BEYOND BARS: 
CORRECTIONAL REFORMS 
to LOWER PRISON COSTS 
and REDUCE CRIME 

January 1998 

EXCERPTS REGARDING 
RECIDIVISM REDUCTION PROGRAMS 

Visit http://www.lhc.ca.gov/lhcdir/144/TC144.html for the full report
The State is not providing enough education, treatment and job training to prepare inmates to become responsible citizens once they return to the community.

The Governor and the Legislature should enact legislation providing prison inmates and parolees with the programs and services, such as drug treatment and cognitive skills programs, that are known to reduce recidivism in a cost-effective manner.

- **Sentenced criminals should receive assessments, treatment and aftercare.** The state courts should order assessments to be conducted to determine what kinds of treatment and educational opportunities are likely to be effective with individual felons. The assessments should be used by the Department of Corrections and county correctional officials when making placement decisions.

- **The prison-based drug treatment should be greatly expanded.** Certain high-level offenders should be targeted for therapeutic community drug treatment in prison and aftercare programs following their release. Cognitive skills programs should be established for low-level and medium-level offenders. Because the greatest limiting factor will be the availability of trained staff, the State should fund staff training programs.

- **The State should create reintegration centers.** While CDC has specialized reception centers that transition inmates into prison, it has no similar facilities to prepare inmates for successful reintegration into society. The State could convert existing facilities, or contract for additional facilities that provide for up to six months of intensive pre-release preparation. Similarly, the State should expand the existing work furlough program.

- **All programs should be rigorously and independently evaluated.** Innovation will be needed to implement the best methods for reducing recidivism. Even programs modeled after proven successes can fail. To establish public confidence and ensure cost-effectiveness, all educational, vocational and drug treatment programs should be independently evaluated.

- **The State should re-evaluate the organizational structure of parole supervision.** Through the master planning process, the State should explore the potential for providing parole services outside of CDC. Among the options would be contracting parole services to county probation departments or to private organizations to provide a full array of services.

- **The State should establish a zero tolerance policy of drugs in prison.** Prisoners and prison officials candidly concede that the prison drug trade is flourishing. While some efforts are being made to curtail drug use in prison, the State and counties should escalate this effort, including the use of surprise drug tests.

**Drug Treatment Works**

With more than 40,000 prison inmates serving terms for drug crimes, and as many as 80 percent of all inmates affected by substance abuse, the State’s paucity of in-prison treatment beds means that only 1 to 5 percent of those who might benefit from treatment have a chance of receiving it.
That represents a significant lost opportunity for the State to break the cycle of drug-addicted offenders who prey on the public after they are released -- and are ultimately returned to prison again and again for committing new crimes. One of the nation’s leading drug treatment experts told the Commission:

*The incarceration of persons found guilty of various crimes who are also chronic substance abusers presents a propitious opportunity for treatment. It is propitious because these persons would be unlikely to seek treatment on their own, without treatment they are extremely likely to continue their drug use and criminality after release, and we now have cost-effective technologies to effectively treat them while in custody and thus alter their lifestyles.*

Research over the past five years has proven that intensive treatment programs now available are highly successful at reducing recidivism among drug-addicted felons -- especially high risk offenders -- chronic heroin and cocaine users with long histories of predatory crime. Experts estimate these addict-offenders each commit 40 to 60 robberies a year, 70 to 100 burglaries and more than 4,000 drug transactions.

National evaluations of “therapeutic community” drug treatment programs like those at the State’s Donovan and Corcoran facilities, some based on nine years of follow-up data, show that high-risk offenders who complete both the treatment program and the community-based residential “aftercare” have a 25 percent lower recidivism rate than control groups, as measured in parole violations, arrests, convictions and re-incarceration. As the drug abuse expert cited above told the Commission: “I want to convey to you our conviction that *this kind of program works.*”

**The drug treatment program at Donovan provides an example. That program, which is operated by Amity Foundation of California, began in 1989.** Participants are hard-core felons with extensive criminal histories who have committed an average of 321 offenses over a lifetime. More than 70 percent have committed a violent crime, including assault, kidnapping, manslaughter and rape. Fifteen percent admit to having committed murder. The average participant in the program has spent more than half of his adult life in prison.

At the insistence of the Donovan warden, the Amity program was purposely designed to subject participants to the same kind of temptations to use drugs they are apt to confront when they leave prison. The 200

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1 Douglas Lipton, senior research fellow, National Development and Research Institute, in testimony to the Little Hoover Commission, September 25, 1997.
2 Ibid.
3 Ibid.
inmates in the drug treatment program therefore are not isolated from other prisoners.

They eat, work and share a yard with the general prison population, which consists of 800 other Level III inmates. Program participants take part in year-long intensive drug treatment activities for a minimum of twenty hours a week, often at night and on weekends in addition to their regular 36-hour-a-week work assignments. After release from prison participants are offered the chance to continue treatment in a community residential facility in Vista, California. About 35 percent participate in the aftercare program.

A rigorous evaluation of the Amity-Donovan program funded by the National Institute on Drug Abuse found the program to have impressive results. One year after release from prison only 17 percent of those who completed both the in-prison program and the community-based aftercare component were re-incarcerated, compared to 66 percent of a control group who received no treatment. Among those who went through the in-prison program but did not complete aftercare, 35 percent were re-incarcerated.4

The warden at Donovan, initially skeptical of the program, reported his surprise over the results when he ordered an unannounced urine test for Amity participants:

I knew that I had two hundred guys with serious drug problems all living together, and not isolated from the main yard. We were busting guys on the yard for drugs, so I knew that if the guys in Amity wanted to get drugs, they could. I assumed that 25 percent of the people in the Amity program would turn up “dirty.”5

Instead, only one Amity participant tested positive for drugs in that test. A second surprise urine screening in Fall 1996 found not a single positive test among the 214 Amity inmates. Drug testing of those participating in the Vista program after release from prison has yielded similar results.

**Potential Savings from Drug Treatment**

The Legislative Analyst’s Office has estimated that modest expansions of the drug treatment program could save the State millions of dollars a year. The LAO calculated in May 1997 (based on extrapolating the outcomes from the Amity prison drug treatment program at R.J.Donovan) that extending substance abuse treatment to an additional 5,000 inmates could save $40 million a year in prison operating costs and $110 million in one-time capital outlay expenses by reducing the need for prison beds. Extending treatment to serve an additional 10,000 inmates over those

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5 Ibid.
served today would increase the savings to $80 million in annual operating costs and $210 million in one-time capital outlay.

Those figures take into account only prison costs. Even more significant are the economic and social savings that could be captured from these offenders abandoning criminal behavior. An economist who analyzed the Amity program using National Institute of Justice data estimated that in the year before the last incarceration participants were on average each responsible for $93,000 in emergency room visits, jail costs, welfare payments for children, court expenses and other costs.

Calculated over a criminal career, unless reformed those felons could be expected to cost society more than $1.5 million. With many of those offenders third-strike candidates, the cost of the next incarceration alone could directly cost the State more than $500,000 per offender.

Targeting the most intensive drug treatment programs such as the therapeutic community model to the most severe offenders promises to yield the most benefit. These chronic heroin and cocaine users, who represent between 3 and 10 percent of all offenders, not only are responsible for high levels of serious and violent crime, but are also highly likely to recidivate. The Commission was told:

> Without intervention this group will return to crime and drug use nine times out of ten after release, and will be back in custody within three years. With appropriate intervention applied for a sufficient duration, more than three out of four will succeed, i.e., reenter the community and subsequently lead a socially acceptable life.

**The Immediate Opportunity**

... the real benefit of contracting out government services is not the organizational structure of the private service provider. The real gains, in both cost savings and improved programs, have come through competition in which capable providers -- public, private or partnerships involving both -- compete to provide services.

- **Accommodate the demand.** The State estimates that its inmate population will swell by nearly 10,000 additional inmates a year over the next five years. But still, the State will need to expand its capacity, and the greatest demands will be in Level II and Level III security inmates.
- **Quick implementation.** Private operators -- partly because they build smaller facilities and partly because they are private companies -- have shown that they can build facilities quicker than the State’s already accelerated three-year planning and construction schedule.
- **Costs less.** The common ground in the divisive debate over additional prisons is that the State needs to find mechanisms that place constant downward pressure on operational costs. The best known devise is competition among providers.
Better results. Increasingly, the State’s prison population crisis is the result of felons who serve their time, are released and fail to reintegrate into society. They violate parole or they commit new crimes and receive longer sentences. The only way to fundamentally reduce prison costs without eroding the tough sentencing policies enacted over the last 15 years is to do more with felons who are incarcerated to improve the chances they will not commit additional crimes and be returned to prison.

One model for achieving all four goals is a competitive process. It provides the opportunity to harness the efficiencies derived through competition to move toward the public goals of safe prisons and safer streets. And finally, a correctional system that relies on competitive procedures to award contracts and compensate service providers based on outcomes, creates a system embedded with the accountability often sought by policy makers.

California, like most states, does not track inmates when they are released from prison. As a result, there is no data to determine what effects -- good or bad -- that the correctional system is having on people who serve time behind bars.

The Department of Corrections has recognized the need for this kind of accountability. As part of its 1997 strategy plan, the CDC’s top goal is: “Improve the department’s ability to protect the public from harm by inmates and parolees.” The performance measures are: “Ratio per capita of inmate escapes. Recapture rate of escaped inmates. Percentages of Pals (parolees at large) returned to custody/supervision. Number of law enforcement agencies using parolee information.”

The outcome measure that would have the greatest impact on both crime and prison costs is recidivism by released felons.

Through a competitive process, the State could establish that benchmark for service providers. With reducing crime as a goal and recidivism as a measurable benchmark, the motivations of all agencies involved in administering the State’s correctional policy would change fundamentally from housing inmates to correcting criminals.

And finally, even if the State were to chart an aggressive path to provide additional housing space, it is possible that events beyond its control will require releasing inmates before their terms are complete, or diverting some felons to punishments other than prison. The State should prepare for that possibility so that it can control how those mandates are implemented. A number of local correctional authorities have had to make similar tough decisions. Through the Board of Corrections, which represents those local authorities, the State could develop an informed strategy for pro-actively dealing with an unfortunate possibility.