

# C-ROB

SEPTEMBER 15, 2023  
C-ROB REPORT



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### *Contributors*

Ashley R. Barton-Schiele, Executive Director

The Office *of the* Inspector General

September 2023

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*All photographs reproduced in this report were provided courtesy of the Department of Corrections and Rehabilitation.*

## SELECTED ABBREVIATIONS

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ABE	Adult Basic Education
AOD	Alcohol and Other Drug
ARMS	Automated Reentry Management System
ASAM	American Society of Addiction Medicine
ASE	Adult Secondary Education
BSCC	(California) Board of State and Community Corrections
CalAIM	California Advancing and Innovating Medi-Cal
CAL-ID	California Identification Card Program
CAL FIRE	California Department of Forestry and Fire Protection
CalPIA/PIA	California Prison Industry Authority
Caltrans	California Department of Transportation
CARE Grant	California Reentry and Enrichment Grant
CASAS	Comprehensive Adult Student Assessment Systems
CBC	Community-Based Coalitions
CBI	Cognitive Behavioral Intervention
CBI 2	Cognitive Behavioral Intervention - Life Skills
CCCMS	Correctional Clinical Case Management System
CCHCS	California Correctional Healthcare Services
CCTRP	Custody to Community Transitional Reentry Program
CDCR	California Department of Corrections and Rehabilitation
CLM	California Logic Model
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
CPM	Community Partnership Manager
CPMP	Community Prison Mother Program
CRM	Community Resource Manager
C-ROB	California Rehabilitation Oversight Board
CSRA	California Static Risk Assessment
CTE	Career and Technical Education
DAI	Division of Adult Institutions
DAPO	Division of Parole Operations
DDP	Developmental Disability Program
DHCS	Department of Health Care Services
DPP	Disability Placement Program
DRC	Day Reporting Centers
DRP	Division of Rehabilitative Programs

EMC	Educational Merit Credits
EOP	Enhanced Outpatient
GED	General Education Development
GP	General Population
HLOC	Higher Level of Care
HSD	High School Diploma
IAG	Inmate Activity Group
IPG	Innovative Programming Grants
ISI	Cognitive Behavioral Intervention - Intensive Outpatient
ISO	Cognitive Behavioral Intervention - Outpatient
ISUDT	Integrated Substance Use Disorder Treatment
MAT	Medication Assisted Treatment
MCC	Milestone Completion Credits
MHSDS	Mental Health Services Delivery System
NIDA	National Institute on Drug Abuse
OCE	Office of Correctional Education
OIG	Office of the Inspector General
OMCP	Offender Mentor Certification Program
OVRSRs	Office of Victim and Survivor Rights and Services
PACT	Parole and Community Team
PRCS	Post-Release Community Supervision
RAC	Rehabilitative Achievement Credits
RCPS	Rehabilitative Case Plan Study
RFA	Request for Application
RIGHT	Rehabilitative Investment Grants for Healing and Transformation
RRC	Reentry Resource Center
SOMS	Strategic Offender Management System
STOP	Specialized Treatment for Optimized Programming
SUD	Substance Use Disorder
SUDT	Substance Use Disorder Treatment
TABE	Test of Adult Basic Education
TCMP	Transitional Case Management Program



## INTRODUCTION

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The California Rehabilitation Oversight Board (C-ROB, or the board) was created to provide guidance and recommendations to the California Department of Corrections and Rehabilitation (the department or CDCR) concerning its rehabilitation of incarcerated persons within the State's prison system and those who are released as parolees. The board's goal is to reduce recidivism when incarcerated persons are released into communities. This is the board's 24th report, and as of September 6, 2023, approximately 95,263 people are incarcerated in institutions within the department.<sup>1</sup> Most of these individuals will eventually be released back into the communities of this State.<sup>2</sup> The Inspector General of the Office of the Inspector General (the OIG) sits as chairperson of the board and provides OIG staff to conduct reviews regarding the department's rehabilitation efforts and to aid in preparing this report.

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<sup>1</sup> California Department of Corrections and Rehabilitation, Division of Correctional Policy Research and Internal Oversight, Office of Research, Weekly Report of Population, September 6, 2023, accessed September 11, 2023: <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2023/09/Tpop1d230906.pdf>.

<sup>2</sup> United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: <https://www.bjs.gov/content/reentry/reentry.cfm>.

## C-ROB MEETINGS

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C-ROB held board meetings on September 8, 2022, January 26, 2023, and May 4, 2023. During the board meetings, presentations were given by staff from the California Community College Chancellor's Office, California Correctional Health Care Services (CCHCS), CDCR's Division of Adult Parole (DAPO), CDCR's Division of Rehabilitative Programs (DRP), and the California Prison Industry Authority (CALPIA). Each presentation is summarized below.

### September 2022

#### California Correctional Health Care Services: Integrated Substance Use Disorder Treatment Program

CCHCS provided an updated overview of the Integrated Substance Use Disorder Treatment Program (ISUDT). There are six major components of the ISUDT Program that are listed below:

- screening and assessment,
- medication-assisted treatment,
- cognitive behavioral interventions (CBI),
- supportive housing,
- enhanced prerelease planning, and
- transition services.

Incarcerated persons receive an initial assessment screening upon arrival and an additional screening repeated 15 to 24 months prior to release to identify any treatment needs before release. The board was informed that all incarcerated people are eligible for ISUDT if a need is determined during screening. ISUDT program staff provide education to incarcerated persons to prevent possible overdose after release. CCHCS is currently working with the National Governor's Association and the Department of Health and Human Services to provide solutions to substance use. A dashboard is available on the CCHCS website where the public can view the number of incarcerated persons screened and assisted.<sup>3</sup>

### January 2023

#### California Community College Chancellors Office: Rising Scholars Network

The Rising Scholars Network is a network of community colleges co-located with the department. Prior to 2015, there were no face-to-face college courses inside the institutions until California State Senate Bill 1391 provided the opportunity

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<sup>3</sup> "ISUDT Program Overview," California Correctional Health Care Services, <https://cchcs.ca.gov/isudt/dashboard/>.

for in-person courses in the institutions. In 2018, 44 colleges received grant funding, and as of the presentation, 80 colleges receive grant funding to provide secondary education in CDCR institutions. Presently, the Rising Scholars Network is in every California prison and several county jails. The Rising Scholars Network has social workers on staff to provide additional services to the previously incarcerated population, which are not usually available at a college campus. The network also has a strategic partnership with the University of California's higher education programs and the California State University system to encourage students with convictions to pursue secondary education opportunities without their conviction being a discouraging factor. The Rising Scholars Network also collaborates with local probation and law enforcement offices to implement their programs. The network is currently designing a new youth justice initiative to help prevent juveniles from ending up in adult jails or institutions and developing educational resources to prevent lifetime incarceration.

## **May 2023**

### **California Prison Industry Authority: Programs which Aid in Post-Release Employment**

The CALPIA presented an overview of its rehabilitative job training programs that provide incarcerated persons with the ability to obtain careers after release. Every prison offers certifications in hospital-certified cleaning services while select institutions offer certifications in metal fabrication and welding, forklift certification, carpentry and construction, and more. During the 2022–23 fiscal year, over 5,000 incarcerated persons completed certifications in various programs including computer coding, AutoCAD, dental technicians, opticians, commercial dive program, and underwater welding. CALPIA has partnered with the University of California, Irvine, to monitor the progress and recidivism rates of previously incarcerated persons who participated in CALPIA programs. Of the approximately 8,600 individuals, those who participated for six months or more showed a reduction in recidivism. In addition, CALPIA is in the process of having the cohort reevaluated to determine whether the individual programs offered have differing effects on recidivism rates of the group. CALPIA also partners with the California Department of Transportation to provide prison-to-employment hiring events. As of May 2023, 30 previously incarcerated persons received intent-to-hire letters, and five were working for the California Department of Transportation.

## California Correctional Health Care Services: Transfers of Incarcerated Persons in the Mental Health Services Delivery System and the Effects on Rehabilitation

CCHCS made a presentation regarding the transfers of incarcerated persons in the Mental Health Services Delivery System (MHSDS). From 2012–2022, approximately 26 percent to 33 percent of the incarcerated population were in mental health programs. Approximately 95 percent of patients in mental health programs are in an outpatient program where they are seen by a medical provider every 90 days. Persons assigned to Enhanced Outpatient Programs (EOP) are seen every 30 days, while incarcerated persons receiving inpatient care are seen daily. The levels of care vary among institutions, requiring a different number of doctors per incarcerated person. Not all levels of care are provided at every institution, which may affect a person's transfer. Transfers of those in the MHSDS are affected by several different factors including whether specific rehabilitation programs are offered at the new institution. In addition, the *Coleman v. Newson* (*Coleman*, 912 F. Supp. 1282 (E.D. Cal.1995))<sup>4</sup> lawsuit mandates time lines for patient transfers or the department could face penalties and fines. Incarcerated persons who are deemed high-risk medical have the greatest number of transfers, which are typically short-term due to necessary appointments. CDCR operates California Health Care Facility (CHCF), California Medical Facility (CMF), and Salinas Valley State Prison (SVSP) as medical facilities to better facilitate the *Coleman* transfer deadlines. When incarcerated persons are assigned to short-term restricted housing or administrative segregation with a rules violation report or a safety concern, the department could transfer them. Other circumstances that may initiate patient transfer include the following:

- PREA allegations,
- staff conflicts,
- overfamiliarity concerns,
- outside medical needs,
- hardship transfers,
- prerelease programs,
- transport to county jail for hearings,
- assignment to a reception center upon entering CDCR,
- facility issues,
- staffing shortages, or
- medication restrictions.

In many instances, transfers are requested by the incarcerated person rather than mandated by the department.

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<sup>4</sup> CDCR, Decision in Mental Health Care Class Action, <https://www.cdcr.ca.gov/dhcs/smhpc-coleman/>.

## **California Department of Corrections and Rehabilitation, Division of Rehabilitative Programs: Programs which Aid in Post-Release Housing and Post-Release Housing Statistics**

DRP provided an overview of postrelease housing programs and postrelease housing statistics as well as their collaboration with DAPO on these issues. The department contracts with community-based organizations for programs prerelease and postrelease. Four prerelease programs presented were the Male Community Reentry Program, Custody to Community Transitional Reentry Program, Alternative Custody Program, and Community Prisoner Mother's Program. The department strives to connect incarcerated persons with resources prior to release to aid in self-sufficiency upon release. There is a preparole planning process in which incarcerated persons who are close to release meet with DAPO staff regarding eligibility for assistance and coordination of program placement. DAPO continues to work with DRP postrelease for parolee programming and transition services.

The department provides programs that offer residential treatment and services 24 hours a day, seven days a week, as well as outpatient services, to assist in the continuing the services the incarcerated person received while in prison. Programs presented were: Specialized Treatment for Optimized Programming (STOP); Day Reporting Centers (DRC) and Community-Based Coalitions (CBC); and Long-Term Offender Recovery and Reentry Services (LTORR). More information about these programs can be found in the Reentry section of this report.

## BACKGROUND

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C-ROB was established by California State Assembly Bill 900, the Public Safety and Offender Rehabilitation Services Act of 2007 (the Act), and the board held its first meeting on June 19, 2007.<sup>5</sup> The Act was intended to address the serious problem of overcrowding in California's institutions and to improve rehabilitative outcomes among California's incarcerated people and parolees.

C-ROB is a multidisciplinary public board with members from various State and local entities. California Penal Code section 6141 mandates that C-ROB examine and report on rehabilitative programming provided to incarcerated people and parolees by the department. The board examines and reports on the implementation of an effective treatment model throughout the department, including evidence-based rehabilitative programming. According to statute, C-ROB must submit an annual report on September 15 to the Governor and the Legislature. This report must minimally include findings on the following:

- Effectiveness of treatment efforts,
- Rehabilitation needs of incarcerated individuals,
- Gaps in rehabilitation services, and
- Levels of incarcerated individuals' participation and success.

The board must also offer recommendations to the Governor and the Legislature with respect to the department modifying, adding, or eliminating rehabilitation and treatment programs and, in doing its work, use the findings and recommendations published by the Expert Panel on Adult Offender and Recidivism Reduction Programs.<sup>6</sup> The panel identified eight evidence-based principles and practices, collectively called the California Logic Model. This model shows what effective rehabilitation programming could look like if California implemented the panel's recommendations.

The panel produced evidence that supported the cost-effectiveness of rehabilitative programming. The California Logic Model's framework and implementation status is discussed in this report. The two overarching recommendations of the report by the panel were to reduce overcrowding in the department's institutions and parole offices, and to expand the department's system of positive reinforcements for incarcerated individuals who successfully complete their rehabilitation program requirements, comply with institutional rules in prison, and fulfill their parole obligations in the community.

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<sup>5</sup> Assembly Bill 900 (Solorio), Chapter 7, Statutes 2007.

<sup>6</sup> *A Roadmap for Effective Offender Programming in California*, 2007, CDCR.

Starting in 2023, the board must also include data on formerly incarcerated individuals facing homelessness. This includes data on the subset of those incarcerated persons experiencing homelessness who were previously identified as having a serious mental-health need, as mandated by SB 903.<sup>7</sup>

## **Preparing This Report and Disclaimer**

The scope of this report is based on information and data requested from the department as well as research conducted on various rehabilitative practices and programs. The department's data reflect information concerning incarcerated individuals for the period of July 2022 through June 2023.

This information has not been audited by the board. The board does not make any representation as to the accuracy or materiality of the data received from the department. This report is not an audit, and there is no representation it was subject to government-auditing standards.

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<sup>7</sup> Mandated by SB 903:  
[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220SB903](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB903).

## CORRECTIONAL REHABILITATION

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On July 1, 2005, the department changed its name from the California Department of Corrections to the California Department of Corrections and Rehabilitation pursuant to Senate Bill 737. Correctional rehabilitation in California has expanded exponentially since that time. Essentially, the “focus [of correctional rehabilitation] is not simply on lawbreakers but also on protecting society: by making offenders less criminal, fewer people will be victimized and society will, as a result, be safer.”<sup>8</sup>

The department’s vision reflects this objective of protecting society. The department states its vision is to “enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs.”<sup>9</sup>

While correctional rehabilitation evolve, one tool has continued to be used: the Risk–Need–Responsivity model.<sup>10</sup> The model discusses three core principles: *risk*, which is to match the level of care to the incarcerated person’s risk to reoffend; *need*, which is to assess criminogenic needs and target them in treatment; and *responsivity*, which is to maximize an incarcerated person’s ability to learn through the tailoring of intervention and learning style.

Eight basic criminogenic needs that can affect the rehabilitation of incarcerated individuals are:

- Antisocial personality pattern
- Criminal history
- Education/employment
- Family/marital
- Leisure/recreation
- Procriminal associates
- Procriminal attitudes
- Substance abuse<sup>11</sup>

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<sup>8</sup> “Rehabilitation: What is Rehabilitation?” Law Library – American Law and Legal Information, July 18, 2022, <https://law.jrank.org/pages/1933/Rehabilitation-What-rehabilitation.html>.

<sup>9</sup> “Vision, Mission, Values and Goals,” California Department of Corrections and Rehabilitation, July 18, 2022, <https://www.cdcr.ca.gov/about-cdcr/vision-mission-values/>.

<sup>10</sup> D. A. Andrews, J. Bonta, and R. D. Hoge (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17(1), 19–52. <https://doi.org/10.1177/0093854890017001004>.

<sup>11</sup> James Bonta and J. Wormith (2013). Applying the risk-need-responsivity principles to offender assessment. <https://doi.org/10.1002/9781118320655.ch4>.



Many entities, including the National Institutes of Health and the National Council on Crime and Delinquency, have recognized these eight criminogenic needs. All the needs listed, with the exception of criminal history, are dynamic and can have a negative impact on a person's likelihood to reoffend.

The department uses a variety of tools and programs to assess and respond to risks and needs. Rehabilitation starts when a person arrives in prison and continues through their transition and reintegration into the community after release.

Agencies, departmental offices, and divisions such as DRP, the Office of Community Partnerships, DAPO, CCHCS, and CALPIA all contribute to correctional rehabilitation. Rehabilitation programs provided by these entities help incarcerated persons gain knowledge, job skills, industry certifications, education, health care, and resources to reduce recidivism and transition successfully upon reentry.

A common industry practice used to measure correctional rehabilitation's performance is through studying recidivism rates. Although recidivism rates have not changed significantly in the last few years, as shown in the section of this report titled **Follow Up**, the department continues to make significant steps forward in correctional rehabilitation. The board hopes to see the effects of these changes in future recidivism reports.

## CALIFORNIA LOGIC MODEL

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The department's goal, as addressed by the California Logic Model, is to ensure that incarcerated people identified as having moderate to high risk and needs receive evidence-based programming consistent with their criminogenic needs prior to release. This section describes the progress the department made in implementing the eight components of the California Logic Model during this reporting period. The following are the model's eight basic components:

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

This report outlines each component and the rehabilitative efforts demonstrated in each area. Information about the department's efforts and performance in rehabilitation is organized in subsequent sections of this report corresponding to each component of the California Logic Model.

## ASSESS HIGH RISK

The department uses the results of the California Static Risk Assessment (CSRA) tool to assess an incarcerated person's risk to reoffend. The CSRA is completed during the start of an individual's incarceration. The CSRA uses an incarcerated person's past criminal history and characteristics to predict the static risk to reoffend; hence, the results do not change based on a person's rehabilitative programming. The only factors that may alter the results are age and changes in the person's criminal history.

Table 1 shows the number of incarcerated and paroled persons who received the CSRA and of those, who received a moderate-to-high CSRA score in the past three fiscal years. In addition, data on the subset of persons in the MHSDS is included below. Consistent with previous years, as of June 30, 2023, 99 percent of incarcerated persons had received a CSRA. The percentage of the incarcerated population with a moderate-to-high risk to reoffend, as well as the percentage of those who are in the MHSDS with a moderate-to-high score have slightly increased. Although the percentage of the paroled population who had received a CSRA declined, the paroled population with a moderate-to-high score also declined.

**Table 1. Risk Assessments for Incarcerated and Parole Populations (2021–2023)**

	June 2021		June 2022		June 2023	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
<b>Incarcerated population</b>	<b>98,173</b>	100%	<b>97,391</b>	100%	<b>94,633</b>	100%
Received CSRA	95,943	98%	95,964	99%	93,738	99%
Received moderate/high CSRA score	39,353	40%	39,409	40%	38,340	41%
Received CSRA and in MHSDS	—	—	32,485	33%	33,258	35%
Received Moderate/high CSRA and in MHSDS	—	—	13,527	14%	13,863	15%
<b>Paroled population</b>	<b>49,927</b>	100%	<b>42,725</b>	100%	<b>43,891</b>	100%
Received CSRA	49,358	99%	42,725	100%	42,627	97%
Received moderate/high CSRA score	28,127	56%	24,431	57%	23,440	53%

Source: All data were provided by the Division of Rehabilitative Programs. Data for the incarcerated population were provided as of June 30, 2021, 2022, and 2023. Paroled population data were provided as of July 1, 2021, June 30, 2022, and June 30, 2023.

## ASSESS NEEDS

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The department uses two main assessments to determine in-prison needs. The Core Correctional Offender Management Profiling for Alternative Sanctions (Core COMPAS) is a needs-based assessment tool that determines the rehabilitative programming needs of incarcerated persons. The Test of Adult Basic Education (TABE®) determined if an incarcerated person has a need for education and their appropriate program placement. The department uses the Reentry COMPAS assessment upon release to assess post release needs.

Previously, the department assessed substance use as a criminogenic need using the Core COMPAS; however, as of January 2020, substance use disorders (SUDs) are recognized as chronic healthcare conditions. The ISUDT Program is provided by CCHCS under a medical model consistent with community standards of care. Substance use dependency assessments are discussed in the **Integrated Substance Use Disorder Treatment Program** section of this report.

### Core Correctional Offender Management Profiling for Alternative Sanctions

The Core Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment is given at the beginning of a person's incarceration during the reception process. The department uses the Core COMPAS to determine whether an incarcerated person has a need for rehabilitation in four areas: criminal personality, anger, employment, or support from family of origin. The scores indicate whether the incarcerated person has a low, moderate, or high need of rehabilitation in that area.

Incarcerated people are ineligible for the Core COMPAS assessment if they are designated at a mental health level of Enhanced Outpatient Program (EOP) or higher, are at a reception center and unclassified, are condemned, or are transgender or nonbinary. Ineligibility criteria are set by the department. As of this publication, the department is updating the Core COMPAS tool to remove bias, which will allow for transgender or nonbinary incarcerated persons to be assessed. The department states it is working with internal stakeholders to implement the new version of the Core COMPAS. Eligibility for the Core COMPAS assessment is determined at the time the assessment is given. A person's eligibility status can change at any time during the incarceration period.

As of June 30, 2023, 60,405 persons were eligible to receive a Core COMPAS assessment and of those eligible, 59,304 have completed the assessment. This is a completion rate of 98 percent, which is a five-percentage-point increase compared with the prior fiscal year. Of the completed assessments, 17,045 were persons in the MHSDS. Additional incarcerated persons may have completed the Core COMPAS assessment but are not reflected in the table below due to changes in eligibility status after completion of the assessment.

**Table 2. Administration of COMPAS Assessment for the Eligible and Classified Incarcerated Population (2021–2023), Including MHSDS Data for 2022 and 2023**

	June 2021	June 2022	June 2023
<b>Eligible for Core COMPAS</b>	<b>84,856</b>	<b>71,027</b>	<b>60,405</b>
Completed Core COMPAS*	82,248	66,454	59,304
<b>In MHSDS and eligible for Core COMPAS</b>	<b>—</b>	<b>19,576</b>	<b>17,428</b>
In MHSDS and completed Core COMPAS*	—	18,219	17,045

\*The number of completed Core COMPAS assessments is of those who were eligible.

Source: Data provided by Division of Rehabilitative Programs as of June 30, 2021, 2022, and 2023.

Table 3 below details the rehabilitative needs of the incarcerated population with completed Core COMPAS assessments over the past three years. The data were collected as of June 30 each year and show the distribution of low versus moderate and high need in this population. The last two fiscal years' data include a subset of patients in the MHSDS, and the numbers indicate that moderate to high needs tend to be slightly higher among those who are in the mental health system. The needs have remained consistent when compared with the prior fiscal year.

**Table 3. Rehabilitative Needs of Incarcerated Persons Determined by COMPAS Assessment (2021–23), Including MHSDS Data for 2022 and 2023**

Rehabilitative Need	Need Level	June 2021	June 2022		June 2023	
			All	MHSDS	All	MHSDS
Criminal personality	Low	57.5%	57.1%	49.5%	56.5%	49.4%
	Mod/High	42.5%	42.9%	50.5%	43.5%	50.6%
Anger	Low	47.7%	47.4%	41.1%	46.7%	40.8%
	Mod/High	52.3%	52.6%	58.9%	53.3%	59.2%
Employment problems	Low	61.7%	61.4%	55.4%	61.4%	55.2%
	Mod/High	38.3%	38.6%	44.6%	38.6%	44.8%
Support from family of origin	Low	76.4%	75.5%	69.1%	75.0%	69.2%
	Mod/High	23.6%	24.5%	30.9%	25.0%	30.8%

Source: Data provided by Division of Rehabilitative Programs as of June 30, 2021, 2022, and 2023.

## **Comprehensive Adult Student Assessment Systems**

The department utilized the TABE® at the beginning of a person's incarceration to test reading levels and to determine an incarcerated person's educational needs. The department is switching the initial assessment to be the Comprehensive Adult Student Assessment Systems (CASAS) test, which, previously, has been given upon assignment to education. The CASAS requires less time to administer, resulting in less test fatigue and more accurate scores. Since the CASAS and TABE® both test for the same types of academic standards, performance expectations, and grade-level equivalents, the department is switching solely to the CASAS to reduce duplicative testing, and the amount of time and work spent administering the test. The complete transition to administering CASAS during reception was expected to occur by the end of 2022 but was delayed due to Strategic Offender Management System (SOMS) programming. The department replaced the TABE® with the CASAS at reception in August 2023.

The CASAS test categorizes students with a need for education into one of four levels according to their reading ability. Adult Basic Education I (ABE I) is for students who score from 0.0 to 3.9, Adult Basic Education II (ABE II) is for students who score from 4.0 to 6.9, and Adult Basic Education III (ABE III) is for students who score from 7.0 to 8.9. General Education Development (GED) and High School is for students who score 9.0 and above.

## **Reentry Correctional Offender Management Profiling for Alternative Sanctions**

Incarcerated individuals who are within seven months of release are eligible for a Reentry Correctional Offender Management Profiling for Alternative Sanctions (COMPAS). The Reentry COMPAS is managed by the Community Transition Program whose mission is to pair those incarcerated persons who demonstrate the highest risk levels with a community program that addresses their assessed needs. The resulting scores from this assessment are used to guide programming decisions upon parole.

In fiscal year 2022–23, the parolee population increased by 2.7 percent. As of June 30, 2023, 93.9 percent of parolees received a Reentry COMPAS assessment which is a slight decrease since 2021 (see Table 4, next page). Moderate to high levels of need increased for all six reentry needs. Similar to the last reporting cycle, moderate to high levels of need were highest for Reentry Substance Abuse at 60.1 percent, followed by Reentry Employment Expectations at 52.8 percent, and Reentry Financial need at 49.1 percent (see Table 5, next page). Most notably, the moderate to high need for Reentry Employment Expectations increased by slightly over seven percentage points from 2022.

**Table 4. Parole Reentry COMPAS Assessments (2021–2023)**

	June 2021	June 2022	June 2023
Parolee population	49,927	42,725	43,891
Received COMPAS	47,588	40,403	41,224
Percent received	95.3%	94.6%	93.9%

Source: Data provided by Division of Rehabilitative Programs as of June 30, 2021, 2022, and 2023.

**Table 5. Rehabilitative Needs of Parolees Based on Reentry COMPAS (2021–2023)**

Rehabilitative Need	Need Level	June 2021	June 2022	June 2023
Reentry Substance Abuse	Low	42.6%	41.5%	39.9%
	Mod/High	57.4%	58.5%	60.1%
Criminal Thinking Observation	Low	85.8%	86.8%	81.8%
	Mod/High	14.2%	13.2%	18.2%
Negative Social Cognitions	Low	81.5%	81.3%	76.8%
	Mod/High	18.5%	18.7%	23.2%
Reentry Financial	Low	52.7%	53.9%	50.9%
	Mod/High	47.3%	46.1%	49.1%
Reentry Employment Expectations	Low	53.5%	54.6%	47.2%
	Mod/High	46.5%	45.4%	52.8%
Reentry Residential Instability	Low	60.0%	58.9%	53.8%
	Mod/High	40.0%	41.1%	46.2%

Source: Data provided by Division of Rehabilitative Programs as of June 30, 2021, 2022, and 2023.

## **DEVELOP BEHAVIOR MANAGEMENT PLANS**

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In March 2020, the department began utilizing the Rehabilitative Case Plan Study (RCPS) and recording the Rehabilitative Case Plan (RCP) in the Strategic Offender Management System (SOMS) database to manage rehabilitative case planning. If members of the incarcerated population completed the risk and needs assessment, they met with institutional staff to create an RCP (Appendix A). The RCP is a tool that correctional counselors and institutional classification committees used to view and document information such as self-assessment guides and summaries of courses and programs available. After staff reviewed the RCP, the incarcerated person was put on waitlists for programs that were relevant to that individual's needs, and once enrolled, the RCPS also tracked the person's progress. The department has continued its development of additional case management tools and trainings for staff.



## DELIVER PROGRAMS

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Rehabilitative programs are an integral part of the correctional rehabilitative process. Many entities provide programs which range from activity groups to evidence-based therapy and treatments to employment and education. The department has expanded rehabilitative programs exponentially in the last decade.



The education and ISUDT program capacities shown in Table 6 reflect the number of incarcerated persons that evidence-based programs can accommodate in a year. The total capacity of all programs has increased to 116,159 persons (33.1 percent increase), while academic education and career technical education capacities have decreased slightly.

In May 2021, CBI-Intensive Outpatient participants were transferred to the CBI-Outpatient program; as a result, annual program capacities are provided only for CBI-Outpatient and CBI-Life Skills. As of June 30, 2023, the capacity for CBI-Outpatient was 45,208 patients. This significant increase is due to the program moving to a 14-week cycle, whereas previously it was a 52-week cycle. The capacity for CBI-Life Skills was 15,766 patients, slightly fewer than the previous fiscal year as shown in Table 6 on the next page.

**Table 6. Adult Rehabilitative Annual Program Capacity (2021–2023)**

Rehabilitative Program	June 2021	June 2022	June 2023
Academic Education	44,268	45,852	44,844
Career Technical Education	10,665	10,680	10,341
In-Prison Cognitive Behavioral Interventions:			
<i>CBI – Intensive Outpatient</i>	15,132	*	*
<i>CBI – Outpatient</i>	5,376	14,407	45,208**
<i>CBI – Life Skills</i>	9,216	16,329	15,766
<b>Total capacity for all programs</b>	<b>84,657</b>	<b>87,268</b>	<b>116,159</b>

Source: Data provided by the Division of Rehabilitative Programs as of June 30, 2021, 2022, and 2023.

\* An additional four hours of programming is now provided by social workers for CBI-Intensive Outpatient.

\*\* This increase is due to moving from a 52-week program to 14-week program cycle to expand access.

## Proposition 57 – Public Safety and Rehabilitation Act of 2016

In November 2016, California passed Proposition 57, the California Parole for Non-Violent Criminals and Juvenile Court Trial Requirements Initiative, requiring the department to adopt regulations implementing new parole and sentence credit provisions to enhance public safety, and authorizing the department to award sentence credits for rehabilitative achievement, good conduct, or educational merit. The department continues to offer rehabilitative achievement credits, good conduct credits, educational merit credits, and milestone credits to incarcerated individuals.

Three types of credits are designed for rehabilitative programming which award incarcerated persons with days off their sentence. Educational Merit Credits (EMC) can award 180 calendar days for the completion of high school diploma or equivalency programs, higher education degrees, or the Offender Mentor Certification Program. Milestone Completion Credits (MCC) are awarded for successful completion of rehabilitative or educational programs designed to prepare individuals for employment upon release. MCC may be awarded in no less than one-week, but no more than 12-week increments in a 12-month period. The full Milestone Completion Credit Schedule can be found on the department's website.<sup>12</sup> Rehabilitative Achievement Credits (RAC) may award 10 days to individuals who complete 52 hours of approved self-help and volunteer public service programs.

Effective May 2021, the department enacted many credit-earning rate changes as an emergency regulation change. Notably, persons categorized as violent

<sup>12</sup> Mileston Completion Credit Schedule, <https://www.cdcr.ca.gov/regulations/wp-content/uploads/sites/171/2022/10/Milestone-Completion-Credit-Schedule.pdf>.

offenders pursuant to Penal Code section 667.5(c) began earning 33.3 percent (one day of credit for every two days served).

When the 2022 report was published, two active lawsuits challenged CDCR's promulgation of the emergency regulations. The first, filed in May 2021 by a group of California district attorneys—who were subsequently dismissed as plaintiffs and replaced by two victims' advocacy groups—has since been dismissed by the plaintiffs. The second case, filed in early 2022 by a victims' advocacy group and two individuals, remains active. On May 18, 2023, the petitioners and plaintiffs in this case—the crime victims' advocacy group and three individuals—filed a second amended petition and complaint seeking again, in part, the invalidation of the emergency regulations. Of note, the emergency regulations are no longer in effect; permanent regulations were adopted on August 9, 2022, superseding the emergency regulations. The amended petition and complaint does not challenge the permanent regulations. A hearing is currently scheduled in this case for August 28, 2023. The board will provide an update on this case in the next report.

Between July 2022 and June 2023, the department released 17,109 incarcerated persons due to earned credits authorized by Proposition 57 that advanced their release dates. According to the department, these individuals, excluding those released from fire camps, earned an average of 190.3 days of additional credit. As shown in Table 7, in fiscal year 2022–23 the department awarded a total of 521,550 days in EMC, 1,013,607 days in MCC, and 279,870 days in RAC.

**Table 7. Credits Awarded in Days (Fiscal Year 2021–22 and 2022–23)**

Type of Credit	2021-22	2022-23
Educational Merit Credit (EMC)	354,510	521,550
Milestone Completion Credit (MCC)	1,251,376	1,013,607
Rehabilitative Achievement Credit (RAC)	142,330	279,870

Source: Data provided by the Office of Research, Division of Correctional Policy Research and Internal Oversight, CDCR.

## Program Grants

The State Budget Act of 2019 included funding for three types of prison programming grants. The purpose of these grants was to assist programs that provide or focus on individual responsibility, restorative justice, victim impact, reentry, or enrichment. Grants were awarded at the start of the cycle, and grantees received funding each year to provide their program(s) over a two- or three-year cycle, depending on the type of grant.

Once the grant funding provided by the state for the Innovative Programming, Victim Impact, and California Reentry Enrichment grants ended, the department

independently elected to continue these grants through the Inmate Welfare Fund and general funds. The Budget Act of 2022 provided funding for a new grant, the Rehabilitative Investment Grants for Healing and Transformation. Grant recipients can be found on the department's website.<sup>13</sup> All grant terms are set to end in 2025, with the exception of Victim Impact Grants which are set to end in 2024.

### **Innovative Programming Grants**

Innovative programming grant (IPG) eligibility includes nonprofit organizations that currently provide programs in an adult correctional setting, that have demonstrated success, and that focus on individual responsibility and the principles of restorative justice.

The department requested input from DAI and CCHCS to identify the target populations or underserved institutions for innovative programming grants. The request for applications listed five targets:

- Programmatically underserved institutions
- Level IV 180-design facilities
- Nondesignated programming facilities
- Enhanced outpatient (EOP) programs
- Youth programs

Applicants were permitted to submit a single grant application for a program that would be offered at one or more prison locations. Applicants specified at which institutions or yards the program would be located. In March 2022, 44 grants were awarded, totaling approximately \$12 million in grant funding over a three-year period beginning July 2022.

### **Victim Impact Grants**

Victim Impact Grants fund programs that deliver victim-focused services. DRP released an initial request for application (RFA) in July 2019 for programs that focused on victim impact. In addition, the Office of Victim and Survivor Rights and Services (OVSRS) released an RFA in July 2019 for programs that focused on Victim Offender Dialogue. Eligibility for both RFAs was open to nonprofit organizations that have demonstrated success and provide victim impact programs in an adult correctional setting. Applicant organization programs should also focus on individual responsibility and restorative justice principles. In fiscal year

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<sup>13</sup> Grant Programs - DRP, <https://www.cdcr.ca.gov/rehabilitation/grants/>, accessed August 2023.

2021–22, 12 programs were awarded funding, totaling approximately \$2 million over a two-year period beginning July 2022.

### **California Reentry and Enrichment Grants**

The Budget Act of 2019 awarded an additional \$5 million to California Reentry and Enrichment (CARE) grants. Senate Bill 94 added section 5007.3 to the California Penal Code that required the department to develop a 10-member CARE grant steering committee in consultation with the Legislature.

The steering committee was established in February 2020. Utilizing a steering committee to award grant funds for rehabilitative programs was a new process for DRP. Eligibility is available to nonprofit organizations that currently provide programs in adult correctional facilities, that have demonstrated success, and that focus on healing programs, insight-oriented restorative justice, and transformative justice.

In fiscal year 2021–22, 79 programs were awarded CARE grants, totaling approximately \$15 million over a three-year period beginning July 2022.

### **Rehabilitative Investment Grants for Healing and Transformation**

The Budget Act of 2022 included \$20 million allocated for the Rehabilitative Investment Grants for Healing and Transformation (RIGHT). Eligibility was open to nonprofit organizations that have provided in-prison rehabilitative programming within three to five years prior to submission of their application. The purpose of the funding is to support the development and delivery of in-prison programming, which can include research and program development, efficacy and delivery, training, and technology. In fiscal year 2022–23, 69 programs were awarded RIGHT grants.

### **Academic Education Programs**

Academic education programs are run by OCE, a subdivision of DRP. The educational program offers students at every learning level an opportunity to gain a high school diploma or equivalency, as well as associate's and bachelor's degrees. In addition, these programs provide career and technical education (CTE), which offers students certificates and knowledge in career trades. The department is continuously making efforts to better its offerings in correctional education.

The department's education delivery models consist of traditional education, postsecondary and continuing education, and alternative education. Most academic education classes run three times per day with up to 18 students per class, excluding postsecondary and continuing education.

The department received funding in the 2021 Budget Act to establish a cloud network for up to 5,000 concurrent users, as well as funding to purchase 37,000

laptops for students to use in academic education programs. Students can check out laptops from their instructors, which grants access to content available on the DRP learning network. The department distributed approximately 8,500 laptops, and over 319 courses were administered via the Canvas Learning Management System for the spring 2023 semester. The department expects to roll out approximately 30,500 laptops for academic education programs by June 2026.

A network redesign to increase bandwidth at each institution was completed during fiscal year 2022–23. The network redesign has expanded the number of concurrent devices, provided dedicated circuits for incarcerated-person network traffic, and expanded access to the department’s virtual cloud environment.

## **Traditional Education**

The Traditional Education program consists of Adult Basic Education (ABE) and Adult Secondary Education (ASE). Incarcerated persons who do not have a diploma or GED are assigned to education. As discussed in the Assess Needs section of this report, students are assigned to their appropriate educational level which is determined by the TABE® assessment.

In February 2022, OCE implemented the Student Support Services Program. The department states this program reflects current practices in education standards. This program replaced the previous Disability Placement Program (DPP), Developmental Disability Program (DDP), and the Enhanced Outpatient Program (EOP). Previously, OCE had special education teachers who assisted students designated as DPP and DDP. The EOP program was separate from that program and was a program for students designated as EOP. The new Student Support Services model assists DDP and DPP students as well as EOP students who are now in regular ABE classes. The instructor is now a Resource Specialist Program teacher.

Students who are assessed at a reading level at or below the seventh-grade level are enrolled into Adult Basic Education (ABE) I or II. The goal is for them to increase their literacy and math levels, so they can prepare for a high school diploma or enroll in equivalency classes. For students reading at or above the eighth-grade level, the focus is to help them earn a high school diploma or equivalency through the ABE III, General Education Development (GED), or High School Diploma (HSD) education models.

The department provides the GED assessment to incarcerated persons who possess neither a high school diploma nor a high school equivalency certificate. Students enrolled in a GED program are provided with subject matter lessons in preparation for the GED assessment.

Academic achievements in all areas of traditional education have continued to increase since the COVID-19 impact on operations and staffing levels. Most notably, the issuance of high school diplomas more than doubled, increasing from 204 in fiscal year 2021–22 to 416 in fiscal year 2022–23 (Table 8, next page).



**Table 8. Achievements in Traditional Education (Fiscal Years 2019–20, 2020–21, 2021–22, 2022–23)**

Academic Achievements	FY 2019–20	FY 2020–21	FY 2021–22	FY 2022–23
CASAS Benchmarks	9,285	6,346	8,091	10,105
High School Equivalency Subtests Passed	1,832	445	1,406	2,771
High School Equivalency Completions	1,716	567	1,111	1,736
High School Diplomas	262	198	204	416

Source: Data provided by the Division of Rehabilitative Programs.

### Postsecondary and Continuing Education

The department offers correspondence college programs as well as face-to-face college programs. College programs offer degrees up to the bachelor level, with a Master of Arts cohort due to begin in the fall semester of 2023. During the reporting period, face-to-face college programs were available at 32 institutions and three fire-camp sites.

Eight institutions have a bachelor's degree program for eligible students; students must obtain an associate degree for transfer and apply to the university (shown below). While the department did not have a master's degree program during the reporting period, a master of the arts pilot program is starting at 11 institutions in the fall of 2023.

All three of the state college systems—the California Community Colleges, the California State University system, and the University of California system—offer a program that provides support for college students as they transition from incarceration. This process reduces the amount of time it

takes for a student to resume taking college courses in the community. These programs also provide a variety of assistance to transitioning students, including support with registration, housing, and employment.

CDCR Institution	College / University
Folsom State Prison } Mule Creek State Prison	California State University, Sacramento
Valley State Prison } Central California Women's Facility	California State University, Fresno
California State Prison Los Angeles (Lancaster) } California Institution for Women	California State University, Los Angeles
Richard J. Donovan Correctional Facility }	University of California, Irvine
California Rehabilitation Center }	Pitzer College

As shown in Table 9 there were 38,101 college course completions. The number of college degrees earned in fiscal year 2022–23 was approximately 22 percent less compared to the prior fiscal year. In fiscal year 2022–23, 831 associate in arts (AA) degrees, 17 bachelor of arts (BA) degrees, and two master of arts (MA) degrees were awarded.

**Table 9. Achievements in Postsecondary and Continuing Education (Fiscal Year 2020–21, 2021–22, 2022–23)**

Academic Achievements	FY 2020–21	FY 2021–22	FY 2022–23
College Course Completions	43,206*	42,253*	38,101*
AA Degrees Earned	812	1,056	831
BA Degrees Earned	29	24	17
MA Degrees Earned	5	11	2

Source: Data provided by Division of Rehabilitative Programs.

\*In fiscal year 2022-23 the department corrected their college achievement counting rules and subsequently updated prior years to reflect this change.

## Career Technical Education Programs

CTE programs provide training and certifications in various trades that include cosmetology, computer and related technology, heating, ventilation, and air conditioning (HVAC), masonry, plumbing, and welding. The programs are designed to provide entry-level skills in these trades. The programs vary in length, but all have the ultimate goal of students obtaining industry-recognized certifications.

In 2006, CTE expanded its offerings with the help of CALPIA, which provided additional trade-certification programs. The CALPIA CTE program began as a preapprenticeship program with instruction given by journeymen instructors under contract from local trade labor unions. Participants who perform well in the program have a better chance of enrolling in a union apprenticeship program once they are released from prison. CALPIA offers 21 CTE programs among seven locations, including preapprentice carpentry, preapprentice construction labor, preapprentice iron working, commercial diving, facilities maintenance, AutoCAD (Computer-Aided Design), Code.7370 (computer coding), and culinary skills.





The department has also begun implementing new CTE programs such as Micro Homes Advanced Construction to adapt to rapidly growing trades. This program is not an entry-level program, unlike other CTE programs. Micro Homes Advanced Construction is an advanced training program for those who have graduated from any of the four building and construction programs. Upon graduating with a certification for electrician, HVAC technician, plumber, or carpenter, the instructor can submit a recommendation for the graduate to be eligible for this advanced training. Under the leadership and supervision of the CTE instructor, students in this program work collaboratively in teams of four to train in their specialties while working on six homes simultaneously. Training and materials are provided by nonprofit partners who will use the completed micro homes to help address housing problems in California. The department expects to start this program in fiscal year 2023–24 at Correctional Training Facility, Valley State Prison, and Avenal State Prison.

CTE is operational in all institutions. The department states although there are no eligibility requirements for the majority of CTE programs, those who are within five years of release are prioritized. A variety of factors such as risks, needs, and interest are also considered when assigning a student to the program.

Each CTE course has components that must be completed before finishing the course and obtaining a certification. For a teacher to award program completion certificates, most trades require students to physically demonstrate skill mastery.

In fiscal year 2022–23, CTE component completions and CTE industry certifications have decreased compared with the previous fiscal year, while CTE program completions more than doubled. The department stated these fluctuations are in part due to changes made to the Milestone Completion Credit Schedule. As shown in Table 10, 3,886 CTE components were completed, 3,801 CTE programs were completed, and 5,708 CTE industry certifications were awarded this past fiscal year.

**Table 10. CTE Achievements (Fiscal Years 2020–21, 2021–22, 2022–23)**

CTE Achievements	FY 2020–21	FY 2021–22	FY 2022–23
CTE Component Completions	2,315	5,933	3,886
CTE Program Completions	1,369	1,496	3,801
CTE Industry Certifications*	3,291	7,455	5,708

\*In Fiscal Year 2022-2023 CDCR began providing a full count of CTE Industry Certifications regardless of their connection to either a program or component completion. The information for FY 2020-2021 and FY 2021-2022 has been updated with this new counting rule.

Source: Data provided by Division of Rehabilitative Programs.

## Integrated Substance Use Disorder Treatment Program

Managed by CCHCS, the clinical ISUDT program provides a way of screening, assessing, clinically diagnosing, and linking individuals with SUD to treatment during incarceration and upon release into the community. The department utilizes curricula with comprehensive and evidence-based material that addresses the needs of incarcerated individuals with a SUD.

The ISUDT program employs a collaborative approach between medical and nonmedical staff to reduce drug-related illness and death during incarceration and the transition to reentry, as well as to reduce recidivism. In addition to the staff required to run the program, each institution has a multidisciplinary ISUDT Steering Committee that meets monthly to assess the program and troubleshoot issues, and change ambassadors are tasked with cultural promotion of the program. Support is also provided with communications and outreach that are achieved through e-magazines, websites, and newsletters.

SUD affects one's health, relationships, housing, employment, and other aspects of life that are important for successful integration into the community. The program identified and prioritized incarcerated individuals at risk for harm related to SUD and provided treatment to reduce the risk of overdose and other conditions.

The program consists of six elements:

- SUD screening and assessment
- Medication-assisted treatment (MAT)
- Behavioral interventions (cognitive behavioral intervention, cognitive behavioral therapy)
- Supportive housing
- Enhanced prerelease planning
- Transition services<sup>14</sup>

Incarcerated persons can begin participating in the ISUDT program in several ways. Program placement was prioritized for individuals who were already receiving MAT, who were at a high risk of SUD based on their medical history, or who were within 15 to 24 months of release or a parole suitability hearing. In addition, individuals who did not meet the above criteria could request to be

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<sup>14</sup> “Transforming Substance Use Disorder Treatment in California’s Prison System: Impacts of the Integrated Substance Use Disorder Treatment Program, April 2022,” California Correctional Health Care Services, accessed July 18, 2022, <https://cchcs.ca.gov/wp-content/uploads/sites/60/ISUDT/Impacts-ISUDT-Program2019-22.pdf>.

medically evaluated for treatment by submitting a health care request form. The screening and assessment steps were performed by health care staff.

During the screening process, health care staff used questions developed by the National Institute on Drug Abuse (NIDA). Positive results indicated a possible need for SUDT, whereas negative results indicated no current need for SUDT. During the past fiscal year, 15,761 out of 88,149 individuals screened for SUDT (17.9 percent) answered in the positive (Table 11) and were next assessed by staff for treatment. Table 12 breaks down screening outcomes from the past fiscal year by mental health classification: General Population (GP), Correctional Clinical Case Management System, Enhanced Outpatient, and Higher Level of Care (HLOC). HLOC encompasses patients who require the highest level of care, such as acute care and inpatient mental health care.

**Table 11. ISUDT Screening Results by Mental Health Classification (Fiscal Year 2022–23)**

<b>NIDA Quick Screen Result</b>	<b>GP</b>	<b>CCCMS</b>	<b>EOP</b>	<b>HLOC</b>	<b>Total</b>
Positive	10,696	4,043	876	146	15,761
Negative	51,489	15,212	4,642	1,045	72,388
<b>Total</b>					<b>88,149</b>

Note: General population (GP), Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient (EOP), and Higher Level of Care (HLOC).

Source: Data provided by California Correctional Health Care Services.

Incarcerated persons with positive screening results or other indications of SUD were then evaluated using a more comprehensive assessment that applied standard criteria managed by the American Society for Addiction Medicine (ASAM). The ASAM suite of assessments is a set of tools that determine an individual's initial and ongoing treatment needs (ASAM Co-Triage), the individual's anticipated needs upon release (ASAM RISE), and the treatment needs if the patient is not improving (ASAM Continuum).

In fiscal year 2022–23, 22,093 placement determinations were made for ISUDT (Table 12, next page). This population included the 15,761 persons referred from the screening process as well as individuals who bypassed the screening step because of a high-risk substance-use event. Participants who were screened prior to July 1, 2022, and were pending assessment were also included in this past fiscal year's assessments.

**Table 12. ISUDT Level of Care Placement Determinations by Mental Health Classification (Fiscal Year 2022–23)**

Level of Care	GP	CCCMS	EOP	HLOC	Total
Intensive Outpatient (ISI)	66	77	11	2	156
Outpatient (ISO)	10,604	7,357	1,299	162	19,422
Life Skills (CBI 2)	1,697	650	146	22	2,515
<b>Total</b>					<b>22,093</b>

Note: General population (GP), Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient (EOP), and Higher Level of Care (HLOC).

Source: Data provided by California Correctional Health Care Services.

Treatment in the Intensive Outpatient and Outpatient levels of care could include MAT, as clinically indicated, for participants with opioid use disorder or alcohol use disorder. MAT could be used for a set period of time or as long-term treatment, under the guidance of a treatment provider. During fiscal year 2022–23, 24,945 patients received MAT, and 5,639 patients were released from prison while on MAT.

Two levels of standardized, evidence-based cognitive behavioral intervention care were offered throughout all institutions: Outpatient (ISO), and Life Skills (CBI 2). SUD participants were placed in the ISO level of care, and those who needed or requested were given Cognitive Behavioral Treatment (CBT)/Intensive Outpatient (ISI). Incarcerated individuals who assess with a SUD are enrolled in ISO, and those who are not progressing well, are worsening, or who request are offered/referred to a social worker to determine if ISI is appropriate. CBI is integrated into the program to help change patterns of negative thoughts and behavior; reduce substance use, abuse, and dependency; and improve opportunities for success upon release. For those individuals who did not require a SUD program such as ISI or ISO, CBI could be taken alone as Cognitive Behavioral Interventions – Life Skills (CBI-2). Participants who completed CBI were also awarded MCC.

The programs are organized as follows:

- Intensive Outpatient (ISI): Licensed clinical social worker-led CBT in two-hour sessions, two days per week, for 90 days.
- Outpatient (ISO): Two hours per day, three days per week, for 14 weeks.
- CBI – Life Skills (CBI 2): CBI for two hours per day, three days per week, for approximately seven months.

As shown in Table 13 below, 15,528 patients completed an in-prison ISUDT program in fiscal year 2022–23, the majority of whom were enrolled in ISO.

**Table 13. In-Prison ISUDT Program Completion (Fiscal Year 2022–23)**

Program Type	Program Completions*
ISO	11,520
CBI 2	4,008
Total	15,528

\*"Program Completions" are defined as participants who are unassigned from CBI classes with a status of "Completed" or "Unassigned" with a reason of "Program Completion" during fiscal year 2022–23.

Source: Data provided by California Correctional Health Care Services.

Table 14 (next page) is a monthly summation of ISUDT program exits in terms of program completion. Participants could exit a program due to program completion or other reasons, such as transfer to another institution, refusal to attend the program once assigned, behavioral issues necessitating removal from the program, or other issues. In fiscal year 2022–23, the completion rate of in-prison programs was the highest in July 2022, August 2022, and March 2023. The number of participants completing the program was the highest in August 2022 with 1,683 program completions.

**Table 14. In-Prison ISUDT Program Completion Rates (Fiscal Year 2022–23)**

Month	Program Completed*	Program Not Completed**	Percentage Completed
July 2022	1,359	146	90%
August 2022	1,683	152	92%
September 2022	799	238	77%
October 2022	1,292	201	87%
November 2022	1,265	180	88%
December 2022	993	143	87%
January 2023	1,269	178	88%
February 2023	1,251	170	88%
March 2023	1,383	154	90%
April 2023	1,251	164	88%
May 2023	1,439	243	86%
June 2023	1,544	192	89%
<b>TOTAL</b>	<b>15,528</b>	<b>2,161</b>	<b>88%</b>

\* "Program Completed" is defined as participants who are unassigned from CBI classes with a status of "Completed" or "Unassigned" and a reason of "Program Completion" during fiscal year 2022–23.

\*\* "Program Not Completed" is defined as participants who were unassigned from their CBI class with a reason of "Offender Elects Not To Participate" or "Lack of Progress" or participants who were released from CDCR while in a CBI class

Source: Data provided by California Correctional Health Care Services.

The ISUDT program includes an in-prison aftercare program which is designed to address continuity of care. The purpose of the program is to provide participants who have completed the program, but who are not yet released from prison, with a less intensive program in which they can practice and strengthen their coping skills, communication skills, relapse prevention, and healthy living habits. The program is in the nascent stages, and implementation will be focused on institutions with the highest need.

In July of 2022, institutions were in the process of designating units for supportive housing to accommodate past and present ISUDT participants. Supportive housing units are designed to provide a safe living environment that can support rehabilitative programming in every institution. In-prison SUD aftercare participants will have access to peer mentors in the supportive housing units. Supportive housing will be prioritized for MAT and other ISUDT participants. As of August 2023, there are 23,038 supportive housing beds with 14,965

participants occupying beds. Of those participants, 6,175 are currently participating, or have participated in ISUDT. As the supportive housing implementation continues, further reporting metrics will be developed.

CCHCS has a dashboard<sup>15</sup> to track various ISUDT performance indicators. The dashboard is updated daily and tracks screening, assessment, and treatment progress as well as delivery of MAT, CBI, and SUDT, and monthly overdose hospitalizations. The enhanced prerelease planning and transition process has been in place with the goal of facilitating a safe and smooth transition to the community. The prerelease planning and transition process is discussed in the **Prepare for Reentry** section of this report.

## Offender Mentor Certification Program

The Offender Mentor Certification Program (OMCP), created by the department, provides long-term offenders and individuals serving life sentences without the possibility of parole with education, training, and the opportunity to earn certification in alcohol and other drug (AOD) counseling from an organization recognized and approved by DHCS.

The approximately one-year-long OMCP training consisted of three phases: trainee, intern, and certified mentor. Participants in the program have completed a CBI intensive outpatient program, received 350 hours of formal classroom AOD education, completed 255 hours of practicum training, and took an AOD certification exam. Upon AOD certification, they returned to their original institutions and were able to cofacilitate CBI groups as mentors. All three phases of the program were treated as job assignments for which the incarcerated individual was compensated.

The department initially delayed the OMCP expansion in response to the COVID-19 pandemic, but it has since expanded it to seven facilities as of fiscal year 2021–22. Incarcerated individuals are recruited from institutions statewide and then transferred to one of seven training sites. The new programs have assembled cohorts and begun programming.

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<sup>15</sup> “ISUDT Program Overview,” California Correctional Health Care Services, <https://cchcs.ca.gov/isudt/dashboard/>.

As of July 1, 2023, there were 78 OMCP certified mentors, 128 participants in the OMCP intern program, and 122 participants in the OMCP trainee program. This represents an increase of 8 certified mentors and 57 interns, respectively, as compared with the same count from July 1, 2022.

**Table 15. Offender Mentor Certification Program (2021–2023)**

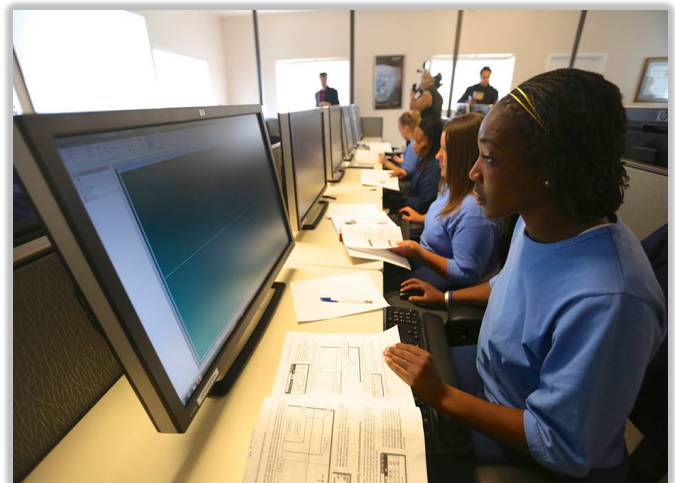
OMCP Phase	July 2021	July 2022	July 2023
Trainee	52	147	122
Intern	60	71	128
Certified mentor	60	70	78

Source: Data as of July 1, 2021, 2022, 2023 provided by Division of Rehabilitative Programs.

## California Prison Industry Authority

CALPIA was established in 1983 as a self-supporting production and work training program led by 11 members who serve on the Prison Industry Board. In February 2023, Governor Gavin Newsom appointed the first formerly incarcerated person as a new member to the Prison Industry Board.

CALPIA offers programming at all adult institutions throughout the State, as shown in Appendix G. All PIA program placements are voluntary. An incarcerated individual can withdraw at any time. CALPIA operates over 100 service, manufacturing, and consumable enterprises that provide approximately 5,700 assignments for incarcerated individuals. In addition to the CTE expansion program discussed previously in this report, CALPIA offers an Industry Employment Program, a Joint Venture Program, and a Transition to Employment Program. The Transition to Employment Program is explained in the reentry section of this report.



### Industry Employment Program

CALPIA also offers over 100 nationally recognized accredited certifications through its industry employment program. This program is focused on improving the ability of incarcerated people to effectively transition from prison to the community and successfully obtain jobs when they are released. Completion of an



apprenticeship program requires on-the-job training hours as well as 144 annual hours of course curriculum for each enrolled apprenticeship occupation.<sup>16</sup>

In fiscal year 2022–23, 5,384 participants successfully completed an accredited certification program. CALPIA participants can also earn State apprenticeship certificates. As of June 30, 2023, there were 2,176 participants registered in the State apprenticeship program, and a total of 2,225 individuals have completed the apprenticeship program.

### **Joint Venture Program**

CALPIA operates the Joint Venture Program, which provides job training opportunities for incarcerated individuals. These programs allow businesses and other entities to contract with institutions and hire incarcerated persons to work for them at their institutions at a pay level comparable to wages earned by people who are not incarcerated. As of July 2023, Joint Venture Programs were located at four adult institutions and one youth facility. Programs consisted of laundry services, agriculture, electronics reclamation, and cable-wire harness manufacturing.

In this program, business owners worked with institutional staff to establish minimum job qualifications and criteria. From there, interviews were held with the business owner. Participants in the program gained skills, a work ethic, and more hands-on work experience in the community. In addition to the benefits to both the incarcerated individuals and the employer, a portion of the wages made through this program were sent to restitution or local crime victims' programs, the participant's family for support, and to a savings account for use upon parole.

### **Conservation Camps**

Conservation camps are jointly managed by the department and the California Department of Forestry and Fire Protection (CAL FIRE). The conservation camp program provides incarcerated persons with the ability to learn many different job skills in camp outside the official CAL FIRE firefighting training. While the programs available at camps differ from camp to camp, they can offer training in fields such as waste water treatment, small engine repair, saw operation in "A" faller training, cabinetry, diesel mechanic, chef training, and college courses. In addition, select camps offer programs such as Alcoholic Anonymous and Narcotics Anonymous. Some of the programs offered are eligible for MCC upon completion, and many provide certificates.

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<sup>16</sup> CALPIA, Industry Employment Program, <https://www.calpia.ca.gov/workforce-development/industry-employment-program-iep/>.

The department provides educational opportunities through the alternative education model to students housed at conservation camps for adults. The alternative education model provides ABE and ASE via distance learning. Students in the alternative education model are provided access to computer-based tutorial support through a self-contained local area network at each conservation camp. Through the postsecondary and continuing education models, students housed at select conservation camps may enroll in college correspondence and eLearning courses.



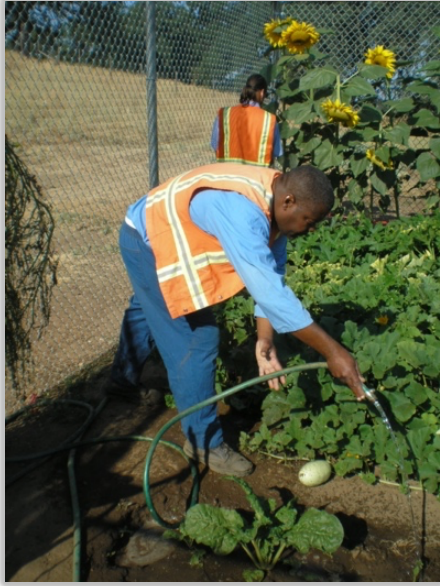
Due to AB 2147<sup>17</sup> signed in 2020, which affords incarcerated persons who participate in fire camps, and AB 160 signed in 2022, which allows incarcerated persons who participate in an institutional fire house, to petition the court that sentenced them for expungement of their felony record, there is a greater opportunity for participants to gain employment postrelease. In addition, incarcerated persons at the Ventura Training Center, or who participate in a fire camp have the ability to work for CAL FIRE or U.S. federal crews postrelease. As of June 30, 2023, conservation camps housed up to 1,689 incarcerated persons.

## Inmate Activity Groups

Inmate Activity Groups, also known as Inmate Leisure Time Activity Groups, have expanded significantly in all adult institutions, as a way to add innovative, low-cost programs. The programs are run under the Office of Community Partnerships. These volunteer activity groups are defined in Title 15 of the *California Code of Regulations*, Section 3233, as groups that “promote educational, social, cultural, and recreational interests of participating inmates.” These activity groups offer rehabilitative programming through an array of nonprofit, volunteer-led groups that provide cognitive behavioral services, religious services, higher education, and social awareness programs, in addition to cultural and recreational programs. Institutional staff can also apply to be a staff sponsor and receive overtime pay for supervising the groups.

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<sup>17</sup> AB 2147: Expedited expungement for former fire crew members, [https://www.cdcr.ca.gov/facility-locator/conservation-camps/fire\\_camp\\_expungement/](https://www.cdcr.ca.gov/facility-locator/conservation-camps/fire_camp_expungement/).



Inmate activity group providers can apply to have their program RAC-approved. The qualifications for RAC approval include providing professional development, substance use treatment, victim impact or restorative justice, literacy, cognitive change, communication, prosocial relations, and peer support. Activity groups can also offer a variety of services, such as mentor programs, community reintegration programs, transitional housing, reentry services, employment, and community connections.

As of June 2023, approximately 947 individual inmate activity groups were available in adult institutions with 4,077 program sessions running. Appendix E shows the RAC-eligible programs by institution.

## DRP TV

To enhance and increase access to rehabilitative programming opportunities, the department developed DRP TV. This is a streaming network that delivers secure educational and rehabilitative television programming to incarcerated persons with opportunities to stream in classrooms, dayrooms, and cells. This network was built through the Internet Protocol Television Integration project completed in fiscal year 2017–18. All adult institutions are fully operational with four exclusive DRP TV channels focused on education, wellness, reentry, and self-help, the last of which replaced the employment channel. A typical month of scheduling airs approximately 35 unique shows, including five eLearning video series used in conjunction with classroom education. In fiscal year 2022–23, 5,186 students participated in the eLearning courses via DRP TV, resulting in 1,044 class completions.

The DRP TV schedule was updated in fiscal year 2021–22 to include two rotating 12-hour blocks of rehabilitative content. In addition to the channels, more than 2,000 videos have been made available in the video-on-demand library for instructional use. In September 2022 a new eLearning course began airing, for a total of six e-learning courses.

## MEASURE PROGRESS

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Once incarcerated persons are enrolled in programs consistent with their needs, it is important to monitor and measure their progress in both the program and along their rehabilitative path. Program staff should periodically evaluate a participant's progress and update treatment plans or coursework as needed. By measuring progress or the lack thereof, program and institutional staff can determine treatment gains and whether programs are appropriate.

### Academic Education Progress

Progress for academic education is measured with quarterly progress reports. These progress reports serve as a measure to ensure students are moving forward with their learning.

### ISUDT Medication-Assisted Treatment (MAT) Monitoring

Patients on MAT are monitored by their medical provider for their stability of health, mood, cravings, motivation to continue MAT, their participation in group programs, and adherence to their medication. The provider watches for warning signs of potential relapse that include events or patterns of behavior and treats such triggers or cravings. Providers also identify SUD-related complications and continuously implement motivational interviewing techniques to encourage participation. Random urine drug screening is used to confirm the patient is complying with MAT and not taking any illicit substances. Its primary purpose is to monitor the safety of the patient, and testing frequency decreases as patients progress through the program. Issues with noncompliance are handled by medical staff, and systemic issues are escalated to the ISUDT Steering Committee.

SUD participants who are not on MAT receive follow-up appointments with medical staff, based on their clinical condition.

## PREPARE FOR REENTRY

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Reentry is the process in which incarcerated persons prepare for transitioning back to society. This is a vital step in ensuring they have the necessary tools and skills to be successful upon release. Incarcerated persons entering society after incarceration have different needs than when entering, based on the programs or treatments received while in prison.



Parolee needs assessments are discussed in the Assess Needs section of this report. The following section addresses the various programs associated with preparing individuals for reentry.

### ISUDT Enhanced Prerelease Planning and Transition Services

Prerelease planning and transition began six months or so prior to an individual's release. Multidisciplinary transitions teams consisting of health care staff, DAPO staff, and postrelease community supervision staff created integrated case plans based on participants' needs. The reentry process included determining an individual's eligibility for benefits and social services, assisting them with the enrollment process, helping with appointments, setting up video conferences with community providers, and helping the individual find housing. Both communication and information sharing between internal and external partners were facilitated via team huddles and a shared data portal.

### Transitions Program

The transitions reentry program is operated by OCE and aims to prepare students with the skills required for successful reentry into society, primarily during the last 24 months of incarceration. The transitions reentry program teaches job readiness, job search skills, and financial literacy, and it provides students with community resources that may assist in their transition back into the community. The department identifies individuals with assessed needs for reentry-related services in each institution and yard.

"Another Chance, a Better Choice" is a program developed by the Sacramento Employment and Training Agency. The curriculum teaches job readiness, job



search skills, and the prerequisite skills needed to be competitive in the job market. It includes practical and strategic information, hands-on activities, individual and team-oriented exercises, role playing, and motivational information. In addition to employment preparation, the program focuses on financial literacy and education curricula called “Money Smart.” DRP believes financial education fosters financial stability for individuals and for entire communities upon a student’s release.

During fiscal year 2022–23, 3,055 individuals completed transitions which is a 28 percent decrease compared with the prior year; 2,223 individuals had a need for transitions and were enrolled but were released before completing the program. As of July 6, 2023, 21,237 individuals had an identified need for transition classes, which is a slight increase from the prior year.

**Table 16. Transitions Program (Fiscal Year 2021–22 and 2022–23)**

	FY 2021–22	FY 2022–23
<b>Assigned but Not Completed</b>	2,853	2,223
<b>Completed</b>	4,232	3,055
<b>Individuals with Current Need</b>	20,320	21,237

Source: Data provided by Division of Rehabilitative Programs.

## California Identification Card Project

The California Identification Card (CAL-ID) program was implemented to assist eligible individuals in obtaining State identification cards to satisfy federal requirements for employment documentation. The department has completed testing with the California Department of Motor Vehicles (DMV) to enable DMV-eligible photographs of individuals who have an unusable photo to be taken inside the institutions prior to release. In the fall of 2022, an interagency portal was implemented which allows for the electronic submission of applications reducing processing time and errors. Electronic application submissions will begin in the fall of 2023. This should increase the number of participants for the CAL-ID program.

The CAL-ID program screening period of incarcerated individuals is zero-to-13 months prior to release.

From July 1, 2022, to June 30, 2023, 13,577 incarcerated persons who were within the screening time frame sent applications to the DMV for processing, indicating the individual was both interested in and eligible to receive an identification card (see Table 17). As of June 30, 2023, the DMV had approved 9,608 identification cards. Of those approved, 7,983 persons were released with an identification card, which is, notably, 18 percentage points higher than the

figure for the prior year. There were an additional 1,218 identification cards delivered after release as intended by the department, the DMV, or by probation offices (13 percent of approved applications). Only four percent of ID cards were not received within the reporting period.

**Table 17. CAL-ID Applications and Cards Issued (Fiscal Years 2020–21, 2021–22, 2022–23)**

	FY 2020–21		FY 2021–22		FY 2022–23	
	Number	Percent of approved	Number	Percent of approved	Number	Percent of approved
CAL-ID applications submitted	15,863	–	14,037	–	13,577	–
Approved applications	12,196	100%	9,990	100%	9,608	100%
ID cards issued upon release	8,726	72%	6,373	64%	7,983	83%
ID cards issued after release	2,996	25%	2,036	20%	1,218	13%
ID cards not received	474	4%	1,581	16%	407	4%

Source: Data provided by Division of Rehabilitative Programs.

## Transitional Case Management Program (TCMP)

The DAPO Transitional Case Management Program (TCMP) provides prerelease benefit assistance to all eligible individuals releasing to parole or postrelease community supervision (PRCS) within 120 days of release from prison. TCMP benefit workers provide Medi-Cal, Social Security Administration/Supplemental Security Income (SSA/SSI), and Veterans Administration (VA) benefit application assistance.

### Benefit Outcomes and TCMP Dispositions

DAPO has continued to strengthen its relationship with counties and other State agencies to enhance and improve the application process. TCMP engages with DHCS in bi-weekly Medi-Cal Eligibility Inmate Program meetings and monthly DAPO meetings. The department continues to renew its data-sharing agreement with DHCS, which allowed both departments to track and exchange Medi-Cal application status for individuals serviced through TCMP. This data-sharing agreement helped the department more accurately report information related to benefit-application outcomes. In addition, DAPO has reengaged in collaborative meetings with the SSA to address application processing time constraints, delivery barriers, and provide consistency in communications between TCMP's and the SSA. The department depends on the external agencies to complete the benefit-application process timely and return the approval or denial documentation to each prison prior to the incarcerated person's release.

Table 18 shows the TCMP dispositions for populations that were released for the past two fiscal years. The department screened nearly all incarcerated persons for benefit eligibility, as only eight persons were not screened. Compared with the prior fiscal year, the number of submitted applications increased by approximately four percentage points.

**Table 18. TCMP Service Dispositions for Populations Released in Fiscal Years 2021–22 and 2022–23**

	FY 2021–22*		FY 2022–23*	
Total releases	29,947	100%	30,320	100%
Screened	29,887	99.8%	30,312	99.98%
Submitted application	23,674	79.1%	25,246	83.3%
Access to other insurance	1,346	4.5%	1,846	6.1%
Ineligible (i.e.: Holds)	137	0.5%	109	0.4%
Unavailable: late referrals	701	2.3%	277	0.9%
Unavailable: reentry programs	1,124	3.8%	1,076	3.5%
Unavailable: fire camp	9	0.03%	0	0.0%
Not located at CDCR facility	1,011	3.4%	141	0.5%
Unavailable: COVID-19-related	104	0.3%	33	0.1%
Out to court/medical/other	930	3.1%	579	1.9%
County incarcerated	1	0.1%	10	0.03%
Refused services	886	3.0%	995	3.28%
Unknown (Improvement area)	8	0.03%	8	0.03%

\* Percentage calculated over total releases. Some of the percentages differ slightly from percentages provided by the department.

Source: Data provided by Division of Adult Parole Operations.

Table 19 breaks down the TCMP dispositions into three mental health categories of EOP, CCCMS, and non-EOP/CCCMS, which consists of GP applicants and those who do not fall into the other two categories. The percentage of application submissions overall increased, and there was an overall decrease in persons unavailable due to late referrals. Furthermore, applications were submitted in 86.6 percent of EOP releases, 83.1 percent of CCCMS releases, and 83 percent of non-EOP/non-CCCMS releases, indicating these individuals have equivalent access to benefit applications.



**Table 19. TCMP Service Dispositions by Mental Health Designation for Populations Released in Fiscal Years 2021–22 and 2022–23**

		FY 2021–22*		FY 2022–23*	
<b>EOP</b>	Total Inmate Releases	1,677	100%	1,806	100%
	Screened	1,674	99.8%	1,804	99.9%
	Submitted Applications	1,321	78.8%	1,564	86.6%
	Access to Other Insurance	49	2.9%	65	3.6%
	Ineligible (i.e., Holds)	6	0.4%	3	0.2%
	Unavailable: Late Referrals	48	2.9%	11	0.6%
	Unavailable: Reentry Programs	9	0.5%	4	0.2%
	Unavailable: Fire Camps	—	—	—	—
	Not Located at CDCR Facility	20	1.2%	5	0.3%
	Unavailable: COVID-19	19	1.1%	6	0.3%
	Out to Court/Medical	109	6.5%	41	2.3%
	County Inmate	5	0.3%	1	0.1%
	Refused Services	89	5.3%	104	5.8%
	Unknown	2	0.1%	2	0.1%
<b>CCCMS</b>	Total Inmate Releases	7,559	100%	8,258	100%
	Screened	7,551	99.9%	8,255	99.96%
	Submitted Applications	6,234	82.5%	6,860	83.1%
	Access to Other Insurance	425	5.6%	660	8.0%
	Ineligible (i.e., Holds)	25	0.3%	19	0.2%
	Unavailable: Late Referrals	186	2.5%	75	0.9%
	Unavailable: Reentry Programs	167	2.2%	211	2.6%
	Unavailable: Fire Camps	—	—	—	—
	Not Located at CDCR Facility	77	1.0%	23	0.3%
	Unavailable: COVID-19	33	0.4%	7	0.1%
	Out to Court/Medical	201	2.7%	141	1.7%
	County Inmate	0	0%	1	0.01%
	Refused Services	209	2.8%	258	3.1%
	Unknown	2	0.03%	3	0.04%
<b>Non-EOP/CCCMS</b>	Total Inmate Releases	20,711	100%	20,256	100%
	Screened	20,670	99.8%	20,253	99.9%
	Submitted Applications	16,119	77.8%	16,822	83.0%
	Access to Other Insurance	872	4.2%	1,121	5.5%
	Ineligible (i.e., Holds)	106	0.5%	87	0.4%
	Unavailable: Late Referrals	467	2.3%	191	0.9%
	Unavailable: Reentry Programs	948	4.6%	861	4.3%
	Unavailable: Fire Camps	9	0.04%	0	0.0%
	Not Located at CDCR Facility	914	4.4%	113	0.6%
	Unavailable: COVID-19	52	0.3%	20	0.1%
	Out to Court/Medical	620	3.0%	397	2.0%
	County Inmate	12	0.1%	8	0.04%
	Refused Services	588	2.8%	633	3.1%
	Unknown	4	0.02%	3	0.01%

\* Percentage calculated over total releases. Some of the percentages differ slightly from percentages provided by the department.

Source: Data provided by Division of Adult Parole Operations.

Table 20 shows the outcomes of benefit applications for the past two fiscal years. Similar to the prior year, the majority of Medi-Cal applications were approved by the time of release, yet the status of most SSA/SSI and VA applications were pending. For fiscal year 2022–23, 83.4 percent of applications for Medi-Cal benefits were approved, while 16.4 percent were pending an outcome; these numbers improved slightly but are expected to continue improving as the CalAIM partnership with DHCS is ongoing. The percentage of pending VA loans increased significantly, but the department has stated previously that these agencies have historically taken longer to process applications due to the need to verify the medical or mental health disabilities of the applicant. In addition, the department is unable to process these applications sooner as the SSA/SSI regulations dictate prerelease application time lines.

**Table 20. Benefit Application Outcomes (Fiscal Years 2021–22 and 2022–23)**

Benefit	Status	FY 2021–22		FY 2022–23	
SSA/SSI	Submitted	2,584		2,952	
	Pending	1,820	70.4%	2,086	70.7%
	Approved	586	22.7%	736	24.9%
	Denied	178	6.9%	130	4.4%
Medi-Cal	Submitted	23,591		25,105	
	Pending	3,948	16.7%	4,107	16.4%
	Approved	19,582	83.0%	20,950	83.4%
	Denied	61	0.3%	48	0.2%
VA	Submitted	219		275	
	Pending	170	77.6%	260	94.5%
	Approved	35	16.0%	7	2.6%
	Denied	14	6.4%	8	2.9%

Source: Data provided by Division of Adult Parole Operations.

The status of benefit applications at the time of release is presented in Table 21, grouped according to mental health classification and compared over the past two fiscal years. Submissions increased for all benefits for both populations. CCCMS and EOP patients are among the more vulnerable released populations, and their benefit statuses for Medi-Cal approval continued to be similar to non-EOP/non-CCCMS releases (EOP: 81.8 percent, CCCMS: 83.7 percent, non-EOP/non-CCCMS: 83.5 percent).

**Table 21. Benefit Application Outcomes by Mental Health  
(Fiscal Years 2021–22 and 2022–23)**

Mental Health	Benefit	Status	FY 2021–22		FY 2022–23*	
EOP	SSA/SSI	Submitted	988		1,116	
		Pending	796	80.6%	930	83.3%
		Approved	118	11.9%	126	11.3%
		Denied	74	7.5%	60	5.4%
	Medi-Cal	Submitted	1,290		1,518	
		Pending	218	16.9%	274	18.1%
		Approved	1,069	82.9%	1,242	81.8%
		Denied	3	0.2%	2	0.1%
	VA	Submitted	23		26	
		Pending	20	87.0%	26	100%
		Approved	2	8.7%	0	0%
		Denied	1	4.3%	0	0%
CCCMS	SSA/SSI	Submitted	790		927	
		Pending	530	67.1%	615	66.3%
		Approved	199	25.2%	270	29.1%
		Denied	61	7.7%	42	4.53%
	Medi-Cal	Submitted	6,214		6,806	
		Pending	956	15.4%	1,101	16.2%
		Approved	5,240	84.3%	5,697	83.7%
		Denied	18	0.3%	8	0.1%
	VA	Submitted	66		92	
		Pending	50	75.8%	87	94.6%
		Approved	13	19.7%	3	3.26%
		Denied	3	4.5%	2	2.17%
Non-EOP/ CCCMS	SSA/SSI	Submitted	806		909	
		Pending	494	61.3%	541	59.5%
		Approved	269	33.4%	340	37.4%
		Denied	43	5.3%	28	3.1%
	Medi-Cal	Submitted	16,087		16,781	
		Pending	2,774	17.2%	2,732	16.3%
		Approved	13,273	82.5%	14,011	83.5%
		Denied	40	0.2%	38	0.2%
	VA	Submitted	130		157	
		Pending	100	76.9%	147	93.6%
		Approved	20	15.4%	4	2.6%
		Denied	10	7.7%	6	3.8%

\* Percentage calculated over total submitted. Some of the percentages differ slightly from percentages provided by the department.

Source: Data provided by Division of Adult Parole Operations.

## Pre-Release Video Conferencing

To better understand the future parolee's journey and to assist in a successful community transition, the department implemented Pre-Release Video Conferencing. Video conferencing was conducted with the person being released and parole or probation staff. This conferencing provided supervising agents with the opportunity to interact with clients and gave them a better understanding of the support and housing a person would have, once released. Possible conversation topics included supervising conditions, reporting requirements, housing, and any questions from the client. The department stated that DAPO collaborated with probation and parole agents statewide with this technology to help bridge the gap for offenders returning to the community. In fiscal year 2022–23, 3,610 persons have utilized the Pre-Release Video Conferencing.

## Transitional Community Programs

DRP provided community programs that allowed eligible incarcerated persons to serve the remainder of their sentence in the community. These programs provided a variety of rehabilitative services to aid in an incarcerated person's successful reintegration.

### Male Community Reentry Program

The department began offering this program in 2015 and allows incarcerated men the opportunity to serve up to two years of the remainder of their sentence in a community facility. Eligibility criteria have been listed on the department's website,<sup>18</sup> and those who met the criteria could be voluntarily placed in the program as approved by institutional staff. The Male Community Reentry Program was available in four counties: Butte, Kern, Los Angeles, and San Diego. The department stated the program helped participants reenter the community. The department has also shown this program helps to reduce recidivism through a Stanford University study. The study found recidivism rates decreased after participation in a Male Community Reentry Facility.<sup>19</sup> A number of community-based rehabilitative services were offered, such as family reunification, employment, and housing.

In fiscal year 2022–23, the MCRP had a maximum capacity of 662 concurrent participants and 1,544 participants were served by this program. The department plans to increase the maximum capacity in upcoming years as funding was provided to establish six additional MCRPs with a total of 500 additional beds. In

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<sup>18</sup> "Male Community Reentry Program," California Department of Corrections and Rehabilitation, <https://www.cdcr.ca.gov/rehabilitation/pre-release-community-programs/mcrp/>.

<sup>19</sup> "Effects of the Male Community Reentry Program (MCRP) on Recidivism in the State of California," K. Higuera, G. Jensen, and E. Morton (2021), <https://purl.stanford.edu/bs374hx3899>.

addition, the department reached an agreement during the reporting period which allows MCRP participants to be eligible for Medi-Cal prior to release.

### **Custody to Community Transitional Reentry Program**

Custody to Community Transitional Reentry Program facilities are for eligible female incarcerated individuals who have committed violent, serious, and nonserious crimes. It allows participants to spend the remainder of their sentence in the community up to 32 months prior to the end of their sentences. This program offers an array of rehabilitative services including drug recovery, employment, education, housing, family reunification, and social support. The program locations include San Diego, Santa Fe Springs, Bakersfield, Stockton, Sacramento, and Los Angeles, with a total of 429 beds available among the six locations. In fiscal year 2022–23, 904 participants were served by the Custody to Community Transitional Reentry Program.

### **Alternative Custody Program**

The Alternative Custody Program (ACP) allows eligible incarcerated individuals a chance to spend the remainder of their sentence in a private residence, transitional care facility, or residential drug or other treatment program. Facility providers underwent an extensive qualification process to be accepted into ACP. For acceptance into the program various, reviews and/or assessments were required. These reviews and assessments could be of the residence or program, available community resources, individualized treatment and rehabilitation plans, criminal activity, or the individual’s performance while incarcerated. Participants in this program were expected to maintain employment while furthering their education and rehabilitation. In fiscal year 2022–23, 407 participants were served by ACP.

### **Community Prison Mother Program**

Eligibility for the Community Prison Mother Program (CPMP) required the female incarcerated individual to be either pregnant or a mother to children who are age six or under. This program only had one facility in Santa Fe Springs, housing 24 participants and up to 40 children. The program’s main goal was to reunite mothers with their children and reintegrate the family unit into society. The program also aimed to create stability and strengthen the parent–child relationship. In fiscal year 2022–23, 16 participants were served by CPMP.

On the next page, Table 22 shows the number of participants in all transitional community programs over the last three fiscal years. Notably, in fiscal year 2022–23, the ACP and CPMP had more than double the number of participants compared with fiscal year 2021–22.

**Table 22. Number of Participants in Transitional Community Programs  
(Fiscal Years 2020–21, 2021–22, 2022–23)**

Program	FY 2020–21	FY 2021–22	FY 2022–23
Male Community Reentry Program	1,444	1,706	1,544
Custody to Community Transitional Reentry Program	364	821	904
Alternative Custody Program*	224	188	407
Community Prison Mother Program	1	7	16

\*ACP counting rules were corrected in fiscal year 2022–23. Using the new rules, the department has adjusted the fiscal year 2020–21 and fiscal year 2021–22 data.

Source: Data provided by Division of Rehabilitative Programs.

## CALPIA Transition to Employment Program

The Transition to Employment Program provides participants who are transitioning into the community with packets which include information on how to create and utilize various websites for appointments and jobs, a complete job history with all earned certifications, templates to create a resume or fill out applications, and information on how to prepare for interviews. Additional benefits of this program include paid union dues for the first year of employment, tool belts, hard hats, and additional resources and materials to be successful in employment upon release.

Upon release, this program also provides participants with a contact card. The contact card has contact information for CALPIA, as well as a QR code<sup>20</sup> which provides access to job-application resources and documents, additional contacts, and appointments. In addition, the program has started a 24-hour call center available to former participants providing information on employment and reentry services within each county. This call center is available to all former participants regardless of parole status.

<sup>20</sup> A “quick response” code, commonly referred to as QR code, allows the user to access information instantly by scanning the QR image, which directs the user to a resource website.

## REINTEGRATE

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Reintegration is the process by which an incarcerated individual transitions back to the community. The department provides different programs that facilitate a thorough reintegration process for recently released individuals. These programs can be managed solely by the department or in collaboration with other State and local entities. Emphasis is placed on providing support for recently released individuals, offering services or resources related to housing, employment, education, therapy, treatment, and other rehabilitative needs.

In fiscal year 2022–23, 9,360 parolees with a moderate to high CSRA score were released, of whom 8,088 had received a reentry COMPAS assessment. Of the released population with a CSRA and COMPAS assessment complete, 89.4 percent had a moderate to high CSRA risk and at least one moderate to high COMPAS reentry need. Those released with moderate to high scores have a greater risk to reoffend, have rehabilitative needs that require additional programming or resources, or a combination of both.

**Table 23. Subsets of Parolees Released with a Moderate to High CSRA Score (Fiscal Year 2022–23)**

Parolee Subset	Total Released
Parolees released with a moderate to high CSRA score	9,360
Parolees released with a moderate to high CSRA score and a Reentry COMPAS	8,088
Parolees released with a moderate to high CSRA score and at least one moderate to high COMPAS reentry need	7,237

Source: Data provided by Division of Rehabilitative Programs as of June 30, 2023.

The department utilized its case management system, the Automated Reentry Management System (ARMS), to track participation in all DRP offerings except for OCE programs. ARMS was used to identify the number of first-year parolees who participated in community-based programming based on their assessed needs. The results are shown in Table 24.

During the reporting period, 42.5 percent of parolees with at least one need participated in at least one program consistent with their risk and need within their first year of release. The percentage increased by almost seven percentage points compared with the prior fiscal year. The total percentage of individuals with a risk and need who participated in any program within one year increased from 35.8 percent to 43 percent.

**Table 24. Moderate-to-High-Risk Parolees and Participation in Programs Consistent With Needs Within First Year of Release (Fiscal Years 2020–21, 2021–22, 2022–23)**

	Parolee Participation in Programming Consistent With Needs		
Identified Need*	FY 2020–21	FY 2022–23	FY 2022–23
Employment	39%	37%	45%
Education	41%	34%	42%
Substance Abuse	43%	40%	47%
Program Participation	FY 2020–21	FY 2020–21	FY 2021–22
Parolees with needs who participated in at least one program consistent with risk and needs	39.5%	35.6%	42.5%
Parolees with a risk and a need who participated in a program	42.2%	35.8%	43.0%

\*Because parolees may have multiple needs, they may be counted in multiple categories. All scored moderate or high on the California Static Risk Assessment (CSRA) and had needs identified by the COMPAS assessment.

Source: Data provided by Division of Rehabilitative Programs.

## Long-Term Offender Reintegration Programs

### Long-Term Offender Reentry Recovery

During fiscal year 2019–20, DRP developed the Long-Term Offender Reentry Recovery program for the long-term offender/lifer population. The goal of the program is for participants to gain life skills and successfully reintegrate into the community. These locations provided participants with housing, meals, support services, resources, and programming. Participants can use services to address their needs and resources to help them obtain a stable income, employment, and housing. The program’s duration is 180 calendar days, unless stated otherwise by the Board of Parole Hearings, but can be extended an additional 185 calendar days based on assessed needs.

During the reporting period the department expanded this program by converting the Transitional Housing Program locations and Parolee Service Centers into the Long-Term Offender Reentry Recovery Program. This significantly increased the number of participants as shown in Table 25 below. In fiscal year 2022–23, there were 1,347 participants served by the program.



**Table 25. Number of Participants in Long-Term Offender Reentry Recovery (Fiscal Years 2020–21, 2021–22, and 2022–23)**

Program	FY 2020–21	FY 2021–22	FY 2022–23
Long-Term Offender Reentry Recovery	257	449	1,347

Source: Data provided by Division of Rehabilitative Programs.

### **Transitional Housing Program**

The Transitional Housing Program was a residential program for formerly incarcerated individuals with life sentences. During fiscal year 2022–23, the department converted all Transitional Housing Program locations to the Long-Term Offender Reentry Recovery program.

### **Peer Reentry Navigation Network**

The Peer Reentry Navigation Network was created to provide peer-driven support, assistance, and guidance to previously incarcerated persons who had life sentences. The program provides previously incarcerated individuals, who had been sentenced to life, but are now thriving in reintegration, with training to become a Peer Reentry Navigator. Peer Reentry Navigators are trained to provide peer-based supportive services like resource linkage, peer mentoring, and successful reentry practices through identifying, articulating, and utilizing their own lived experiences. The three services they provide to their peers are in-reach, outreach, and individual support which help other formerly incarcerated individuals who had life sentences prepare for and transition back into the community. In addition to Peer Reentry Navigator services, this program offers Peer Reentry Navigator Network meetings and provider partnerships. The department states this program aims to address the risks and needs of formerly incarcerated individuals who were serving life sentences by being responsive to their unique characteristics.

### **Behavioral Health Reintegration**

The Behavioral Health Reintegration program has provided clinical case management services to parolees. Program staff are composed of social workers, psychologists, and psychiatrists who are located at every parole office. The clinicians used a dynamic level of service needs assessments to develop individualized reintegration plans. The individualized plan focused on identifying and addressing the needs of each parolee as well as the amount of support the parolee would need to access services. Clinicians helped parolees obtain services such as mental health services, medical services, substance use treatment, and transportation. They also worked to empower the parolees to problem solve, and

to promote self-advocacy and self-determination. In addition, Behavioral Health Reintegration staff provided mental health services, substance use services, and psychosocial support to parolees who had not yet secured long-term services or connections. Clinicians maintained contact with clients during the entire course of their parole terms.

## SUDT – Community Aftercare

As described in the **Reentry** section of this report, participants’ transitions were facilitated by enhanced prerelease and transition services that connected them to resources available in their community.

DRP offers SUDT education and treatment to formerly incarcerated persons through outpatient and residential community programs. In the past fiscal year, roughly 15,100 participants exited community aftercare SUDT programs prior to completion, with only 30 percent of formerly incarcerated persons having completed the program (see Table 26, below). The Department will continue to review the completion, the aftercare completion rate, and expand on housing and employment needs.

**Table 26. Community Aftercare SUDT Completion Rates (Fiscal Year 2022–23)**

Month and Year	Program Completed	Program Not Completed	Completion Rate
July 2022	559	1,263	31%
August 2022	590	1,365	30%
September 2022	576	1,314	30%
October 2022	551	1,154	32%
November 2022	538	1,177	31%
December 2022	566	1,079	34%
January 2023	579	1,260	31%
February 2023	475	1,100	30%
March 2023	546	1,351	29%
April 2023	478	1,303	27%
May 2023	552	1,356	29%
June 2023	565	1,401	29%
<b>TOTAL</b>	<b>6,575</b>	<b>15,123</b>	<b>30%</b>

Source: Data provided by Division of Rehabilitative Programs.

## Specialized Treatment for Optimized Programming

The Specialized Treatment for Optimized Programming (STOP) network is the largest SUDT-based service delivery system. STOP community-based services are available in most counties throughout the State, and parolees in counties lacking STOP service locations may be considered for placement in another county.

One of the specialized STOP services is the Female Offender Treatment Employment Program. The program provides female formerly incarcerated persons who are transitioning to the community with intensive gender-responsive counseling services. The counseling services are in areas related to substance use disorder, family reunification, vocational training, and employment. The participants in this program, who can have their children reside with them, can participate in treatment for up to 15 months. The department reported during fiscal year 2022-23, the STOP program had 2,452 completions out of 7,702 total exits, which is a 32 percent completion rate.



## Resource Programs

Resource programs are provided by DAPO and DRP to give parolees access to services or resources locally. Resource centers offer many services and resources involving counseling, training, education preparation, money management, and employment.

## Community-Based Coalition and Day Reporting Center

In fiscal year 2022–23, DRP had two types of resource centers, Community-Based Coalitions (CBCs) and Day Reporting Centers (DRCs). CBCs and DRCs have over 20 locations combined. These are primarily nonresidential centers, but some may have limited transitional housing. The services available to parolees include group counseling, anger management, parenting and family reintegration, cognitive and life skills training, budgeting and money management, employment, substance use disorder education, and academic education preparation. In fiscal year 2022–23, CBCs served 1,461 unique participants, and DRCs served 4,936 unique participants.

**Table 27. Number of Participants in Community-Based Coalitions and Day Reporting Centers (Fiscal Years 2020–21, 2021–22, 2022–23)**

Program	FY 2020–21	FY 2021–22	FY 2022–23
Community-Based Coalition	1,089	1,361	1,461
Day Reporting Center	4,864	5,021	4,936

Source: Data provided by Division of Rehabilitative Programs.

## Reentry Resource Center

DAPO developed and implemented Reentry Resource Centers (RRCs) located at Los Angeles, Stockton, Pomona, and Chico parole offices. In addition, one off-site location has been implemented in Oakland. The program was designed to ensure the reentry population had access to rehabilitation and reentry programs and resources.

## Parole and Community Team

The Parole and Community Team (PACT) was created to improve parolee access to needed services and to reduce crime in the community through partnerships with local law enforcement agencies, community resource providers, and social service agencies. A Parole Agent II serves as the PACT coordinator and liaison between the different entities that provide parolees with services such as substance use treatment, transitional living, employment resources, educational or vocational training, food, and transportation. Mandatory PACT orientation meetings have served as structured environments that provide individuals returning home with available community resources. The department states that mandatory participation enforces the individual's responsibility to engage in community-based programming, and by providing these resources in a timely manner, the program promotes successful reintegration while also improving public safety.

## Employment

### Ventura Training Center

The Life Skills Training program at the CAL FIRE Ventura Training Center, implemented in fiscal year 2018–19, was developed collaboratively by CAL FIRE, the California Conservation Corps, and the department. Parolees in this program receive extended training as they have gone through the fire camp programs while incarcerated. The 18-month program consisted of education for six months with on-the-job training at CAL FIRE as a Type I Fire Crew member for 12 months. Participants can earn certificates prior to graduation, making them

eligible to obtain employment beyond the program before their scheduled graduation date.

### **Caltrans Parolee Work Crew Program**

The department, in partnership with the California Department of Transportation (Caltrans), the Butte County Office of Education, San Bernardino Community College, and the City of Oakland, provide transitional employment to parolees through the Caltrans Parolee Work Crew Program. This program consists of litter abatement services that Caltrans provided through 17 daily crews who work across six locations statewide. In Oakland, the participants work five days a week, four of which are spent on the work crew with the fifth spent focusing on employment and permanent job placement services. Each crew consists of approximately six to eight people. Eligible parolee participants can volunteer to be in the program for up to 90 days. Participants who volunteer at the Butte County Office of Education and the San Bernardino Community College obtain referrals from day reporting centers and are then assessed for job readiness to legally and physically work on crews that require manual labor. The program provides life skills, employment, and prepares participants for future employment.

### **Housing**

According to a study done by the University of San Francisco, which collected data between October 2021 and November 2022, more than 171,000 persons experience homelessness daily. The study further showed that 19 percent of those experiencing homelessness entered homelessness from an institutional setting (county jails and state prisons).<sup>21</sup> As of June 30, 2023, 46.2 percent of persons who took the Reentry COMPAS had a moderate to high need when evaluated for Residential Instability, while 3,769 formerly incarcerated persons were experiencing homelessness. Approximately 1,400 of them had been experiencing homelessness for six months or longer. The three counties with the highest number of formerly incarcerated individuals experiencing homelessness are Los Angeles with 939 persons, San Bernadino with 309 persons, and Sacramento with 296 persons. See Appendix H for a full listing by county. Of those, 1,425 were previously identified as part of the MHSDS. In Table 28 on the next page, the number of formerly incarcerated persons experiencing homelessness by their previously identified MHSDS status is shown.

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<sup>21</sup> “California Statewide Study of People Experiencing Homelessness,” UCSF, accessed August 2023, [https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH\\_Executive\\_Summary\\_62023.pdf](https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Executive_Summary_62023.pdf)

**Table 28. Formerly Incarcerated Persons Experiencing Homelessness by Previously Identified Mental Health Designation (June 2023)**

MHSDS Status	Number Experiencing Homelessness
Acute Psychiatric Program	12
Correctional Clinical Case Management System	1,146
Enhanced Outpatient Program	305
Department of State Hospitals	2
Intermediate Care Facility	28
Mental Health Crisis Bed Inpatient	12
No Mental Health Need	2,005
Unknown	286

Source: Data provided by CDCR's Office of Research as of June 30, 2023

Many programs are provided by the department to aid in the success of reintegration as discussed earlier in the report. Unfortunately, many members of the formerly incarcerated population experiencing homelessness did not complete these programs. Out of the 3,794 individuals experiencing homelessness, only 200 (5.3 percent) had completed a CTE program. A larger number, 718 (18.9 percent), completed the Transitions program. The department reports that approximately 21 percent of the formerly incarcerated population experiencing homelessness are employed as of June 30, 2023.

Individuals identified as transient or homeless and eligible for the department's voluntary transitional housing program, Returning Home Well Housing (RHWH), are referred for an opportunity to participate. Individuals not qualifying for the RHWH are offered additional housing resources that address their identified criminogenic needs. During each contact with individuals reporting transient or homeless on their caseloads, DAPO parole agents offer all available housing and reentry resources. In addition, DAPO parole agents work directly with staff at the local shelters to help in securing temporary housing for individuals on their caseloads who do not want to participate in the RHWH, state-funded housing and treatment programs, or community-based reentry programs. The DAPO parole agents work closely with the community to ensure individuals on their caseloads are referred to reentry programs which will best assist them with a successful transition back into the community.

## Returning Home Well Housing Initiative

The department was provided funding to implement the Returning Home Well Housing (RHWH) initiative. This initiative provides temporary housing for individuals leaving incarceration who have an identified housing need. The DRP utilizes a network of Reentry Recovery Housing providers, via the STOP network, throughout the State to provide access to temporary housing for these individuals while on parole. The STOP contracts were amended to include RHWH services during fiscal year 2022–23. The RHWH program is funded to serve up to 442 participants concurrently.

In fiscal year 2022–23, the RHWH program served 157 individuals.



## FOLLOW UP

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The follow-up component of the California Logic Model involves tracking certain postrelease indicators for incarcerated persons who are released every year. The current measure of successful rehabilitation from criminal behavior is the rate of recidivism.

Regarding recidivism, the California Board of State and Community Corrections (BSCC) was required to define recidivism as part of the 2013 amendment to California Penal Code section 6027. The definition of recidivism as approved by BSCC is the “conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.”<sup>22</sup> Alternatively, depending on the type of analysis and available data, recidivism rates can also be expressed as the number of new arrests, return to custody, or other parameters over the course of longer or shorter time periods. For the purposes of this report, the standard BSCC definition is referenced.

Below is a review of two recent reports on recidivism and rehabilitation programs associated with the department as well as a review of ISUDT performance. Recidivism rates for the 2015–16 release cohort were published in relation to various parameters, including the SUDT program. Recidivism rates associated with CALPIA participation are also reviewed, as are performance indicators for the ISUDT program as reported by CCHCS. Effective management of substance use disorder was measured in terms of overdose-related hospital visits and reduced deaths from overdose.

### Recidivism for Offenders

In April 2023, the department released two recidivism reports on incarcerated persons who were released in fiscal year 2016–17<sup>23</sup> and 2017–18.<sup>24</sup> Recidivism outcomes were evaluated according to various parameters that included gender, age, race, mental health, California Static Risk Assessment (CSRA) scores, type and county of release, type of offense, and participation in the SUDT programs.

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<sup>22</sup> “BSCC Definitions – AB 1050,” BSCC California, accessed July 12, 2022, <https://www.bscc.ca.gov/wp-content/uploads/AB-1050-Key-Term-Definitions.pdf>, [https://www.bscc.ca.gov/s\\_recidivism/](https://www.bscc.ca.gov/s_recidivism/).

<sup>23</sup> “Recidivism Report for Offenders Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2016–17,” California Department of Corrections and Rehabilitation, accessed April 2023, <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2023/04/Recidivism-Report-for-Offenders-Released-in-Fiscal-Year-2016-17.pdf>.

<sup>24</sup> “Recidivism Report for Offenders Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2017–18,” California Department of Corrections and Rehabilitation, accessed April 2023, <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2023/04/Recidivism-Report-for-Offenders-Released-in-Fiscal-Year-2017-18.pdf>.



## Offenders Released in 2016-17

The three-year reconviction rate of 31,792 released individuals was reported as 47.6 percent, an increase of three percentage points compared with the cohort released in fiscal year 2015–16.

Consistent with what is seen historically, recidivism rates decreased with increasing age, particularly among those released at age 40 or older. Recidivism rates for those with CSRA scores continued a pattern seen in previous recidivism reports, with three-year conviction rates higher for individuals who scored high on the CSRA (63.3 percent) compared with moderate (47.3 percent) and low (22.7 percent) scores. This supports the general effectiveness of the CSRA as a predictor of recidivism. Although these recidivism rates were consistent with the scores, all percentages have increased as compared with the cohort from the prior year.

Rates were higher for individuals who were part of the MHSDS prior to release (ranging from 51.0 percent to 60.0 percent) compared with individuals who were not in the MHSDS (46.2 percent). This finding reinforces the importance of providing increased postrelease assistance, with the array of needs this population has, including access to mental health care, employment, and housing services.

## Offenders Released in 2017–18

The three-year reconviction rate of 35,447 released individuals was reported as 44.6 percent, a three-percentage point decrease compared with the cohort released in fiscal year 2016–17. This is the same rate as it was for the cohort released in fiscal year 2015–16.

The three-year arrest rate was 68.4 percent, which is the same as it was for cohorts in fiscal year 2015–16. The return-to-prison rate for this cohort is at its lowest at 19.8 percent. Recidivism rates for those with CSRA scores continued a pattern seen in previous recidivism reports, with three-year conviction rates higher for individuals who scored high on the CSRA (61.1 percent) compared with moderate (43.1 percent) and low (20.8 percent) scores. This supports the general effectiveness of the CSRA as a predictor of recidivism.

Rates were higher for individuals who were part of the MHSDS prior to release (ranging from 48.3 to 59.6 percent) compared with individuals who were not in the MHSDS (43.1 percent). As noted above, this reinforces the importance of increased postrelease assistance, due to with the array of needs this population has, including access to mental health care, employment, and housing services.

## Recidivism in CALPIA From August 2014 to July 2018

In November 2021, the Center for Evidence-Based Corrections at the University of California, Irvine, published its recidivism study of CALPIA.<sup>25</sup> The study examined CALPIA participants compared with persons waiting for a CALPIA assignment, CALPIA career technical education (CTE) participants compared with non-CTE CALPIA program participants, and female CALPIA participants compared with females waiting for a CALPIA assignment. The study examined 2,453 persons who actively participated in CALPIA programs, comparing their progress with that of 6,150 persons who were on the waitlist. To prevent group differences from skewing recidivism results, propensity score matching was used to equalize the different background factors between groups. Rates were calculated for groups both before (unweighted) and after (weighted) propensity score matching. The differences between the unweighted and weighted data demonstrated the impact that varying background characteristics have on study results and allowed the authors to portray with greater accuracy the relationship between active participation in CALPIA and recidivism rates.

Results showed significant differences in three-year reconviction rates between the following two comparison groups. Specifically, the CALPIA participant group had a weighted recidivism rate of 20.8 percent, compared with a rate of 25.8 percent for the waitlist group. Reduced recidivism rates were also observed when CALPIA CTE participants were compared with other CALPIA program participants, with weighted rates of 13.9 percent and 23.1 percent, respectively.

In addition, only 15.4 percent of all CALPIA participants had been returned to custody after three years. The results of the study showed that CALPIA had lower rates of rearrests, reconvictions, and reincarcerations compared with those who were qualified and did not participate in CALPIA.

The CALPIA eligibility process is specified in section 8004 of Title 15. The process itself excluded certain characteristics that distinguished these groups from the rest of the incarcerated population. As a result, participation in CALPIA programs correlated with significantly lower three-year conviction rates. Going forward, the authors anticipate conducting studies to examine the integrity of the CALPIA process and outcomes, conducting studies that compare CALPIA with other in-prison programs, and assessing benefits that accrue from participation in such programs as skill building and postrelease employment.

As of this publication, CALPIA is conducting additional recidivism studies.

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<sup>25</sup> James Hess and Susan Turner, “The Effect of Prison Industry on Recidivism: An Evaluation of California Prison Industry Authority (CALPIA),” November 2021, CALPIA, accessed September 2023, [https://www.calpia.ca.gov/wp-content/uploads/calpia/news/Reports\\_and\\_Publications/The%20Effect%20of%20Prison%20Industry%20on%20Recidivism-V2-PIA.pdf](https://www.calpia.ca.gov/wp-content/uploads/calpia/news/Reports_and_Publications/The%20Effect%20of%20Prison%20Industry%20on%20Recidivism-V2-PIA.pdf).

## Impact of Integrated Substance Use Disorder Treatment Program

According to a report on the impact of the ISUDT program released by the department and CCHCS in April 2022,<sup>26</sup> an overall decrease in overdose deaths by 58 percent was observed in the first year of the program, from 2019 to 2020. In addition, the overdose hospitalization rate among MAT recipients was 42 percent lower compared with participants on the MAT waitlist. Overdose hospitalizations among ISUDT participants decreased by 18 percent from late 2019 to the middle of 2021 (from 92 to 75 per 100,000 residents), and the number of bacterial and viral infections associated with substance use also decreased.

CCHCS reported it was the largest provider of MAT in any correctional system in the United States and attributes much of the ISUDT program's success to MAT. The reduction in overdose mortality from 52 deaths to 20 deaths per 100,000 residents (a 62 percent decrease) between the program's inception in 2019 and April 2021 is noteworthy. This change also shifted drug overdose from being the third leading cause of death in California institutions to being the eighth leading cause of death. The department reported a correlation with participation in MAT, which was accepted by nine out of 10 patients who were offered treatment.

For this past fiscal year, CCHCS reported 821 hospital or emergency department claims related to overdose events from July 1, 2021, through May 31, 2022. Data for the month of June 2021 were not available at the time of this report's publication due to unsubmitted or unprocessed claims. Overdose hospitalizations can also be viewed on the CCHCS ISUDT dashboard<sup>27</sup> that was launched in 2021.

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<sup>26</sup> "Transforming Substance Use Disorder Treatment in California's Prison System: Impacts of the Integrated Substance Use Disorder Treatment Program, April 2022," California Correctional Health Care Services, accessed July 18, 2022, <https://cchcs.ca.gov/wp-content/uploads/sites/60/ISUDT/Impacts-ISUDT-Program2019-22.pdf>.

<sup>27</sup> "ISUDT Outcomes and Other Trends," California Correctional Health Care Services, accessed July 26, 2022, <https://cchcs.ca.gov/isudt/dashboard/>.

## 2023 FINDINGS

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Similar to last year, measuring progress is an important aspect of an incarcerated person's rehabilitative success. The Expert Panel identified that the department "should actively monitor [behavior or case] plans to keep track of the progress that offenders are making toward achieving their rehabilitation programming objectives." Progress is measured for education and ISUDT programs; however, the department does not measure rehabilitative progress in its entirety.

The transitions program provided essential aspects of reintegration such as budgeting, resume building, and job searching. The data have shown over the last two years there are over 20,000 incarcerated persons who would benefit from access to the program. Unfortunately, the number of completions has declined by 28 percent, being only slightly over 3,000.

The department had a few noteworthy achievements during fiscal year 2022–23. A master's degree pilot program is starting at 11 institutions in the fall of 2023. Previously incarcerated persons could pursue a master's degree on their own as the department did not have a master's degree program. The ISO program changed its cycles from 52 weeks to 14 weeks, allowing for a significant increase in completions this year (45,208).

## BOARD RECOMMENDATIONS

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The department should make greater efforts to track the progress of an incarcerated person's rehabilitation. While the department track program completions, overall progress has yet to be recorded in any measurable way. Recommended in last year's report, the use of dynamic risk assessments to measure the predictive risk of recidivism before and after rehabilitative programming could show whether these programs are reducing a person's likelihood to reoffend and indicate a person's progress in key criminogenic areas.

The transitions program shows 2,223 people were assigned to it, but did not complete it, which is only slightly less than fiscal year 2021–22 (2,853). The department should evaluate the program to ascertain whether adjustments can be made that would allow for more completions. Many of the skills taught in the curriculum are valuable life skills in key areas like employment and financial management. The department should make greater efforts to ensure as many completions as possible.

The community aftercare SUDT completion rates have remained consistent at approximately 30 percent since the board's 18th report, produced in 2017. In the six years since that report, recidivism rates have also remained consistent with the primary measure of conviction rates, which ranged from 44.6 percent to 47.6 percent. According to the department's recidivism report published in September 2021,<sup>28</sup> recidivism rates for those who completed community aftercare SUDT were less than half of those reported among persons who had some or no aftercare, regardless of whether they had in-prison SUDT. The department should address and implement an action plan to increase the low community aftercare SUDT completion rates. The department's data shows a significant correlation between aftercare completion and reduced recidivism rates.

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<sup>28</sup> "Recidivism Report for Offenders Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2015–16," California Department of Corrections and Rehabilitation, accessed August 2023, <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2023/05/Recidivism-Report-for-Offenders-Released-in-Fiscal-Year-2015-16.pdf>.

## APPENDICES

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Appendix A. Rehabilitative Case Plan

Appendix B. ISUDT Programming Matrix

Appendix C. Academic and CTE Teacher Distribution and Budgeted Capacity


Appendix D. Rehabilitative Achievement Credit (RAC) Eligible Inmate Activity Groups

Appendix E. List of Institutional Abbreviations

Appendix F. CALPIA Program Locations

Appendix G. Number of Formerly Incarcerated Persons Experiencing Homelessness by County

## APPENDIX A. REHABILITATIVE CASE PLAN



**Rehabilitative Case Plan**

Logout

Name: \_\_\_\_\_ CDC#: \_\_\_\_\_ PID #: \_\_\_\_\_ CPED: \_\_\_\_\_

Curr. Loc.: CCWF-Facility A Control Date: \_\_\_\_\_ Control Date Type: EPRD

Area/Bed: \_\_\_\_\_ Housing PGM: Administrative Segregation Unit (ASU) Job Title: UNA / Unassigned

Custody: Maximum (C7) Security Level: Level 4 (63) WK/PV Group: D1 / D

DOB: \_\_\_\_\_ Ethnicity: Hispanic ( ) TABE (Read): 02.0

DDP: Adequate Cognitive Functioning (NCF) Mental Health: CCCMS-Correction Clinical Case Mgt System (B) DPPV: None

Date: 8/26/2020

Risk (CSRA Score): 2 (M)

TABE Reading Score: 02.0 TABE Math: Score Not Available

Verified GED: N Verified HS Diploma: N

**Needs (from COMPAS)**

Assessment Date: 01/04/2019 Version: Core Women's v.7 Needs Assessment

Substance Abuse: 100 - High Educational Problems: 0 - Low

Criminal Personality: 100 - High Employment Problems: 100 - High

Anger: 100 - High Support from Family of Origin: 100 - High

**Recommended Rehabilitative Programs Timeline**

Color Legend: ■ Current ■ Future Recommended Program ■ Current Recommended Program ■ After CPED

Program Name	Program Start Date	Program End Date	2020	2021	2022	2023	2024	2025	2026	2027
Adult Basic Education II	08/26/2020	02/17/2022								
Adult Basic Education III	02/18/2022	02/13/2023								
General Education Dev	02/14/2023	08/13/2023								
College (Correspondence)	08/14/2023	08/18/2026								
Transitions	08/18/2024	09/22/2024								
Criminal Thinking (Reentry)	08/18/2025	11/16/2025								

**Current and Completed Rehabilitative Programs Timeline**

Color Legend: ■ Current ■ Current or Completed Program ■ Before Start of Term

Program Name	Program Start Date	Program End Date	2013	2014	2015	2016	2017	2018	2019	2020
Adult Basic Education I	08/10/2019	08/23/2019								

**Certificates and Diplomas**

Date Completed	Certificate or Diploma Name	Program Name
08/23/2019	Adult Basic Education I	Adult Basic Education I

**Milestones**

No data available.

## APPENDIX B. ISUDT PROGRAMMING MATRIX, BUDGETED, FISCAL YEAR 2022–23

### 2022–23 DIVISION OF REHABILITATIVE PROGRAMS IN-PRISON PROGRAM MATRIX (Budgeted)

INSTITUTION	REHABILITATIVE SERVICES				
	Counselors*	Daily Capacity	Cognitive Behavioral Treatment		
			CBI SUD	CBI Non-SUD	Annual Capacity
ASP	28	1008	605	403	2651
CAC	22	792	475	317	2083
CAL	17	612	367	245	1609
CCC	23	828	497	331	2178
CCI	26	936	562	374	2462
CCWF	14	504	302	202	1325
CEN	18	648	389	259	1705
CHCF	14	504	302	202	1325
CIM	28	1008	605	403	2651
CIW	14	504	302	202	1325
CMC	23	828	497	331	2178
CMF	16	576	346	230	1516
COR	17	612	367	245	1609
CRC	29	1044	626	418	2745
CTF	34	1224	734	490	3219
CVSP	18	648	389	259	1705
DVI	0	0	0	0	0
FSP	21	756	454	302	1989
FWF	5	180	108	72	473
HDSP	17	612	367	245	1609
ISP	17	612	367	245	1609
KVSP	18	648	389	259	1705
LAC	16	576	346	230	1516
MCSP	22	792	475	317	2083
NKSP	9	324	194	130	852
PBSP	15	540	324	216	1420
PVSP	22	792	475	317	2083
RJD	19	684	410	274	1798
SAC	10	360	216	144	947
SATF	31	1116	670	446	2936
SCC	16	576	346	230	1516
SOL	27	972	583	389	2556
SQ	18	648	389	259	1705
SVSP	16	576	346	230	1516
VSP	18	648	389	259	1705
WSP	9	324	194	130	852
<b>TOTALS</b>	<b>667</b>	<b>24012</b>	<b>14407</b>	<b>9605</b>	<b>63151</b>

\* Operationally reduced staffing at CCC and SCC due to the fire camps originally overestimating their space capacities.

Note: Annual capacity represents the daily capacity multiplied by the average number of times the program can be completed in one year.



# APPENDIX C. ACADEMIC AND CTE TEACHER DISTRIBUTION AND BUDGETED CAPACITY, FISCAL YEAR 2022–23

INSTITUTION	ACADEMIC EDUCATION																		CAREER TECHNICAL EDUCATION					
	Traditional Education		Alternative Education		Post-Secondary & Cont.		TRANSITIONS		PEER LITERACY		Total, No Tester	TESTING	PHYSICAL ED	RESOURCE SPECIALIST PRROGRAM (RSP)	IET	ESSA / WIOA	Total All	Vacant Academic Teachers <sup>1</sup>	Total Daily Budgeted Capacity <sup>2</sup>	Authorized CTE Programs	Vacant CTE Teachers <sup>1</sup>	Budgeted CTE Capacity	Active CTE Capacity <sup>4</sup>	Comp Rel <sup>5</sup>
	Authorized Staff	Budgeted Capacity	Authorized Staff	Budgeted Capacity	Authorized Staff	Budgeted Capacity	Authorized Staff	Budgeted Capacity	Authorized Staff	Peer Mentors	Authorized Staff	Authorized Staff	Authorized Staff	Authorized Staff	Authorized Staff									
ASP	21	1134	0	0	4	720	2	108	1	20	28	2	1	0	1	0	32	6	1,982	17	2	540	351	3
CAC	5	270	0	0	2	360	1	54	1	20	9	1	1	0	0	0	11	5	704	2	1	81	25	1
CAL	15	810	0	0	2	360	1	54	1	20	19	2	1	0	0	0	22	8	1,244	9	2	324	243	3
CC <sup>5</sup>	11	594	1	120	3	540	1	54	1	20	17	2	3	0	0	0	22	13	1,328	7	4	216	0	1
CCI	13	702	0	0	4	720	2	108	1	20	20	3	2	0	0	0	25	3	1,550	14	2	459	108	3
CCWF	10	540	1	120	5	900	2	108	1	20	19	3	1	1	0	1	25	0	1,688	9	2	324	189	3
CEN	16	864	1	120	2	360	1	54	1	20	21	2	1	0	0	0	24	0	1,418	12	0	405	351	3
CHCF	5	270	1	120	1	180	1	54	1	20	9	1	1	1	0	0	12	1	644	2	2	108	0	2
CIM	17	918	0	0	2	360	2	108	1	20	22	2	1	2	0	0	27	10	1,406	11	5	351	135	2
CIW	9	486	1	120	2	360	1	54	1	20	14	1	2	0	0	0	17	6	1,040	6	3	216	81	2
CMC	18	972	0	0	4	720	2	108	1	20	25	3	2	2	1	0	33	4	1,820	12	3	432	251	4
CMF	8	432	0	0	2	360	1	54	1	20	12	1	1	2	0	0	16	2	866	3	2	135	54	2
COR	15	810	1	120	5	900	1	54	1	20	23	2	1	0	0	1	27	6	1,904	8	0	297	297	3
CRC	11	594	0	0	5	900	3	162	1	20	20	2	1	0	0	1	24	3	1,676	9	4	297	108	2
CTF	27	1458	0	0	2	360	3	162	1	20	33	3	3	0	0	0	39	13	2,000	16	4	513	378	3
CVSP	10	540	0	0	4	720	2	108	1	20	17	3	1	0	0	0	21	8	1,388	14	5	459	81	3
FSP	14	756	1	120	3	540	2	108	1	20	21	2	1	0	0	0	24	3	1,544	14	4	459	270	3
HDSP	10	540	1	120	4	720	2	108	1	20	18	2	1	0	0	0	21	9	1,508	9	2	297	189	4
ISP	14	756	0	0	7	1260	2	108	1	20	24	2	1	0	0	1	28	3	2,144	15	3	459	309	2
KVSP	17	918	0	0	4	720	1	54	1	20	23	2	1	0	0	0	26	2	1,712	9	4	297	162	2
LAC	10	540	0	0	2	360	1	54	1	20	14	2	1	0	0	1	18	2	974	7	4	243	135	2
MCSP	19	1026	0	0	6	1080	2	108	1	20	28	3	2	1	0	0	34	4	2,234	10	1	351	270	3
NKSP	2	108	3	360	1	180	1	54	1	20	8	4	1	0	0	0	13	0	722	2	0	54	54	0
PBSP	7	378	2	240	4	720	1	54	1	20	15	2	1	0	0	0	18	0	1,412	7	2	270	81	3
PVSP	16	864	0	0	2	360	2	108	1	20	21	2	1	0	0	1	25	0	1,352	10	1	324	270	2
RJD	20	1080	1	120	3	540	1	54	1	20	26	2	2	1	0	0	31	1	1,814	8	2	270	162	2
SAC	9	486	1	120	2	360	1	54	1	20	14	2	1	1	0	0	18	3	1,040	6	2	243	144	3
SATF	25	1350	0	0	6	1080	3	162	1	20	35	3	2	3	0	0	43	12	2,612	16	6	513	297	3
SCC	9	486	2	240	3	540	1	54	1	20	16	2	3	0	0	0	21	5	1,340	7	3	216	108	1
SOL	14	756	0	0	4	720	2	108	1	20	21	2	2	0	0	1	26	4	1,604	10	3	297	162	1
SQ	7	378	1	120	3	540	1	54	1	20	13	3	1	0	0	0	17	4	1,112	5	2	162	108	1
SVSP	14	756	1	120	2	360	1	54	1	20	19	2	1	1	0	0	23	5	1,310	9	6	243	52	0
VSP	13	702	0	0	5	900	2	108	1	20	21	2	1	0	0	0	24	1	1,730	16	3	513	324	3
WSP	2	108	2	240	1	180	1	54	1	20	7	3	1	0	0	0	11	1	602	2	2	81	0	1
HQ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0
TOTALS	433	23,382	21	2,520	111	19,980	53	2,862	34	680	652	75	47	15	2	9	800	147	49,424	313	91	10,449	5,749	

1/ As of June 30, 2023

2/ Total AE, EOP, Post Secondary & Cont., Transitions & Peer Literacy

3/ OSRT and Computer Literacy became one program beginning September 30 the program is called Computer & Related Technology and is based upon the Comp Lit Model (27 students, 3 hours, 2xday)

4/ As of June 29, 2023 Rehabilitative Program Report

5/ CCC Closure effective June 30, 2023

GRAND TOTAL PY's	1,113
GRAND TOTAL BUDGETED CAPACITY	59,873

## APPENDIX D. REHABILITATIVE ACHIEVEMENT CREDIT (RAC)

### ELIGIBLE INMATE ACTIVITY GROUPS

Institution	RAC Eligible Inmate Activity Groups				
Avenal State Prison (61)	Accepting Responsibility	The Actors' Gang Prison Project	Alcoholics Anonymous	Celebrate Recovery	Criminals & Gang Members Anonymous
	Codependents Anonymous	Crocheting	Gavel Club	Getting Out by Going In – Power UP!	Inside Out Writers
	Insight Garden Program	Intellimen	Malachi Dads	Narcotics Anonymous	Phoenix Alliance
	Prison Fellowship Academy	Self-Control	Timeless	Transparent Fathers Program	Veterans Program
	Veterans Support Group	White Bison	Youth Adult Awareness		
California City Correctional Facility (13)	Alcoholics Anonymous	Biblical Leadership	Catholic Faith and Sacrament	Celebrate Recovery	Getting Out by Going In – Power Up!
	Inmate Council	Narcotics Anonymous	Veterans Support Group		
California Correctional Institution (48)	Alcoholics Anonymous	Anger Management	Anti Recidivism Coalition - Hope	Camp Grace	Celebrate Recovery
	Creating a Healing Society	Criminals & Gang Members Anonymous	Defy Ventures	Exploring Trauma Plus	Inside Out Writers
	Lifers and Long Term	Lifers Program	Narcotics Anonymous	Stress Management	The Write of Your Life
	Traditional Art as Healing Trauma	Veterans Support Group			
California Health Care Facility (184)	African Dance	Alcoholics Anonymous	Best Jobs for Ex-Offenders	Board of Parole Hearings Preparation	Cage Your Rage
	Center for Council	Criminals & Gang Members Anonymous	Dog Handler Program	Draw & Paint	Emotional Intelligence
	Expressive Groups	From the Inside Out	Fuller-Care Impact	Getting Out by Going In	Hands Down
	Heartfulness Meditation	Houses of Healing	How to Be a Responsible Father	Insight Garden Program	Life Beyond Loss
	Life Skills	Lifer Support Group	LWOP - Life with Optimistic Possibilities	Mental Health & Wellness	Music Group – Beginners
	Music Group – Experienced	Narcotics Anonymous	Nursing Led Therapeutic Group	Peacemakers' Alliance	Physical Health & Wellness
	Prison of Peace Pilot Program	Red Ladder Theater	Veterans Group	Victim Awareness	
California Institution for Men (51)	The Actors' Gang Prison Project	Alcoholics Anonymous	American Sign Language	Board of Parole Hearings Preparation	Criminals & Gang Members Anonymous
	CSU, San Bernardino Based Art Program	Culture Awareness General Education	Emotional Intelligence	Getting Out by Going In	Inside Out Writers
	Lifers Group	Lift Class	Malachi Dads	Narcotics Anonymous	Nursing Led Therapeutic Group
	Pawz Behind Wallz	Physical Health & Wellness	Prison Arts Collective	Restore Parenting	Screen & Print Design
	Substance Abuse	Transitional Planning	Veterans Incarcerated Program		
California Institution for Women (57)	The Actors' Gang Prison Project	Addiction Recovery	Al-Anon	Alcoholics Anonymous	Beyond Trauma
	Beyond Violence	Black Cultural Education Awareness	Board of Parole Hearings Preparation	Bridges to Life	Celebrate Recovery
	Co-Dependents Anonymous	Convicted Women Against Abuse	Criminal and Gang Thinking	Codependents Anonymous	Defy Ventures
	Freedom to Choose	Garden Project	Golden Girl	Happy Hats	Healing Dialogue and Action
	Healing Trauma	Inside Out Writers	LGBTQ Group	Life Scripting	Long Termers
	Mexican American Resource Association	Mindful Meditation	Mothers Educating Mothers	Narcotics Anonymous	Native American Cultural Society
	Paths to Recovery	Poetic Justice	Poetic Justice - Restorative Art	Prison Arts Collective	Prison Fellowship
	Prison of Peace	Prison Puppy Program	ReEvolution Junior Mentors	ReEvolution Restorative Mentor	Recreational Activity Group
	Roots and Wings Project	Sharing our Stitches	Success Stories	Toastmasters	Veterans Support Group
	Visual Poetry and Assemblage	Women of Wisdom	White Bison Recovery	Youth Offender Program	

## APPENDIX D. RAC ELIGIBLE INMATE ACTIVITY GROUPS (CONTINUED)

Institution	RAC Eligible Inmate Activity Groups				
California Medical Facility (143)	Alcoholics Anonymous	Anger Management	Boys II Men	Cancer Support Group	Celebrate Recovery
	Community Planning	Controlling Anger	Creative Writing	Criminals & Gang Members Anonymous	Criminals & Gang Members Anonymous – Facilitator
	Defy Ventures Program Facilitators	Development of Healthy Relationships	Domestic Violence Prevention	Expressive	Firehouse
	Health and Wellness	Insight Garden Project	Katargeo – Basic	Katargeo – Marriage	Life Skills
	Lifer and Long Termer Program	Long Term Commitment Group	Men's Support Group	Mental Health & Wellness	Narcotics Anonymous
	Nursing Led Therapeutic Groups	Parenting Family Support	Physical Health & Wellness	Prison Fellowship Academy	Reentry Prep in Programs
	Restorative Justice	RISE	Self-Awareness and Improvement	Seminar Center for Council	Substance Abuse
	Substance Abuse Recovery Group	Transitional Planning	Unity	Veterans Helping Veterans	Visual Art Drawing
	Youth Diversion Program				
California Men's Colony (197)	Alcoholics Anonymous	Celebrate Recovery	Center for Council	Community Meeting	Creating Awareness Together
	Expressive	Freedom to Choose	Legacy Alliance Program	Life Skills	Malachi Dads
	Mental Health & Wellness	Narcotics Anonymous	Nursing Led Therapeutic Groups	Physical Health & Wellness	Prison Yoga Project
	Substance Abuse	Timelist	Transitional Planning	Veterans Group	Victim Awareness Program
	Yokefellow				
California Rehabilitation Center (51)	The Actors' Gang Prison Project	Alcoholics Anonymous	Anger Management	Anger Management – Cause and Effect	Anger Management – Coping Skills
	Celebrate Recovery	Criminals & Gang Members Anonymous	Diabetes Educational Program	Emotional Intelligence	Fight the Good Fight of Faith
	Give a Beat	Handicraft	Mindfulness	Narcotics Anonymous	Pain Management
	Pathways to Kinship	Prison Fellowship Academy	Prison Yoga Project	Restorative Mentor Training	Rooted in Resilience
	Thresholds for Change	TUMI	Veterans Support Group	Youth Offender Program	
California State Prison Corcoran (133)	Alcoholics Anonymous	Anger Management	BPH Prep	Bridges to Freedom	Communication Skills
	Criminal Gangs Awareness	Criminals & Gang Members Anonymous	Domestic Violence Prevention	Expressive Groups	Extreme Ownership
	Getting Out by Going In	Guitar	Life and Beyond	Lifer Group	Life Skills
	Mental Health and Wellness	Money Smart	Mural Drawing	Narcotics Anonymous	Nursing Led Therapeutic Groups
	Painting Class	Physical Health and Wellness	Songwriting	Substance Abuse	Success Stories
	Transitional Planning	Veterans Group	Victim Awareness/Impact Program	Youth Offender Program	
California State Prison Los Angeles County (133)	10 P Program	The Actors' Gang Prison Project	Adult Children of Alcoholics	Alcoholics Anonymous	Alternatives to Violence
	Board of Parole Hearings Preparation	Center for Council	Changes	Compassion Prison Project	Creating a Healing Society
	Criminals & Gang Members Anonymous	Critical Engagement	Convicts Reaching Out to People	Defy Ventures	Diabetes Educational Class
	Emotional Intelligence	Expressive	Freedom	From the Inside Out	Gang Intervention
	House of Healing	Insight Gardening Program	Jail Guitar Doors	Life Skills	Malachi Dads
	Mental Health and Wellness	Mind Education	Music Production & DJ Program	Narcotics Anonymous	New Choices Different Direction
	Nursing Led Therapeutic Groups	Pen America	Personal Development	Physical Health and Wellness	Prison Yoga and Mediation
	Substance Abuse	Theater Workers Project	Transitional Planning		

## APPENDIX D. RAC ELIGIBLE INMATE ACTIVITY GROUPS (CONTINUED)

Institution	Rehabilitative Achievement Credit (RAC) Eligible Inmate Activity Groups				
California State Prison Sacramento (118)	10 P Lifer Group	Accepting Responsibility Libra	The Actor's Gang Prison Project	Alcoholics Anonymous	Board of Parole Hearings Preparation
	Buddhist Pathways	Causative Actions	Celebrate Recovery Inside	Center for Council	Criminals & Gang Members Anonymous
	Emotional Intelligence	Kairos Prayer and Share	Men's Fraternity	Narcotics Anonymous	Nursing Led Therapeutic Groups
	Power Source/Lion Heart	Prison Arts Collective	Prison Fellowship Academy	Prison Yoga Project	Red Ladder
	Restorative Justice	Studio 4 Students	Substance Abuse Recovery Group	Toastmasters	Trauma Talks
	Victim Awareness	Visual and Performing Arts	VOMS	White Bison	Yard Time Literary
California State Prison Solano (59)	Al-Anon	Alcoholics Anonymous	Celebrate Recovery Group	Celebrate Recovery Group – Facilitator	Centering Prayer, Meditation
	Constructive Criticism	Creative Writing	Denial Management	Development of Healthy Relationships	Insight Garden Program
	Interpersonal Relations	Mindful Prisons	Narcotics Anonymous	Nonviolent Communication	Saints with a Purpose
	Shakespeare - Advanced	Shakespeare – Beginner	Toastmasters	Transformational Meditation	Unchained - Christian Recovery
	Veterans Healing Veterans	Veterans in Prison	Yoga and Mindfulness Immersion		
California Substance Abuse Treatment Facility (159)	African Drumming	Al-Anon	Alcoholics Anonymous	Board of Parole Hearings Preparation	Criminals & Gang Members Anonymous
	Expressive	Life Skills	Mental Health and Wellness	Narcotics Anonymous	Nursing Led Therapeutic Groups
	Physical Health and Wellness	ReEvolution	Substance Abuse	TOPS	Veterans Support Group
Calipatria State Prison (76)	The Actor's Gang Prison Project	Alcoholics Anonymous	Alternatives to Violence Project	Anger Management	Arts in Corrections
	Council Inmate Program	Creative Expression	Criminals & Gang Members Anonymous	Fathers Behind Bars	Forgiveness and Healing
	Healing Rhythms	Inside Out Writers	Intro to College Autobiography	Intro to College Writing	Intro to Indigenous Writing
	Intro to Professional Writing	Life Without a Crutch	LWOP Alliance	Men of Vision	Narcotics Anonymous
	Prison Fellowship	Social Insight Lifer	Straight Life Program		
Centinela State Prison (77)	The Actor's Gang Prison Project	Alcoholics Anonymous	Anti-Recidivism Coalition	Art Program	Beyond Bars
	Cage Your Rage	Criminals & Gang Members Anonymous	Healing Rhythms	Jail Guitar Doors	Life Without a Crutch
	Lifers Program	Narcotics Anonymous	Playwrights	Prison Arts Collective	Prison Fellowship Academy
	Project Paint	Reflecting Shakespeare	Restorative Justice Meditation	Success Stories	Veterans Support Group
	Yoga & Meditation				
Central California Women's Facility (87)	A Woman's Way	The Actor's Gang Prison Project	Alcoholics Anonymous	Beyond Violence	Board of Parole Hearing Preparation
	Breath of Freedom	Cancer Support Group	Choice for Freedom	Choir	Comfort Care
	Criminal and Addictive Thinking	Criminals & Gang Members Anonymous	CSU Project Rebound Outreach Program	Defy Ventures	Emotional Intelligence
	Empathize	Enneagram Prison Project	Felons Against Drunk Driving	Girls Advocating New Greatness	Grief Share
	Healing and Trauma	Healing Dialogue and Action	Insight Garden Program	Life Skills	Life Without Parole Support Group
	Live, Learn, Prosper	Mentor Group	Narcotics Anonymous	Nursing Led Therapeutic Groups	Offender Responsibility
	Pathway to Kinship	Personal Empowerment	Physical Health & Wellness	Prison Art Collective	Prison of Peace Pilot Program
	Red Ladder Theatre	Substance Abuse	Success Stories Program	Transitional Plan	Veterans Support Group
	Voices of Unity Community	Yard Time Literacy			
Chuckawalla Valley State Prison (54)	Alcoholics Anonymous	Center for Council	Compassion Prison Project	Criminals & Gang Members Anonymous	Getting Out by Going In
	Initiate Justice	Inside Out Writers	Introduction to Conquering Substance Abuse	Lifer Activity Group	Lifer Program
	Narcotics Anonymous	Pathways to Kinship	PREP Wellness & Recovery	Prison Arts Collective	Prison of Peace
	Success Stories	Toastmasters	Veterans Support Group	The Write of Your Life	

## APPENDIX D. RAC ELIGIBLE INMATE ACTIVITY GROUPS (CONTINUED)

Institution	Rehabilitative Achievement Credit (RAC) Eligible Inmate Activity Groups				
Correctional Training Facility (101)	Al-Anon	Alcoholics Anonymous	Alternatives to Family Violence	Alternatives to Violence Mini Workshop	Awareness Into Domestic Abuse
	BRAG	Board of Parole Hearing Preparation	Caribbean Drum	Celebrate Recovery	Cemanahuac Cultural Group
	Criminals & Gang Members Anonymous	Defy Ventures	Denial Management	Fathers Behind Bars	Gavel Club
	Getting Out by Going In	Glossophobics Anonymous	Improvisational Theatre Workshop	Inmate Peers Educating Peers	LDS Addiction Recovery
	Life Cycle	Narcotics Anonymous	Operation New Hope	Phoenix Alliance	Prison Fellowship Academy
	Relapse Prevention	SELF	Soledad Arts	Success Stories	Toastmasters
	Transformative Justice Initiative	United Veterans Group	Veterans Healing Veterans	Veterans Transition Center	White Bison
	Work for Inmates	Youth Offender Mentoring Program			
Folsom State Prison (62)	Al-Anon	Alcoholics Anonymous	Anti-Recidivism Coalition Program	Board of Parole Hearing Preparation	Celebrate Recovery
	Criminals & Gang Members Anonymous	Domestic Violence	Freedom to Choose	Gavel Club	Incarcerated Veterans Support Group
	Marin Shakespeare	Millati	Narcotics Anonymous	PACE Life Skills	Red Ladder Theatre
	SHARP	Taybah Class	Youth Diversion Program		
High Desert State Prison (40)	Actors' Gang Prison Project	Al-Anon	Alcoholics Anonymous	Criminals & Gang Members Anonymous	Creating a Healing Society
	Diabetes Self-Management & Support	Drawing - Beginning	Fatherless Fathers	Game Plan	Getting Out by Going In – Power Up!
	Guitar - Beginning	Initiate Justice	Lifer's Group	Malachi Dads	Men's Choir
	Narcotics Anonymous	Prison of Peace Pilot Program	Song Writing	Song Writing - Advanced	STOP Domestic Violence Program
	Truly Redefine Yourself	Turning Point	Veterans Group	Writing - Beginning	
Ironwood State Prison (116)	The Actors' Gang Prison Project	Addiction Counselling Program	Alcoholics Anonymous	Alternatives to Violence	Anti-Recidivism Coalition
	Big House Book Club	Center for Council	Criminals & Gang Members Anonymous	Engaged Buddhist Alliance	I-For Sight
	Inmate Peer Education	Inside Out Writers	Kairos	Lifers Group	Life's Too Short
	Music Arts Program	Narcotics Anonymous	Paint & Art Program	Partnership for Reentry Program	Pathway to Kinship
	Prison Arts Collective, SDSU	ReEvolution	Success Stories Program	Ten Toes In	Veterans Group
	Women Wonder Writers	Youth Offenders Program			
Kern Valley State Prison (90)	The Actors' Gang Prison Project	Alcoholics Anonymous	Anger Management	Anxiety	Board Preparation Avatar
	Compassion Prison Project	Criminals & Gang Members Anonymous	Crisis Management	Diabetes Mellitus	EDGE
	Guitar	Keyboard	Life Skills	Lifers for Change	Mural Painting
	Narcotics Anonymous	Nursing Led Therapeutic Group	Parenting	Physical Health & Wellness	Substance Abuse
	Toastmasters	Ukulele	Youth Offender Program		
Mule Creek State Prison (266)	Al-Anon	Alcoholics Anonymous	Anger Management	Arts in Corrections	Awareness Into Domestic Abuse
	Batterer's Intervention Program	Bike Restoration Program	Board Preparation Avatar	Breaking Barriers	Burnout Prevention
	Celebrate Recovery	Center For Council	CHILD	Christian 12 Step	Christian Anger Management Project
	Community Meeting	Conflict Resolution	Creative Arts Program	Creative Writing	Criminals & Gang Members Anonymous
	Denial Management	Diabetes Self-Management	Expressive Art	Expressive Groups	Fatherless Fathers
	Fight the Good Fight	Freedom Writers	Gavel Club	Getting Out by Going In – Power Up!	Guitar
	Insight Garden Program	Intensive Journaling Workshop	Islamic 12 Step	Journalism	Juvenile Diversion Program
	Kid C.A.T.	Life Skills	Lifer's Support Group	Marin Shakespeare	Mental Health & Wellness
	Narcotics Anonymous	New Options for Wellness	Nursing Led Therapeutic Group	Offender Narrative Project	Peer Literacy Student
	Physical Health & Wellness	Power Source	Prison Fellowship Academy	Realize	Reentry Preparation Program
	Right Person Right Prison	Self-Awareness & Recovery	Self-Exploration Through Writing	SHARP	Smart Communication Skills
	Step Into Action	Substance Abuse	Survivor to Thrive	Transitional Planning	Veteran's Support Group
	Victim Awareness Impact Program	We Heart Art Academy	Yoga	Youth Offender Program – Emotional Intelligence	

## APPENDIX D. RAC ELIGIBLE INMATE ACTIVITY GROUPS (CONTINUED)

Institution	Rehabilitative Achievement Credit (RAC) Eligible Inmate Activity Groups				
North Kern State Prison (49)	Alcoholics Anonymous	Anger Management	Battling Addiction	Celebrate Recovery	Center for Council
	Creative Alternatives	Dads Against Drugs	Family 2 Father	Getting Out by Going In	Good Neighbor
	Hip-Hop Dance & Yoga	Incarcerated Veterans	Kid C.A.T.	Learn to Play Guitar	Leave the Keys
	Malachi Dads	Meditation Buddhist	Mural and Painting	Narcotics Anonymous	Passages
	Quest for Personal Change	Ukulele			
Pelican Bay State Prison (68)	7 Habits on the Inside	Alcoholics Anonymous	Arts & Beautification	Board of Parole Hearing Preparation	Building Faith
	Building Resilience	Chess Club	Choices	Communication Skills	Creating a Healing Society
	Criminals & Gang Members Anonymous	English as a Second Language	Faith Support	Garden Co-op	Getting Out by Going In – Power Up!
	Inside Out Writers	LWOPPERS	Mindful Kindness Program	Money Smart	Musical Learning Institute
	Narcotics Anonymous	Positive Parenting	Prison Arts Collective	Prison of Peace	Prison Paws Partnership
	Skills for Successful Living	Theatre	Urban Gardening	Veteran's Support Group	Youth Offenders Program
Pleasant Valley State Prison (66)	Acting & Script Writing	Alcoholics Anonymous	Anti-Recidivism Coalition	Criminals & Gang Members Anonymous	Critical Insight
	Early Risers	Expressive Group	Freedom of Choice	Getting Out by Going In	Inside Out Writers
	Life Skills	Lifers Group	Mental Health & Wellness	Music	Narcotics Anonymous
	Nursing Led Therapeutic Groups	One Day at a Time	Poetry	Substance Abuse	Transitional Planning
	Veteran's Support Group	YAAP Group			
Richard J. Donovan Correctional Facility (168)	Alcoholics Anonymous	Alpha Course	Alternatives to Violence	Board of Parole Hearing Preparation	Change Plan
	Christianity Explored	Criminals & Gang Members Anonymous	Expressive Group	Getting Out by Going In – Power Up!	Healing Dialogue & Action
	Infectious Disease	Jail Guitar Doors	Kairos	Life Skills	Life Without Parole Alliance
	Meditation	Mental Health & Wellness	Narcotics Anonymous	Nursing Led Therapeutic Groups	Physical Health & Wellness
	Playwrights Project	Pre-TUMI Fight the Good Fight	Prison Fellowship Academy	Prison Yoga Project	Prisoners Educating Prisoners
	Project Paint	Reflecting Shakespeare	Seeking Recovery	Self-Confrontation	Shine
	Substance Abuse	Veteran's Activity Group	Veteran's Support Group	Yoga	Youth Offender Program
Salinas Valley State Prison (126)	Alcoholics Anonymous	Anger Management	Alternatives to Violence Program Mini Workshop	Arts Music Program	Bridges to Freedom
	Center for Council	Creative Writing Group	Criminals & Gang Members Anonymous	Drumming & Dance	Expressive Group
	Freedom Within Prison Project	Gavel Club	Getting Out by Going In – Power Up!	Grief Support	Kid C.A.T.
	Lazarus Christian Recovery	LDS Addiction Recovery	Life Skills	Lifer's Support Group	Malachi Dads
	Mental Health & Wellness	Music & Song Writing	Narcotics Anonymous	Nursing Led Therapeutic Groups	Physical Health & Wellness
	Substance Abuse	Theatre	Transitional Planning	Trendsetters – Self Awareness	Veteran's Support Group
	Victim Impact				

## APPENDIX D. RAC ELIGIBLE INMATE ACTIVITY GROUPS (CONTINUED)

Institution	Rehabilitative Achievement Credit (RAC) Eligible Inmate Activity Groups				
San Quentin State Prison (146)	Academic Peer Education Program	Addiction Recovery Counseling	Al-Anon	Alcoholics Anonymous	Band Practice – Hip-Hop
	Band Practice – Jazz	Band Practice – R&B	Band Practice – Rock	Beginning Drawing – William James	Coalition for Justice
	Creating Awareness Together	Creative Writing– William James	Criminals & Gang Members Anonymous	E.L.I.T.E.	Enneagram Prison Project
	Expressive Group	Green Life	Guitar – William James	Hope for Lifers	House of Healing
	Insight Garden Program	Interactive Art– William James	IPP A.C.T. Program	Kid C.A.T.	LGBTQ+ Yoga
	Life Skills	Man 2 Man	Managing Anger & Practicing Peace	Marin Shakespeare	Men Creating Peace
	Mental Health & Wellness	Mindful Prisons	Narcotics Anonymous	No More Tears	Non-Violent Communication
	Nursing Led Therapeutic Groups	Open Studio/Mural	Origami Workshop	Painting – William James	Pen Pals of San Quentin (Humane Society)
	Physical Health & Wellness	Piano – William James	Poetry– William James	Printmaking – William James	Prison Fellowship Academy
	Prison to Employment Connection	Prison Yoga Project	Project Reach	Quentin Cooks Program	Squires
	Substance Abuse	Trust Project	Veterans Healing Veterans	Veteran's Support Group	Watercolor– William James
	The Work	Yoga Group			
Sierra Conservation Center (93)	Alcoholics Anonymous	Alternatives to Violence	Anger Management	Arts in Corrections	Arts in Music
	Celebrate Recovery	Christianity Explored	Criminals & Gang Members Anonymous	Domestic Violence	Mental Health & Wellness
	Narcotics Anonymous	Nursing Led Therapeutic Group	Parenting	Physical Health & Wellness	Prison of Peace
	Responsible Fatherhood	Substance Abuse	Veteran's Incarcerated		
Valley State Prison (143)	The Actors' Gang Prison Project	Alcoholics Anonymous	Anger Management	Board of Parole Hearing Preparation	Celebrate Recovery
	Criminals & Gang Members Anonymous	Defy Ventures	Djembe Drumming	Domestic Violence Prevention	Domestic Violence – Journey to Wellness
	Drumming	Emotional Intelligence - Anti-Recidivism Coalition	Equestrian Program	Freedom to Choose	Gavel Club
	Getting Out by Going In – Power Up!	Grief Recovery	Healing Dialogue & Action	Inside Out Writers	Legacy Alliance Healing & Accountability
	Life Skills	M.A.G.I.C.	Mental Health & Wellness	Narcotics Anonymous	Nursing Led Therapeutic Group
	Peace Ed Program	Physical Health & Wellness	Prison Fellowship Academy	Red Ladder Theatre	Self-Awareness & Recovery
	Self-Image Alliance Awareness Gathering Group	Serenity Yoga Society	Substance Abuse	Transitional Planning	Valley Art and Music
	Veteran's Support Group	Victim's Impact	Victim Offender – Healing Other's Pain & Empathy	Youth Offender Program – Junior Mentors	
Wasco State Prison (101)	Al-Anon	Alcoholics Anonymous	Alternatives to Violence Project	Anger Management	Buddhist Meditation
	Cornerstone Theatre	Criminal Rehabilitation Anonymous	Criminals & Gang Members Anonymous	DAT Krew	Getting Out by Going In – Power Up!
	Guitar	Inmates for Christian Living	Inmate Council Program	Inside Out Writers	Life Recovery Bible
	Life Skills	Lifer's Support Group	Malachi Dads	Mastering Oral Presentation	Narcotics Anonymous
	Nursing Led Therapeutic Group	Painting - Kern	Passages	Poetry - Kern	Prison Fellowship Academy
	Success Stories	Victim's Impact			

## APPENDIX E. LIST OF INSTITUTIONAL ABBREVIATIONS

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Abbreviation	Institution
ASP	Avenal State Prison
CAC	California City Correctional Facility
CAL	Calipatria State Prison
CCC	California Correctional Center
CCI	California Correctional Institution
CCWF	Central California Women's Facility
CEN	Centinela State Prison
CHCF	California Health Care Facility
CIM	California Institution for Men
CIW	California Institution for Women
CMC	California Men's Colony
CMF	California Medical Facility
COR	Corcoran State Prison
CRC	California Rehabilitation Center
CTF	Correctional Training Facility
CVSP	Chuckawalla Valley State Prison
DVI	Deuel Vocational Institution
FSP	Folsom State Prison
FWF	Folsom Women's Facility
HDSP	High Desert State Prison
ISP	Ironwood State Prison
KVSP	Kern Valley State Prison
LAC	California State Prison, Los Angeles County
MCSP	Mule Creek State Prison
NKSP	North Kern State Prison
PBSP	Pelican Bay State Prison
PVSP	Pleasant Valley State Prison
RJD	R. J. Donovan Correctional Facility
SAC	California State Prison, Sacramento
SATF	California Substance Abuse Treatment Facility and State Prison, Corcoran
SCC	Sierra Conservation Center
SOL	California State Prison, Solano
SQ	San Quentin State Prison
SVSP	Salinas Valley State Prison
VSP	Valley State Prison
WSP	Wasco State Prison



# APPENDIX F. CALPIA PROGRAM LOCATIONS



## APPENDIX G. FORMERLY INCARCERATED PERSONS EXPERIENCING HOMELESSNESS BY COUNTY, JUNE 30, 2023

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# PAROLEES EXPERIENCING HOMELESSNESS

### Business Rules

- Active Interstate Cooperative Parolees included.
- Parolees assigned to INS parole units are excluded.
- Parolees deported or pending deportation are excluded.
- Parolees in custody of a law enforcement agency are excluded.
- Parolees-at-Large are excluded.

The Division of Adult Parole Operations (DAPO) considers a “Sheltered” parolee as an offender residing in a homeless shelter and a parolee “Experiencing Homelessness” as an offender who is unhoused or otherwise has no residence.

Address status information is entered into SOMS by the DAPO parole agent. When determining a parolee’s residence status, a parole agent will adhere to Title 15, Article 6.5. Section 3590 as follows:

(a) [...] a parolee who spends one day or one night in a shelter or structure that can be located by a street address, including but not limited to houses, apartment buildings, motels, hotels, homeless shelters, and recreational and other vehicles, may be determined to have established a residence if other circumstances are present. These circumstances include, but are not limited to:

- (1) The parolee resides one day or night at the same address every week, for multiple consecutive weeks, thus establishing a pattern of residency.
- (2) The parolee resides two or more consecutive days or nights at the same address, or two or more days or nights at the same address in a period that would appear to establish a pattern of residency.
- (3) The parolee is in possession of a key to an address where he or she is located and there is evidence of a pattern of residency.

## APPENDIX G. FORMERLY INCARCERATED PERSONS EXPERIENCING HOMELESSNESS BY COUNTY (CONTINUED)

California Department of Corrections and Rehabilitation  
Division of Correctional Policy Research and Internal Oversight  
Office of Research  
August 09, 2023

### California Active Parolee Population As of June 30, 2023 By Housing Status

County	Housed		Sheltered		Experiencing Homelessness		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	21,393	84.3%	182	0.7%	3,796	15.0%	25,371	100.0%
Alameda	707	88.3%	7	0.9%	87	10.9%	801	100.0%
Amador	4	80.0%	0	0.0%	1	20.0%	5	100.0%
Butte	158	75.6%	1	0.5%	50	23.9%	209	100.0%
Calaveras	17	100.0%	0	0.0%	0	0.0%	17	100.0%
Colusa	5	100.0%	0	0.0%	0	0.0%	5	100.0%
Contra Costa	334	88.6%	2	0.5%	41	10.9%	377	100.0%
Del Norte	37	77.1%	0	0.0%	11	22.9%	48	100.0%
El Dorado	49	84.5%	0	0.0%	9	15.5%	58	100.0%
Fresno	1,008	86.7%	5	0.4%	150	12.9%	1,163	100.0%
Glenn	8	72.7%	0	0.0%	3	27.3%	11	100.0%
Humboldt	87	78.4%	1	0.9%	23	20.7%	111	100.0%
Imperial	92	92.0%	0	0.0%	8	8.0%	100	100.0%
Inyo	7	100.0%	0	0.0%	0	0.0%	7	100.0%
Kern	819	89.3%	13	1.4%	85	9.3%	917	100.0%
Kings	314	82.0%	0	0.0%	69	18.0%	383	100.0%
Lake	39	81.3%	1	2.1%	8	16.7%	48	100.0%
Lassen	9	75.0%	0	0.0%	3	25.0%	12	100.0%
Los Angeles	5,955	85.9%	41	0.6%	939	13.5%	6,935	100.0%
Madera	73	83.9%	0	0.0%	14	16.1%	87	100.0%
Marin	15	78.9%	1	5.3%	3	15.8%	19	100.0%
Mariposa	3	60.0%	0	0.0%	2	40.0%	5	100.0%
Mendocino	95	78.5%	5	4.1%	21	17.4%	121	100.0%
Merced	171	82.2%	2	1.0%	35	16.8%	208	100.0%
Modoc	10	100.0%	0	0.0%	0	0.0%	10	100.0%
Mono	3	100.0%	0	0.0%	0	0.0%	3	100.0%
Monterey	350	86.8%	3	0.7%	50	12.4%	403	100.0%
Napa	17	77.3%	0	0.0%	5	22.7%	22	100.0%
Nevada	17	89.5%	0	0.0%	2	10.5%	19	100.0%
Orange	893	77.2%	14	1.2%	249	21.5%	1,156	100.0%
Placer	182	77.4%	1	0.4%	52	22.1%	235	100.0%
Plumas	10	100.0%	0	0.0%	0	0.0%	10	100.0%
Riverside	1,663	84.5%	8	0.4%	296	15.0%	1,967	100.0%
Sacramento	1,085	81.5%	5	0.4%	241	18.1%	1,331	100.0%
San Benito	11	64.7%	1	5.9%	5	29.4%	17	100.0%
San Bernardino	1,793	85.0%	7	0.3%	309	14.7%	2,109	100.0%

Data derived from SOMS as of June 30, 2023.

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## APPENDIX G. FORMERLY INCARCERATED PERSONS EXPERIENCING HOMELESSNESS BY COUNTY (CONTINUED)

California Department of Corrections and Rehabilitation  
Division of Correctional Policy Research and Internal Oversight  
Office of Research  
August 09, 2023

### California Active Parolee Population As of June 30, 2023 By Housing Status

County	Housed		Sheltered		Experiencing Homelessness		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	21,393	84.3%	182	0.7%	3,796	15.0%	25,371	100.0%
San Diego	1,308	84.5%	6	0.4%	234	15.1%	1,548	100.0%
San Francisco	384	96.0%	1	0.3%	15	3.8%	400	100.0%
San Joaquin	619	80.1%	7	0.9%	147	19.0%	773	100.0%
San Luis Obispo	137	81.5%	3	1.8%	28	16.7%	168	100.0%
San Mateo	146	79.3%	9	4.9%	29	15.8%	184	100.0%
Santa Barbara	201	91.0%	3	1.4%	17	7.7%	221	100.0%
Santa Clara	611	84.9%	5	0.7%	104	14.4%	720	100.0%
Santa Cruz	39	81.3%	0	0.0%	9	18.8%	48	100.0%
Shasta	213	71.0%	1	0.3%	86	28.7%	300	100.0%
Sierra	1	50.0%	0	0.0%	1	50.0%	2	100.0%
Siskiyou	15	78.9%	0	0.0%	4	21.1%	19	100.0%
Solano	307	83.9%	7	1.9%	52	14.2%	366	100.0%
Sonoma	151	83.0%	9	4.9%	22	12.1%	182	100.0%
Stanislaus	298	74.5%	9	2.3%	93	23.3%	400	100.0%
Sutter	65	85.5%	0	0.0%	11	14.5%	76	100.0%
Tehama	97	75.2%	0	0.0%	32	24.8%	129	100.0%
Trinity	7	100.0%	0	0.0%	0	0.0%	7	100.0%
Tulare	197	89.1%	1	0.5%	23	10.4%	221	100.0%
Tuolumne	19	86.4%	1	4.5%	2	9.1%	22	100.0%
Ventura	385	83.0%	1	0.2%	78	16.8%	464	100.0%
Yolo	96	86.5%	0	0.0%	15	13.5%	111	100.0%
Yuba	57	70.4%	1	1.2%	23	28.4%	81	100.0%

Data derived from SOMS as of June 30, 2023.

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