POC following release from prison were 38% less likely to be returned to prison within 12 months than parolees who did not attend a POC. Similar trends were found when predicting how long parolees remained out of prison” (p.25).

Farabee and colleagues also concluded that the

¹⁸ Also called: TCMP-MI (Transitional Case Management Program – Mental Illness).

program was cost effective and provided financial savings for the state. It was estimated that pre-release assessments conducted by TCMP-MI social workers produced an annual savings of \$2,125 for each EOP parolee and \$624 for each CCCMS parolee, relative to non-assessed parolees. Additionally, attending a POC following release produced an annual savings of \$6,540 for each EOP parolee and \$3,186 for each CCCMS parolee. The groups compared in this evaluation were non-equivalent comparison groups.

3. Project Choice

Since 2000, the nonprofit community organization Centerforce has been operating Project Choice, funded by and located in the city of Oakland, CA. The program serves young men (ages 16-30) formerly incarcerated at San Quentin State Prison who are being released on parole to Oakland. Currently, 40 people are enrolled in the program.

The State provides Project Choice with a list of soon-to-be-released inmates returning to Oakland and the individuals at the highest risk of reoffending are enrolled in the program.

The Project serves both the parolee and his family by providing pre-release planning, a basic needs pantry, post-release case management and coaching, support groups for the parolee and his family, and family group activities.¹⁹ The services begin four months before an individual is released from San Quentin. Individuals are assigned a Project Choice case manager who works with them throughout the duration of the program. There are currently two case managers, each with 20 clients. While still incarcerated, individuals meet weekly with their case manager to create two service plans: one for the remaining time in prison and one for post-release. During this time, participants attend program classes including life skills, anger management, and communication skills classes. Guest speakers also discuss community resources, and participants get job training and résumé assistance. In addition, participants enroll in a GED program or other classes offered at San Quentin. They receive a stipend of \$20 per month while incarcerated, and may open a savings account with a credit union.

Upon release, the case manager meets each program participant at the gate. Case managers have approximately \$650 for each client that can be used for emergency housing, drug treatment, or other support until he has secured employment or arranged for state support. This funding can also be used for education, classes, or job training. After release, the program participant and the case manager continue to meet weekly, and the case manager is available via telephone for additional support. This relationship lasts for two years after release.

Project Choice also reaches out to families of participants as well. They hold a weekly support group for participants and their family members that focuses upon life skills and challenges that arise in the lives of the

participants. Case managers meet with individuals' parole agents once a month to review each case.

No scientific evaluations have been completed for this program.

4. Parole and Corrections Team (PACT) Program

Operated and funded by the CDCR, this program began in Oakland, CA in 1999 and went statewide in 2004. The program is designed for parolees in California; all parolees are required to attend a PACT orientation meeting unless they receive a waiver from their parole agent.²⁰ The program exists to provide more effective supervision and service delivery to parolees, reduce the number of parolees-at-large, and reduce recidivism. Originally, PACT was designed to be a community collaborative effort involving local law enforcement, parole, and community service providers with the aim of improving police-parole relations and increasing information sharing and the effectiveness of these organizations. Since the program was extended to be statewide, however, the level of collaboration between parole and law enforcement agencies varies by location.

At the first PACT orientation, a variety of individuals present information to the parolees. Many sites begin with a motivational speaker or a representative from the parole office. Community service providers will usually also present information on their services. Services include substance abuse treatment, anger management counseling, vocational and employment services, job placement, educational opportunities and others. The meetings are also an opportunity for parole and law enforcement to speak and present to the parolees what is expected of them in the community (Mowrey, 2002).

The Oakland site has reported a parolee-at-large decrease of 33% and an overall crime rate decrease of 16% from program inception in 1999 (Mowrey, 2002).

Evaluations

No outcome evaluations have been completed to date. A process evaluation of four different PACT sites was completed in 2002 by Jim Mowrey at the University of California, Irvine entitled, "A Process Evaluation of California's Police and Corrections Teams." In this report, Mowrey finds that the implementation and functioning of PACT programs vary considerably across locations.

5. Parolee Services Network (PSN)

Parolee Services Network (PSN) is a substance abuse treatment program funded by the CDCR and administered jointly by the CDCR and the California Department of Alcohol and Drug Programs (ADP). Funding for the program is provided to individual counties, which

¹⁹ Centerforce: <http://www.centerforce.org>.

²⁰ In many locales, parolees are required to attend a PACT orientation meeting within one week of release from prison, although the time frame varies by location. Some locations require parolees to attend an orientation within one month from release.

arrange contracts with service providers (substance abuse programs) in the community. In Northern California, the mirror program is called Bay Area Service Network (BASN). The program is located in 17 counties throughout California: Los Angeles, Riverside, San Bernardino, Orange, San Diego, Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano, Napa, Sonoma, Kern, Fresno and Sacramento.

The program began in 1989 and in 2004, it served 4,117 individuals. PSN places parolees in alcohol or drug treatment programs with the goal of reducing the number of drug-related revocations and related criminal violations, and helping to reintegrate parolees into society with a drug-free lifestyle. In doing so, it aims to reduce State General Fund costs for incarceration and parole supervision.

Parolees generally connect with PSN in one of two ways. First, if they participate in an in-prison SAP, an in-custody treatment transition team arranges for a continuation of substance abuse services in the community with a referral to SASCA, which in turn locates a community-based substance abuse program matching the needs of the parolee. SASCA may refer an individual to a community-based program within the PSN or another program (such as the Substance Abuse Treatment and Recover Program (STAR), AMITY, etc). Second, they may also connect with the program through a referral from a parole agent.

The CDCR and ADP arrange, through the individual counties, for contracts with an array of treatment and recovery program service providers. The treatment programs and services typically include a range of services, including residential, intensive residential, detox, sober living environment, day treatment, outpatient and intensive outpatient. The program design provides 180 days of treatment and recovery services. All services are paid by the state, and free to parolees. However, participants are encouraged to pay for services if they are able to.

Evaluations

Zhang, Roberts, and Callan, 2004

The Parolee Services Network has not been specifically evaluated; however, an evaluation of the California Preventing Parolee Crime Program (PPCP) was conducted by Sheldon Zhang and colleagues which included studying parolees who participated in PSN. PSN services were one element of the Preventing Parolee Crime Program and it was found that participation in the PSN did reduce the recidivism rate compared to individuals who did not participate in any of the PPCP services. The group used for comparison in this study was a non-equivalent comparison group, that is, the experimental and control groups were not matched for equivalency on factors such as prior criminal history and seriousness of offense. Zhang and colleagues concluded that:

“The same general pattern was also observed among the PSN participants. Those who met

treatment goals in any of the PSN treatment modalities were returned to prison at a lower rate than that of the non-PPCP population. Moreover, our data showed that increasing levels of participation and success in the PSN programs was associated with declining recidivism rates. For example, PSN clients who met the goals of two or more treatment modalities recidivated at a rate of 13.8 percent compared to 46.3 percent among all PSN clients and 54.7 percent of the statewide non-PPCP population. Differences in reincarceration rates were found across treatment modalities. For example, parolees who entered the PSN via the detoxification or outpatient modalities were much more likely to recidivate or abscond than parolees who began treatment in a residential program or Sober Living Environment” (p.48).

6. Parole Planning and Placement (Formerly called Parolee Accountability Program)

Parole Planning and Placement is designed to collect information on parolees’ risks and needs and to create a profile of the parolee, which a social worker then uses to match the parolee with appropriate services in the community. This statewide program is funded and operated by the CDCR and has been operating since 2003. All inmates who will be released to parole as new commitments or parole violators with new terms are part of the program; those with pending deportation, those who already have substance abuse aftercare and those with mental illnesses are excluded.

The CDCR uses the Automated Release Date Tracking System (ARDTS) to compile a list of persons who will be released onto parole from each prison. Then the Parole Automated Tracking System (PATS) selects clients for the program based on the above criteria: new parole commitment and parole violators with new terms.

To create the client profile, information is gathered in a series of steps. First, a Parole Service Associate (PSA) interviews the parolee while still incarcerated. The PSA then inputs that information into PATS, and transfers the case to a Parole Agent II (PAII). The PAII obtains the institutional records of each inmate and enters additional known information, while comparing this with the self-disclosed information from the interview. The case is then forwarded to the District Social Worker (DSW). If the inmate is uncooperative or there are inconsistencies, the parole agent may re-interview the inmate for clarification.

Following this, a contracted district social worker reads the entire parolee profile, determines the needs of the parolee, and works to develop services to meet these needs, including, but not limited to, housing, treatment, and sober living arrangements. Once a parolee is matched with appropriate community services, the case is closed.

In addition to the current risk and needs assessments, a validated risk assessment tool called COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) is also being piloted. At this time, COMPAS is being used on a randomly selected group of inmates to determine its efficacy as a risk assessment tool in California, as it was designed for inmates/parolees in other states. COMPAS will assess approximately 2,000 inmates during this pilot phase.

No formal evaluations have been completed for this program.

7. Substance Abuse Treatment & Recovery Program (STAR)

Substance Abuse Treatment and Recovery Program (STAR) was founded in 1991 and is currently a statewide program run by the Contra Costa County Office of Education. Approximately five hundred and twenty parolees with substance abuse issues receive services each month at 30 STAR program sites across California.

Participants come to the program through self-referral, a parole agent or a Parole Outpatient Clinician. Some parole agents use this program as an intermediate sanction in lieu of a return to custody when a parolee has tested positive for drugs.

An outpatient substance abuse program, the program meets daily for six hours a day. Classes are held inside of parole units. The program is education-based, with a focus on life skills. The curriculum includes, among other things, instruction and discussion on areas including addiction and recovery, the 12-Step approach, relapse prevention, withdrawal, job readiness, community transitioning and resources, parenting skills, anger management, communication, stress reduction and more.

Program classes involve instruction and also open, interactive discussion. Instructors are California certified teachers with adult education experience from the Contra Costa County Office of Education who have received preparation and training for the STAR program.

All 30 program sites accumulate information on community resources and sometimes bring in representatives from outside organizations for class instruction. Program participants are required to attend meetings of Alcoholics Anonymous or Narcotics Anonymous.

Evaluations

Zhang et al., 2004

The STAR program has not been specifically evaluated. However, Zhang and colleagues conducted an evaluation of the California Preventing Parolee Crime Program (PPCP), which included studying individuals who participated in the STAR program as well as other parolee programs. It was found that although the STAR participants had higher rates of recidivism than individuals who participated in other PPCP programs, STAR services reduced the one year recidivism rate compared to individuals who did not participate in any of the PPCP programs. Zhang et al. (2004) found that:

“For STAR participants as with the other PPCP services, successful program completion was associated with lowered rates of recidivism. Because STAR participants were at a particularly high risk of parole revocation, their recidivism rates were generally higher than their counterparts enrolled in other service components. Still, the rate of reincarceration within one year of release to parole among those who graduated from the program was 40.4 percent compared to the program average of 56.2 percent and the 54.7 percent of the statewide non-PPCP population” (p.49).

8. Parole Employment Program (PEP)

The Parole Employment Program (PEP) offers employment services to parolees via community service providing agencies, which are contracted and coordinated by the CDCR, which funds the program. A relatively new program (it began in January 2004), it operates in 10 counties in the state.

Parolees join the program via a referral from their parole agent, who in turn learns about the program primarily through outreach done by the service providers (the community employment organizations with whom the CDCR contracts to operate the program). In many of the 10 counties, service providers attend PACT orientation meetings to inform parolees and parole agents of the program.

After attending an orientation on the program, participants attend an employment workshop that lasts one or two days. The workshops address résumé preparation, interview skills, job environment skills (including appropriate job conduct and dress), and available support services.

Once participants have completed a résumé, they begin a job search with the assistance of the service provider, who often has developed relationships with employers who are willing to hire former inmates and parolees. Sometimes the service providers arrange for transportation to interviews for program participants. Service providers are required to provide employment services to each participant for 180 days following the employment workshop.

The program is a fee-for-service arrangement. Service providers receive 25% of the contracted bid from the CDCR after a participant attends an employment workshop. They receive 65% of the payment once a person has been employed for 20 days continuously, and the final 10% is paid once they obtain a release form from the participant's employer stating that they are employing the participant and are aware that this person is on parole for the applicable offense.

On average, approximately 700 individuals are referred to the program each month. In its first year, 4,800 individuals were referred to the program and attended an employment workshop. Of this group, 1,500 obtained jobs that lasted for 20 continuous days or more.

Currently, 75% of persons employed through PEP remain employed in excess of 75 days.

No formal evaluations have been completed for this program.

9. Men of Valor

The Men of Valor Academy is funded and operated by the Acts Full Gospel Church, a non-profit community organization in Oakland, California. Since 2001, Men of Valor has worked with men, primarily ages 18 through 35, the majority of whom have been previously involved in the criminal justice system. Most are parolees, probationers, or men who have been arrested in the past, although they also accept men who have no history of imprisonment or criminal justice involvement. The program is faith-based, and all participants must agree to participate in mandatory church activities.

Men of Valor is a residential program that can house up to 75 men at any given time, and serves approximately 12 to 15 parolees per month. As of August 2005, Men of Valor had 50 live-in participants, 9 of whom were parolees. Length of stay varies, but averages approximately 16 months. Upon graduation, men transition into living on their own or with family.

Participants apply for entry to the program after being referred by church members, parole officers, or word of mouth. Some individuals are mandated by the Court to attend. The program looks for men who are highly motivated to change. Men of Valor focuses on spiritual development and a strong connection to god and the church as a means of improving the way these men function in the community.

During the first 30 days, participants may not leave the Academy. After 30 days, they can earn an eight hour pass, and after 60 days they are eligible for overnight passes.

The program consists of three somewhat overlapping phases. Phase I consists of classes and workshops that address life skills and spirituality, including substance abuse relapse prevention, anger management, relationship management and finances/budgeting. In addition to classes during this phase, participants keep a workbook, which covers all the material in class as well as personal thoughts and reflections.

Phase 2 of the program focuses on educational assistance as participants work with a certified teacher towards obtaining a GED or a high school diploma. Those already holding a high school degree get assistance with college-level courses. There is a computer lab on site, and individuals are provided basic computer skills, including word processing, email and other computer applications.

Phase 3 works on vocational skills. A vocational instructor, who is a master carpenter and contractor, provides training and skills in carpentry to all participants. The men are trained in safety, tools, equipment and carpentry skills. Men of Valor believes that providing carpentry skills and training helps lay the foundation for a career, and also provides a way to enhance self-esteem

and self-worth. Individuals are also given assistance and training in applying for jobs and creating a résumé and in further career development.

Mandatory Narcotics Anonymous meetings are held weekly in the evening during all three phases. Additionally, church activities are a required part of the program. Two evenings a week participants attend a bible study class, and on another evening, a church member gives a discussion about the bible or spiritual matters.

Family reunification and responsibility to one's family are also themes the program focuses on. Men of Valor tries to involve family members in the program: periodically participants and their families come together and have a roundtable where life issues are discussed. After sixty days, participants are frequently allowed weekend passes to spend time with their families.

Individuals graduate upon completion of the program. When this occurs there is a transition period in which individuals remain living at the Academy and are allowed time to return to the community. All participants are given assistance in obtaining employment. During this time, individuals save money and look for and arrange housing.

Men of Valor estimates that approximately 50% of the men who begin the program, graduate. In the last cohort, nine men graduated, and six of them are currently employed. The program is working with the remaining 3 to obtain employment.

No formal evaluations have been completed for this program.

CONCLUSION

This document was created to provide a snapshot of the variety of programs that are available to people who are incarcerated in the state of California and those who are released on parole. This small sampling shows that a range of resources are available – faith-based, community-based, state-run – that focus on the diverse and often multiple needs of this population, such as drug abuse prevention, education, job skills training, anger management and relationships, parenting skills, and more.

This snapshot also reveals that more research is needed to determine the 'best practices' among these programs. Although internal tracking shows many positive successes, many of these programs have not had any formal evaluation. This report can be used as a starting point for this next step: what is working, for whom, and at what cost? It is only then that California will have the information it needs to make sound and cost-effective policy decisions that improve the lives of the incarcerated and formerly incarcerated, and increase the public safety for the citizens of this state.

Table 2: Characteristics of Parole Programs

	Delancey Street Foundation	Mental Health Services Continuum Program / Transitional Case Management-MI	Project Choice (Operated by Centerforce)	Parole and Corrections Team (PACT)
Number of participants	Currently, 600 in California. 130 of which are parolees.	All parolees with diagnosed mental health issues	Currently, 40	All parolees in CA.
Program type	Residential self-help and education	Pre and post release support for individuals with mental health issues	Prisoner reentry assistance	Information services for reentering prisoners
Program location	2 locations: San Francisco and Los Angeles, CA.	Statewide	Oakland, CA	Statewide
Program Goals	Assisting former offenders, promoting education, job skills, responsibility, and peer assistance.	To ensure continuity of care from prison to the community, to identify parolees with mental health issues, to provide pre and post-release support, and to connect individuals to community-based services.	To provide reentry assistance for individuals deemed to be at a high risk of re-offending. Project aims to serve both the parolee and his family by providing pre-release planning, a basic needs pantry, post-release case management and coaching, support groups for the parolee and his family, and family group activities.	To more effectively supervise and deliver services to parolees, and to reduce the PAL (parolees-at-large) rate, reduce recidivism, and to provide comprehensive and equal delivery of services to all parolees.
Eligibility Criteria	Open to anyone. Geared towards former offenders and persons with substance abuse histories. Individuals must apply for entry into the program or be court mandated.	Individuals with diagnosed mental illnesses or issues (parolees with a CCCMS or EOP classification) who will be released in 120 days.	Prisoners from San Quentin prison (ages 16-30) who will be on parole in Oakland, CA.	All parolees, unless they receive a waiver from their parole agent.
Participation Mandatory/ Voluntary/ Incentives	Voluntary program. Requires individuals to commit to a 2 year residential stay. Some individuals are court mandated (mandatory).	Mandatory	Voluntary	Mandatory
Program Duration	Minimum of 2 years. The average stay is 4 years.	The program begins 120 days before an individual is released, and continues in the community	2 years, 4 months.	1 day
Partner Agencies/ Organizations	None	Parole Outpatient Clinics, Board of Parole Hearings, Social Security Administration	Program brings in service providers from the community.	Varies from site to site. Some partner with local law enforcement and community service providers.
Evaluation Results	None	Found positive results for program	No	Process evaluation only.

Table 2: Characteristics of Parole Programs (Continued)

	Parolee Services Network (PSN)	Parole Planning and Placement	STAR: Substance Abuse Treatment and Recovery	Parole Employment Program (PEP)	Men of Valor
Number of participants	4,117 in 2004	N/A	Approximately 500 per month	Approximately 700 per month	12 – 15 per month
Program type	Substance abuse treatment	Pre-release information and planning	Substance abuse treatment	Employment services	Faith based/ Residential
Program location	17 counties in California	Statewide	Statewide: 30 program sites throughout California	10 counties in California	Oakland, California
Program Goals	<p>To place parolees in appropriate alcohol/drug recovery programs.</p> <p>To reduce drug-related revocations and recidivism, and to reintegrate parolees into society and encourage a clean and sober lifestyle. To reduce State General Fund costs for incarceration and parole supervision.</p>	To collect information on parolees' risks and needs and to create a profile of the parolee, allowing a social worker to match the parolee with appropriate services available in the community.	To provide outpatient substance abuse services to parolees with a focus on life skills and education.	<p>To provide employment services for persons on California state parole.</p> <p>To assist parolees in obtaining employment.</p>	To prepare men to function in the community, to be productive, clean and sober, and law abiding. The program focuses on spiritual development, assisting the individuals in establishing a closer relationship with god as well as fostering a connection with the church. To connect men with their families and encourage them to be involved and responsible family members.
Eligibility Criteria	Individuals are referred by a parole agent or through participation in an in-prison substance abuse program.	All parolees with a new commitment or parole violators with new terms. Persons with substance abuse treatment or mental illnesses are excluded.	Participants are referred, either through a self-referral, a parole agent or a Parole Outpatient Clinician. Some parole agents use this program as an intermediate sanction when a parolee has tested positive for drugs.	Parolees in need of employment and employment services.	Individuals must apply for acceptance into the program.
Participation Mandatory/ Voluntary/ Incentives	Voluntary	Mandatory	Varies	Voluntary	Voluntary
Program Duration	Varies	Varies: occurs prior to release from prison	2 years, 4 months.	Varies	Varies: average stay is 16 months
Partner Agencies/ Organizations	None	Program connects individuals to community-based programs and service providers	N/A	None	None
Evaluation Results	Reduced recidivism compared to control group with no treatment	No	Reduced recidivism compared to control group with no treatment	No	No

APPENDIX

Programs for Individuals In Prison

1. Amity:

Operated by Amity Foundation.
www.amityfoundation.com or www.amityfdn.org

Funding Source(s): CDCR

Program Location(s):

5 prison projects, 200 beds each

Richard J. Donovan (RJD), San Diego (2 sites here, one has 50 beds)

California State Prison, Los Angeles County

Soledad State Prison, Soledad

Ironwood State Prison, Blythe

Chuckawalla Valley State Prison, Blythe

2 Community Projects

Amistad de Los Angeles

Vista, San Diego

2. Conservation Camp Programs-Inmate Firefighters

Operated by the CDCR; 37 Camps with California Department of Forestry (CDF); 5 Camps with Los Angeles County Fire Department (LACFD)

www.cdcr.ca.gov

Funding Source(s): CDCR, CDF, LACFD

Program Location(s):

42 Conservation Camps (37 are with CDF, 5 with LACFD; 2 of the 42 total are youth camps, one of which is an institution-based youth camp and the other is a stand-alone youth camp; 3 out of 42 are female—2 of those 3 are with CDF and 1 is with LA County).

3. Community Prisoner Mother Program (CPMP) & Family Foundations Program (FFP)

Operated by different community-based agencies contracted by the CDCR (see below list). The Women and Children's Services Unit (WCSU) oversees the operations of the programs.

www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s):

CPMP

Institution Hub: California Institute for Women (CIW)

1) Turning Point, Bakersfield-23 beds

2) Prototypes, Pomona-24 beds

Institution Hub: Valley State Prison For Women

3) East Bay Community Recovery Project – Project Pride, Oakland-24 beds

FFP

Institutional Hub: California Institute for Women (CIW)

1) Center Point, San Diego-35 beds

2) LACADA (Los Angeles Center for Alcohol and Drug Abuse), Santa Fe Springs – 35 beds

4. Forever Free

Operated by Mental Health Systems, Inc., under contract with the CDCR. The Office of Substance Abuse Programs (OSAP) provides oversight to ensure compliance with the contract.

www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s): California Institute for Women, Corona CA

5. Patten University at San Quentin, through the Prison University Project (PUP)

Operated as an extension site of Patten University. The Prison University Project provides material, financial, and administrative support to San Quentin.

www.prisonuniversityproject.org

Funding Source(s): All instructors are volunteers and all materials are donated. Two full-time administrators have salaries that are paid by funds raised independently by the Prison University Project, which consist primarily of private donations.

Program Location(s): San Quentin State Prison

6. Prison Industry Authority (PIA)

Operated by the CDCR

http://www.pia.ca.gov/piawebdev/index.html

Funding Source(s): Self-supporting: funds come from product sales

and services to governmental organizations.

Program Location(s): 22 state prisons

7. Transitional Case Management Program for parolees infected with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS): TCMP-HIV

Operated by the CDCR: Division of Adult Parole Operations, Health Administration Unit

www.cdcr.ca.gov

Funding Source(s): General Fund: \$2.5 million annually for contractor funding.

Program Location(s):

Currently the TCMP-HIV program is administered by eight state contractors who cover 33 counties within the state. The current state contractors and their respective locations are:

California Rehabilitation and Employment Program – Los Angeles Centerforce – San Rafael

Kern County Department of Public Health – Bakersfield

Riverside County Health Services Agency – Riverside

San Joaquin County Public Health Services – Stockton

San Luis Obispo County Public Health – San Luis Obispo

Sierra Foothill AIDS Foundation – Auburn/Placerville

University of California, San Diego – La Jolla/San Diego

8. Peer Health Education

Operated by Centerforce.

www.centerforce.org

Funding Source(s): Federal funding by Substance Abuse and Mental Health Services Administration (SAMHSA)

Program Location(s)

San Quentin State Prison

Central California Women's Facility (CCWF)

Valley State Prison For Women (VSPW)

Programs for Individuals On Parole

1. Delancey Street Foundation

Operated by the Delancey Street Foundation, a non-profit organization
www.eisenhowerfoundation.org/grassroots/delancey/mission.htm

Funding Source(s): Delancey Street Foundation. Funding is generated from business that the Foundation and its members operate. The Foundation does not accept governmental funding.

Program Location(s): San Francisco and Los Angeles, as well as New Mexico, North Carolina and New York.

2. Mental Health Services Continuum Program (MHSCP)

Also called: TCMP-MI (Transitional Case Management Program – Mental Illness)

Operated by the CDCR, Division of Adult Parole Operations

www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s): Statewide

3. Project Choice

Operated by Centerforce, a non-profit, community organization

www.centerforce.org

Funding Source(s): City of Oakland (partial funding from SVROI grant)

Program Location(s): Oakland, CA

Contact: Centerforce www.centerforce.org

4. Parole and Corrections Team (PACT) Program

Operated by CDCR

www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s): Statewide

5. Parolee Services Network (PSN)

(In Northern California, the mirror program is called Bay Area Service Network).

Operated jointly by the California Department of Alcohol and Drug Programs (ADP) and the CDCR through an interagency agreement. Funding provided to individual counties which arrange for contracts with service providers (substance abuse programs) in the community.
www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s): The program is located in 17 counties throughout California: Los Angeles, Riverside, San Bernardino, Orange, San Diego, Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano, Napa, Sonoma, Kern, Fresno and Sacramento.

6. Parole Planning and Placement (Formerly called Parolee Accountability Program)

Operated by the CDCR

www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s): Statewide

7. STAR: Substance Abuse Treatment & Recovery Program

Operated by the Contra Costa County Office of Education.

Contact: Contra Costa County Office of Education

www.ccco.k12.ca.us/

Funding Source(s): CDCR

Program Location(s): Statewide (There are 30 STAR program sites across California)

8. Parole Employment Program (PEP)

Operated by CDCR

www.cdcr.ca.gov

Funding Source(s): CDCR

Program Location(s): 10 counties within California: San Diego, Contra Costa, Santa Clara, Bakersfield, Los Angeles, Riverside, Inglewood, San Francisco, Oakland, and Fresno.

9. Men of Valor

Operated by the Acts Full Gospel Church, a non-profit, faith-based, community organization.

www.actfullgospel.org/

Funding Source(s): Self-funded (Acts Full Gospel Church)

Program Location(s): Oakland, California

REFERENCES

California Department of Corrections. (1995). *Transitional Case Management Project For inmates with Human Immunodeficiency Virus Disease: An Evaluation*. Parole and Community Services Division and Evaluation and Compliance Division.

California Department of Corrections. (1996). *Transitional Case Management Project For Inmates with Human Immunodeficiency Virus Disease: Evaluation Number Two*. Parole and Community Services Division and Evaluation and Compliance Division.

California Department of Corrections. (1998). *Comparison of Inmate Behavior in Prison Industry Authority and Other Job Assignments*. Research Branch: Evaluation, Compliance and Information Systems Division.

California Department of Corrections and Rehabilitation. (2006). Retrieved February 21, 2006, from <http://www.cdcr.ca.gov/Divisions-Boards/AOAP/FactsFigures.html>.

California State Auditor. (2004). *Prison Industry Authority: Although It Has Broad Discretion in Pursuing its Statutory Purposes, It Could Improve Certain Pricing Practices and Develop Performance Measures*. Report 2004-101.

Comfort, M., Grinstead, O.A., Faigeles, B., & Zack, B. (2000). Reducing HIV risk among women visiting their incarcerated male partners. *Criminal Justice and Behavior*, 27(1), 57-71.

Farabee, D., Yip, R., Garcia, D., Lu, A., & Sanchez, S. (2004). *Second Annual Report on the Mental Health Services Continuum Program of the California Department of Corrections-Parole Division*. California Department of Corrections, Division of Parole.

Fischer, R.G. (2005, September). Are California's recidivism rates really the highest in the nation? It depends on what measure of recidivism you use. *UCIrvine Center for Evidence-Based Corrections, Bulletin*, 1(1), 1-5.

Gaes, G.G., Flanagan, T.J., Motiuk, L.L., & Stewart, L. (1999). Adult correctional treatment. In M. Tonry & J. Petersilia, J. (Eds.), *Prisons* (pp.361-426). Chicago: The University of Chicago Press.

Goldman, G. & Pradhan, V. (2002). *The Economic Impact of California's Prison Industries*. Department of Agricultural and Resource Economics. University of California at Berkeley.

Grinstead, O., Faigeles, B., & Zack, B. (1997). The Effectiveness of peer HIV education for male inmates entering state prison. *Journal of Health Education*, 28(6), 31-37.

Grinstead, O., Zack, B. & Faigeles, B. (2001). Reducing postrelease risk behavior among HIV seropositive prison inmates: The Health Promotion Program. *AIDS Education and Prevention*, 13(2), 109-119.

Grinstead, O.A., Zack, B., Faigeles, B., Grossman, N., & Blea, L. (1999). Reducing postrelease HIV risk among male prison inmates: A Peer-Led Intervention. *Criminal Justice and Behavior*, 26(4), 453-465.

Hall, E., Prendergast, M.L., Wellisch, J., Patten, M., & Cao, Y. (2004). Treating drug-abusing women prisoners: An outcomes evaluation of the Forever Free Program. *The Prison Journal*, 84, 1, 81-105.

Jarman, E. (1993). *An Evaluation of Program Effectiveness for the Forever Free Substance Abuse Program at the California Institution for Women Frontera, California*. Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

Mauer, M. & Chesney-Lind, M. (Eds.). (2002). *Invisible Punishment: The Collateral Consequences of Mass Imprisonment*. The New Press. New York.

McCollister, K.E., French, M.T., Prendergast, M.L., Hall, E., & Sacks, S. (2004). Long-term cost effectiveness of addiction treatment for criminal offenders. *Justice Quarterly*, 21(3), 659-679.

McCollister, K.E., French, M.T., Prendergast, M., Wexler, H., Sacks, S., & Hall, E. (2003). Is in-prison treatment enough? A cost-effectiveness analysis of prison-based treatment and aftercare services for substance-abusing offenders. *Law and Policy*, 25(1), 63-82.

Mowrey, J. (2002). *A Process Evaluation of California's Police and Corrections Teams*. Unpublished paper.

National Institute on Drug Abuse. (2002). *Therapeutic Community* (Research Report Series, NIH Publication Number 02-4877).

Petersilia, J. (2003). *When Prisoners Come Home*. Oxford University Press. New York, NY.

Prendergast, M.L., Hall, E.A., Wexler, H.K., Melnick, G., & Cao, Y. (2004). Amity prison based therapeutic community: 5-Year outcomes. *The Prison Journal*, 84(1), 36-60.

Prendergast, M., Wellisch, J., & Baldwin, D.M. (2000). *Process Evaluation of the Forever Free Substance Abuse Treatment Program*. U. S. Department of Justice, National Institute of Justice.

Prendergast, M.L., Wellisch, J., & Wong, M.M. (1996). Residential treatment for women parolees following prison-based drug treatment: Treatment experiences, needs and services, outcomes. *The Prison Journal*, 76(3), 253-274.

Sagami, K. (Director). (2004). *Lifers: Reaching for Life Beyond the Walls* [Documentary]. (Available from Amity Foundation, <http://www.Amityfdn.org>).

Urban Institute. (2004). *Outside the Walls: A National Snapshot of Community-based Prisoner Reentry Programs*. Retrieved September 25, 2006 from <http://www.reentrymediaoutreach.org/resourceguide.htm>.

Wexler, H.K., Burdon, W.M., & Prendergast, M.L. (in press). Maximum security prison therapeutic community and aftercare: First outcomes. *Offenders Substance Abuse Report*.

Wexler, H.K., De Leon, G., Thomas, G., Kressel, D., & Peters, J. (1999a). The Amity prison TC evaluation: reincarceration outcomes. *Criminal Justice and Behavior*: 26(2), 147-167.

Wexler, H.K., Melnick, G., Lowe, L., & Peters, J. (1999b). Three-Year Reincarceration Outcomes for Amity In Prison Therapeutic Community and Aftercare in California. *The Prison Journal*, 79(3), 321-336.

Zhang, S., Roberts, R., & Callan, V. (2004). *An Evaluation of the California Preventing Parolee Crime Program*. Report submitted to California Department of Corrections Parole and Community Services Division.