

Interim Judiciary Committee  
Progress Report:  
*SB 267 (ORS 182.525)*

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Oregon Department of Corrections

*September 30, 2010*

# Department of Corrections

## Agency Report on SB 267

### September 2010

#### Purpose of Agency

The mission of the Oregon Department of Corrections is to promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior.

- Operate Oregon's fourteen prisons so that they are safe, civil and productive. Inmates attend programs specified in their corrections plans to prepare them for release and successful community living.
- Operate directly or partner with counties to provide supervision, sanctions, and correctional interventions for felony offenders on probation, parole, or post-prison supervision in the community.

#### Process Used to Determine Programs That Must Comply with SB 267

The definition of prison-based programs that must comply with SB 267 is as follows: *A program is an organized activity in an institution, facilitated by an employee or contractor, designed to either create internal or external change in an inmate or to teach a behavioral or thinking skill, or both.* A workgroup representing DOC programs, institutions and community corrections reviewed all of the activities provided within the prison system to determine which should be considered programs, and thus which should be evaluated for consistency with evidence-based practices.

The prison program types that must comply with SB 267 are:

- Alcohol and drug treatment
- Cognitive change programs
- Parenting skills training

Community-based programs that must comply with SB 267 were identified by the Community Corrections Commission. The Commission is a broad-based advisory group to the Department of Corrections on policy relating to community corrections. Membership includes representatives from county community corrections, county commissioners, sheriffs, the Board of Parole, the Criminal Justice Commission, and a crime victim advocate. The group reviewed all of the activities identified in each county's community corrections plan, and identified those programs that had a primary purpose the reduction of recidivism. The programs identified will be reviewed to determine if they are evidence-based.

The community-based program types that must comply with SB 267 are:

- Alcohol and drug treatment
- Cognitive change programs
- Parenting skills training
- Mental health care
- Sex offender treatment
- Domestic violence intervention programs
- Employment programs
- Anger management
- Life skills

### **Progress to Date**

The Corrections Program Assessment Inventory (CPAI) was identified by DOC and the Community Corrections Commission as the appropriate tool to determine if programs are evidence-based in the way that they are being designed and delivered. That tool is presently called the Corrections Program Checklist (CPC).

Staff duties in the Transitional Services Division (the division that includes both institution programs and community corrections) have been reprioritized in order to provide staff resources for the review process. Reviewers and peer reviewers have been trained to apply the CPAI/CPC in both institution and community settings and have assessed 135 programs in both settings; this work is ongoing.

### **Prison Programs**

All eligible prison programs were initially reviewed in 2004. At that time, three programs were not satisfactory. For all programs, the CPC process provides the objective feedback and specific information needed that led to the improvement of every aspect of the treatment programming. Following the initial CPC's, DOC brought in training on research-based curriculum. Today, other than one new program that has not yet been reviewed, all programs in the prisons have been periodically reviewed and have improved their scores so that all score satisfactory or very satisfactory on the CPC.

### **Community Based Programs**

State general fund dollars are invested in many new programs this biennium, resulting in a backlog of programs that need to be reviewed. In addition, there are 2.5 million more dollars being invested in programs since the last report. Dollars invested in community programs delivered consistent with evidence-based practices are \$2 million higher than last report. Dollars invested in programs which are unsatisfactory or needing improvement dropped from 19% in the last report to only 6% in this report. The goals established by SB 267 are thus being met in that fewer and fewer dollars are being invested in programs which are not evidence-based.

The majority of community programs have benefited from the process. Community corrections and treatment providers are working more closely together, from sharing assessment tools to organizing and sharing trainings relating to effective treatment, the walls that have separated many programs from corrections are coming down and most of the programs that have been re-evaluated with the CPC have shown improvement. Of the 10 programs receiving a rating of unsatisfactory in a first review, 8 have been rated as satisfactory or very satisfactory in a second review. Many programs and community corrections agencies use the CPC as a road map that they follow step by step to improve their programming.

### **Research Basis for Each Program Type**

Correctional programs that are intended to reduce re-offending in either the institutional or the community setting are guided by the same body of research. There have been a series of large scale meta-analytic studies of correctional interventions that have resulted in some very strong evidence as to what type of intervention will have the greatest effect on lowering recidivism. In order to be included in the meta-analysis, each study had to meet a level of rigor in the research design. They include a control and an experimental group, they use a standard measure of recidivism, and they include a post-treatment follow-up period.

This research identifies three principles of intervention that are associated with effectiveness in reducing recidivism. They are:

#### 1. Principle of Risk: Who to Treat

- a) Services are delivered to offenders with a higher risk to recidivate; services are not delivered to offenders with lower risk to recidivate.
- b) Risk assessment is accomplished through use of a standardized and validated tool

#### 2. Principle of Criminogenic Need: What to Target

- a) Risk factors associated with criminal behavior are assessed
- b) At least 80 percent of the program's services and interventions are designed to target criminal risk factors and behaviors
- c) More intensive services are provided to higher need offenders

#### 3. Principle of Responsivity: How to Deliver the Service

- a) The program uses treatment models that have demonstrated effectiveness in reducing recidivism
- b) The program is between 3 and 12 months duration (not including aftercare)
- c) The program uses written treatment manuals and curriculums
- d) The program incorporates positive reinforcers/rewards as well as effective punishers (4 to 1 ratio)
- e) The program teaches offenders to:
  - Monitor and anticipate problem behavior
  - Plan and rehearse alternatives to problem behavior

- Practice alternatives to problem behaviors in increasing difficult situations
- f) Completion criteria is based on the acquisition of pro-social skills
- g) The program refers clients to other services and agencies that help address their needs
- h) The program trains family members to assist offenders
- i) Aftercare is provided
- j) Staff in the program are college educated, experienced, well-trained, and well-supervised

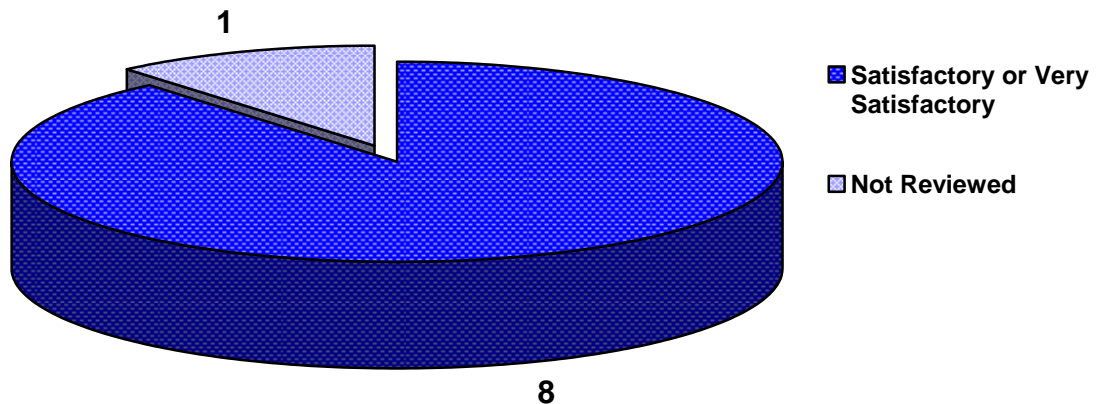
This body of research, and the knowledge gained from it, resulted in the development of the Correctional Program Assessment Inventory and the Corrections Program Checklist. This tool provides a relatively objective measure as to whether a program is being designed and delivered consistent with the meta-analysis findings.

Programs that can identify effectiveness research specific to the problem they are addressing and upon which their program is designed will also be considered evidence-based.

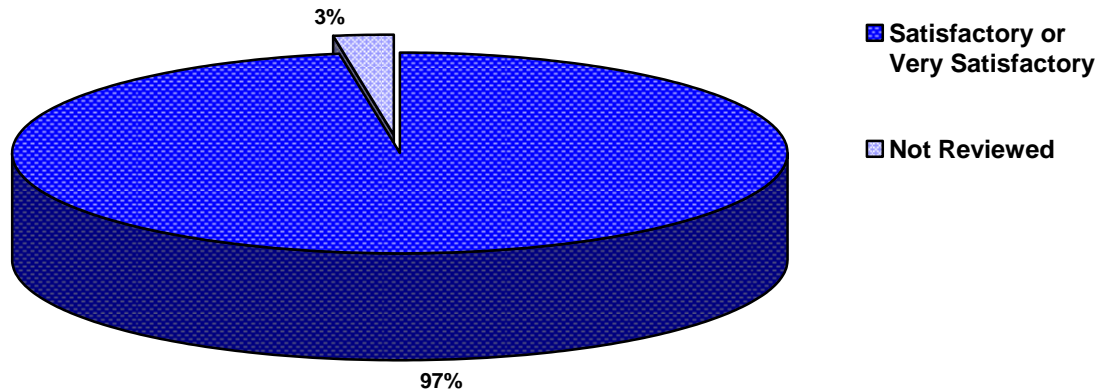
**Results: Prison Programs Designed to Reduce Recidivism**

**Program Types:** residential alcohol/drug treatment, parenting, and cognitive programs

***Evidence-based programs shown by number of programs reviewed:***



**Evidence-based programs shown by percentage of state and federal dollars invested:**



Note: Very Satisfactory = a score of 65% or higher on the CPC; Satisfactory = a score of 55-64%; Needs Improvement = a score between 46-54%; Unsatisfactory = a score less than 45%.

**State General Fund and federal funds invested in prison programs designed to reduce recidivism:**

\$15,660,991

**Total invested in prison programs delivered consistent with evidence-based practices:**

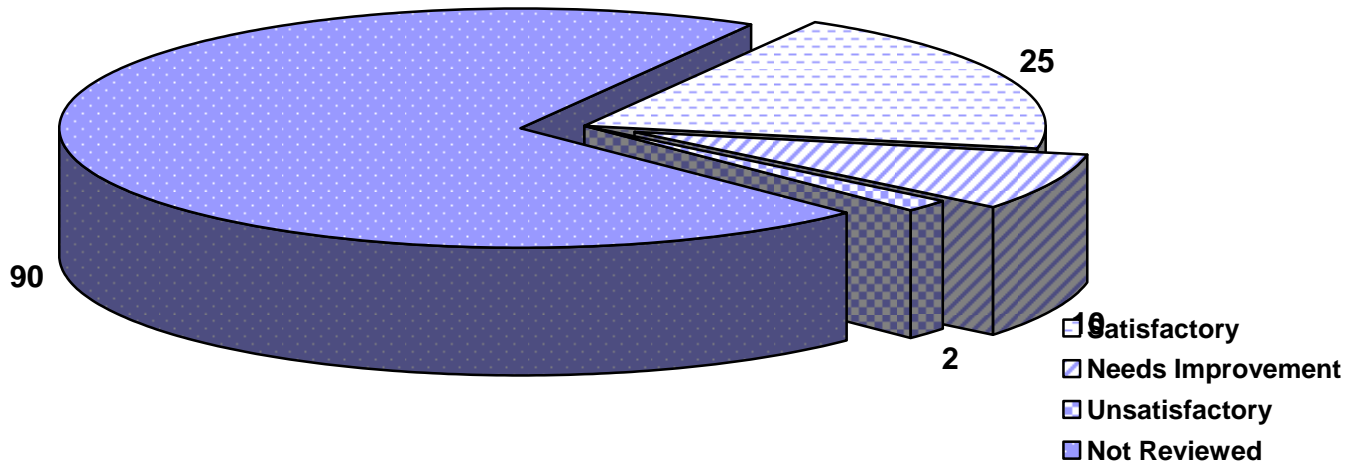
\$15,260,991

**Percent invested in evidence based programs: 97%**

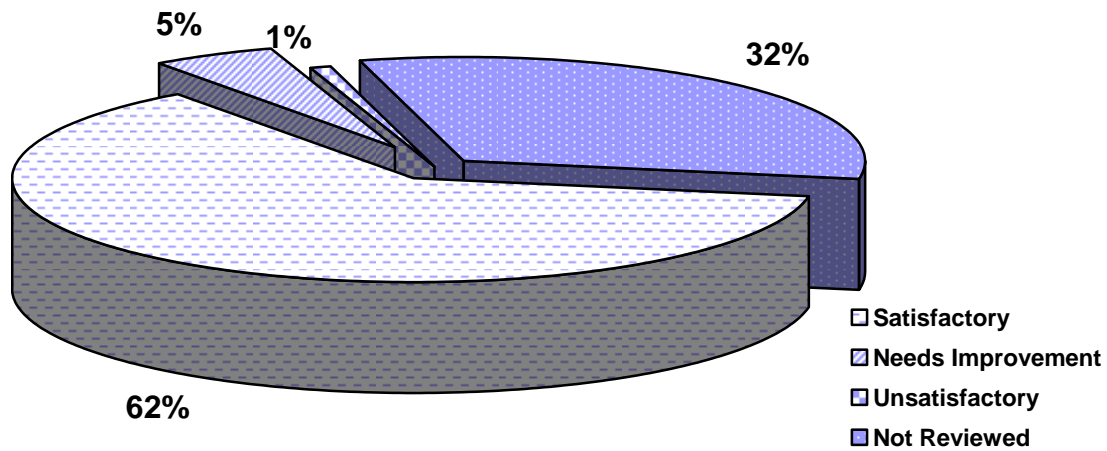
**Results: Community Corrections Programs**

**Program types:** substance abuse treatment including drug courts, sex offender treatment, cognitive programs, mental health programs, anger management, employment programs, and domestic violence treatment

***Evidence-based programs shown by number of programs reviewed***

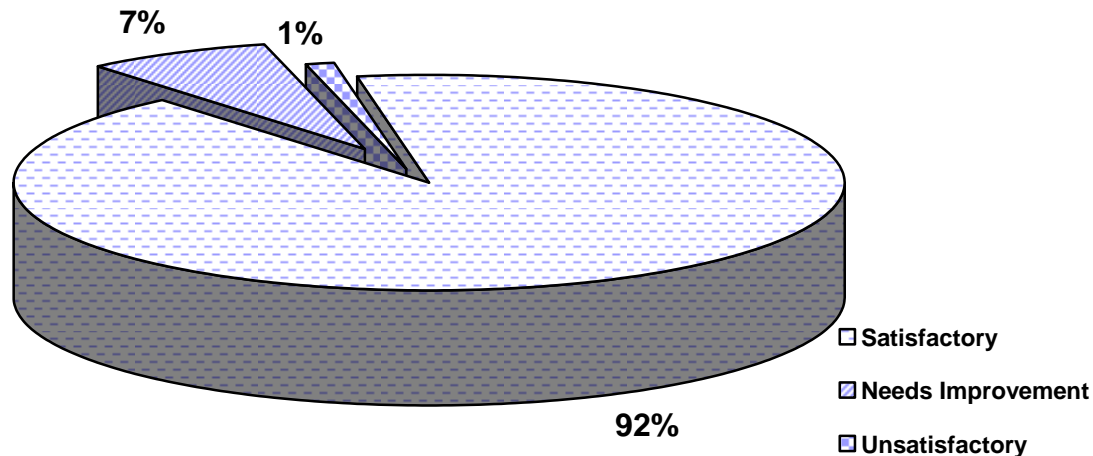


***Evidence-based programs by percent of state general fund dollars invested in community corrections programs designed to reduce recidivism, all programs:***



Note:  
 Very Satisfactory = a score of 65% or higher on the CPC; Satisfactory = a score of 55-64%; Needs Improvement = a score between 46-54%; Unsatisfactory = a score less than 45%.

**Evidence-based programs by percent of state general fund dollars invested in community corrections programs designed to reduce recidivism, all programs that have been reviewed:**



**State General Fund invested in community programs designed to reduce recidivism:**

\$15,470,883

**Total invested in community programs delivered consistent with evidence-based practices:**

\$9,636,170

**Percent invested in evidence-based programs:**

61% of all funds invested in programs

92% of funds invested in assessed programs

### **Cost Effectiveness of Corrections Programs**

For this report, the Department of Corrections will rely on the work of the Washington State Institute for Public Policy (WSIPP). This agency has conducted extensive work on the costs-effectiveness of correctional programs, including a meta-analysis in 2001 entitled "The Comparative Costs and Benefits of Programs to Reduce Crime." The meta-analysis and cost-benefit analysis included 159 evaluations of adult correctional programs. The cost-benefit analysis compared program costs with: 1) expected reduction in future taxpayer expenditures, and 2) the combination of taxpayer and victim costs.

A more recent meta-analysis was completed in 2006. Alcohol and drug treatment programs have consistently been found to be effective. The 2001 study found that cognitive programs are cost-effective by any measure. When both taxpayer and victim costs are considered, substance abuse treatment is cost-effective whether provided in prison, in jail, or in the community.

A review of program effectiveness from the 2006 analysis is provided below.

### **Institutional Programs**

***Substance abuse treatment:*** There are three types of substance abuse treatment reviewed in the WSIPP report including cognitive-behavioral, therapeutic community without community aftercare, and therapeutic community with community aftercare. The latter can be compared to assess the effects of aftercare in the community.

Providing substance abuse treatment to incarcerated offenders does reduce recidivism. The therapeutic community without aftercare reduces recidivism by approximately 5 percentage points; adding community after care improves the effectiveness to 7 percentage points. The in-prison cognitive-behavioral substance abuse treatment is expected to reduce recidivism by 7 percentage points.

Cost benefit reported (benefits minus costs): \$7,835 per person treated

***Cognitive programming:*** Cognitive-behavioral programming has been well studied in the last 35 years. This type of group therapy addresses the underlying issues associated with criminality – the maladapted thought processes and antisocial behaviors. Although this meta-analysis does not differentiate institutional and community programming, cognitive-behavioral programming should reduce recidivism by 8 percentage points.

Cost benefit reported (benefits minus costs): \$10,299 per person treated

### **Community Corrections Programs**

***Substance abuse treatment programs:*** The types of community substance abuse programs considered in this meta-analysis including drug treatment in the community and drug courts. Drug treatment provided in the community is expected to reduce recidivism by 12 percentage points.

Drug courts have been well studied. The 56 studies including nearly 19,000 individuals suggest recidivism is reduced by 10-11 percentage points. In general, community-based substance abuse treatment is effective with reducing recidivism. Adult drug courts and cognitive-behavioral programs reduce recidivism among substance-involved offenders.

Cost benefit reported (benefits minus costs):

Drug Treatment in the Community: \$10,054 per person treated

Adult Drug Courts: \$4,767 per person treated

***Sex offender treatment.*** The meta-analysis considers three different types of sex offender treatment provided in prison and in the community. Both psychotherapy and behavioral therapy do not significantly reduce recidivism among sex offenders. There are 11 studies involving cognitive-behavioral treatment in prison and in the community; this type of treatment significantly reduces both recidivism and sexual re-offending. The community-based cognitive-behavioral sex offender treatment is particularly effective with reducing sexual and general recidivism, reducing recidivism by 31.2 percentage points.

A cost-benefit analysis for community based sex offender treatment was not done by WSIPP.

### **Next Steps**

As new programs are instituted, the initial review of all community corrections programs will continue. Programs that were originally found to be unsatisfactory will be re-reviewed to assess their progress.

All programs, both institutional and community-based, will be re-reviewed on a regular schedule. Those programs scoring in the “unsatisfactory” or “needs improvement” ranges will be prioritized for more frequent reviews.