

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

September 30, 2016



Oregon Department of Corrections

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Director



SB 267 Report

OREGON DEPARTMENT OF CORRECTIONS

Purpose of the Agency

The mission of the Oregon Department of Corrections (DOC) is to promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior. DOC operates two distinct areas: Prisons and community corrections.

- DOC operates 14 correctional facilities across the state in a manner that keeps them safe, civil, and productive. Adults in custody attend programs, participate in work assignments, and engage in treatment and other activities specified in their corrections plans.
- DOC partners with counties to provide supervision, sanctions, and correctional interventions for felony offenders on transitional leave, probation, parole, or post-prison supervision in the community.

Programs that Must Comply with SB 267

The definition of prison-based programs that must comply with Senate Bill 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 programs 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 DOC on policies relating to community corrections. Membership includes representatives from county community corrections agencies, county commissioners, sheriffs, the Board of Parole, the Criminal Justice Commission (CJC), 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 in the reduction of recidivism. The programs identified will be reviewed to determine if they are evidence-based.

The community-based programs 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

DOC and the Community Corrections Commission identified the Corrections Program Checklist (CPC) as the appropriate tool to determine if programs are evidence-based in the way they are being designed and delivered. The CPC uses 78 questions to assess the effectiveness of a program. The CPC instrument measures a program's adherence to the "Principles of Effective Correctional Intervention" – those program characteristics that research shows are highly correlated with a reduction in recidivism. The CPC is grounded in risk, need, and treatment principles.

During the 2013-15 Legislative Session, the Legislature re-established funding for a 1.0 FTE position to increase DOC's program evaluation capabilities. DOC currently has 2 FTE dedicated to program evaluations and has trained more than 10 Parole and Probation personnel to assist with evaluations statewide.

Prison staff and community corrections staff continue to utilize validated risk instruments to determine inmate/offender risk to reoffend, and what programs would be most impactful to assist with behavior change. As the use of risk assessments has increased, both in-custody and community programs are receiving more appropriate referrals that reflect those at greatest risk to reoffend and those who would benefit most from responsive programs such as alcohol and drug treatment, sex offender treatment, and domestic violence interventions.

Research Basis for Program Evaluations

Correctional programs that are intended to reduce re-offending in either the institutional or 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 interventions 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, including a control and an experimental group, a standard measure of recidivism, and 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 a 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 in duration (not including aftercare).
 - c) The program uses written treatment manuals and curricula.
 - d) The program incorporates positive reinforcers/rewards as well as effective punishers (4-to-1 ratio).
 - e) The program teaches offenders to:
 - a. Monitor and anticipate problem behavior;
 - b. Plan and rehearse alternatives to problem behavior; and
 - c. 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 CPC. This tool provides a relatively objective measure as to whether a program is being designed and delivered consistent with the meta-analysis findings.

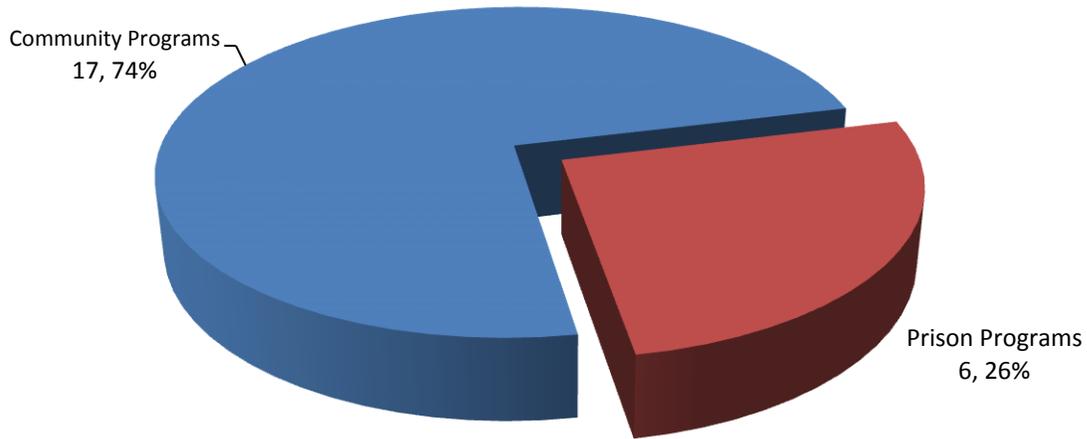
Since the passage of SB 267, a total of 238 program evaluations have been completed on 125 unique programs. From July 2014 to June 2016, there were a total of 35 program evaluations completed on in-prison and community programs; 23 of these evaluations were performed on state General Funded programs.

Prison programs include residential alcohol/drug treatment, parenting, and cognitive restructuring. Community programs include substance abuse treatment (including drug courts), sex offender programs, cognitive restructuring programs, mental health programs, anger management, and domestic violence treatment.

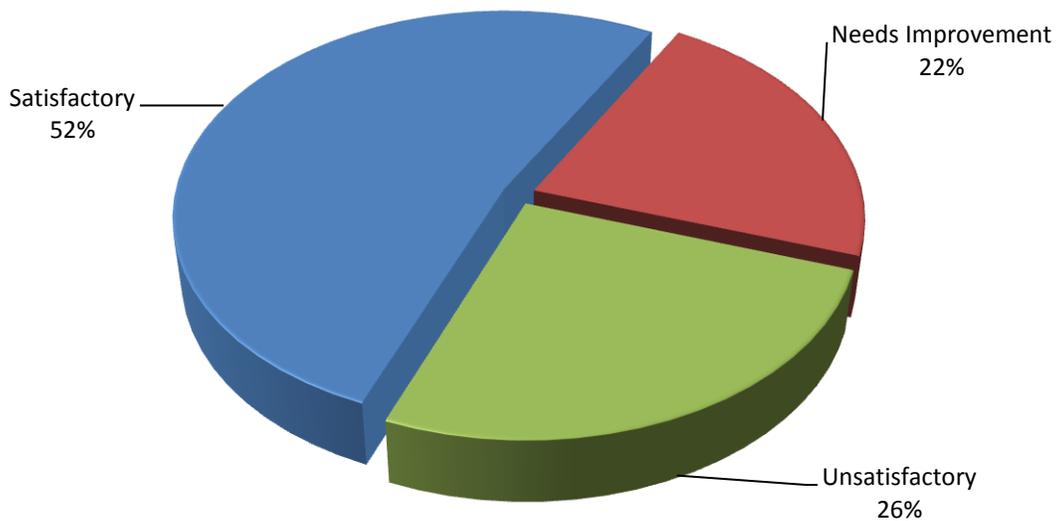
Scoring Guide:

- 1 = Satisfactory (55% or higher)
- 2 = Needs Improvement (46-54%)
- 3 = Unsatisfactory (less than 46%)

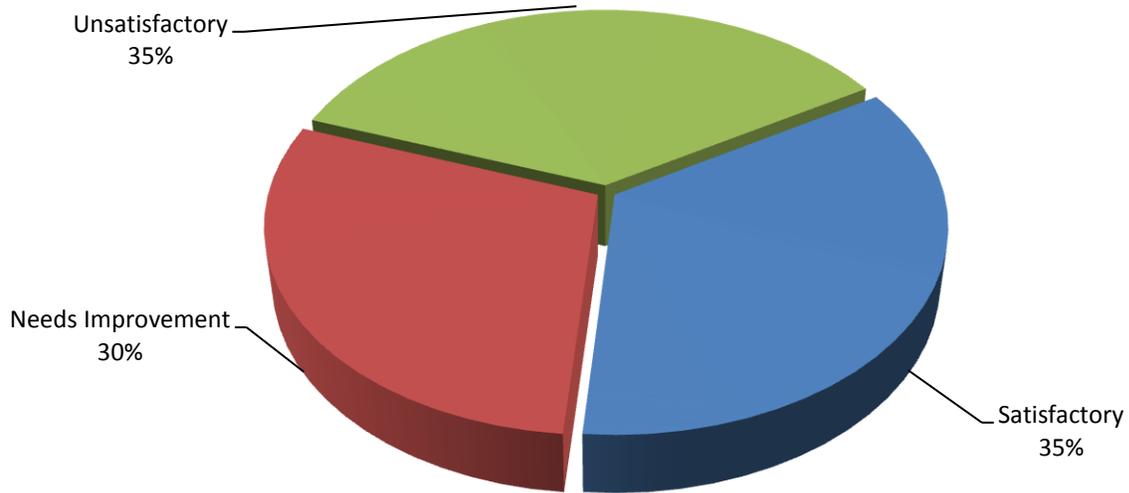
State-Funded Programs Reviewed



Results of State-Funded Prison and Community Programs Reviewed

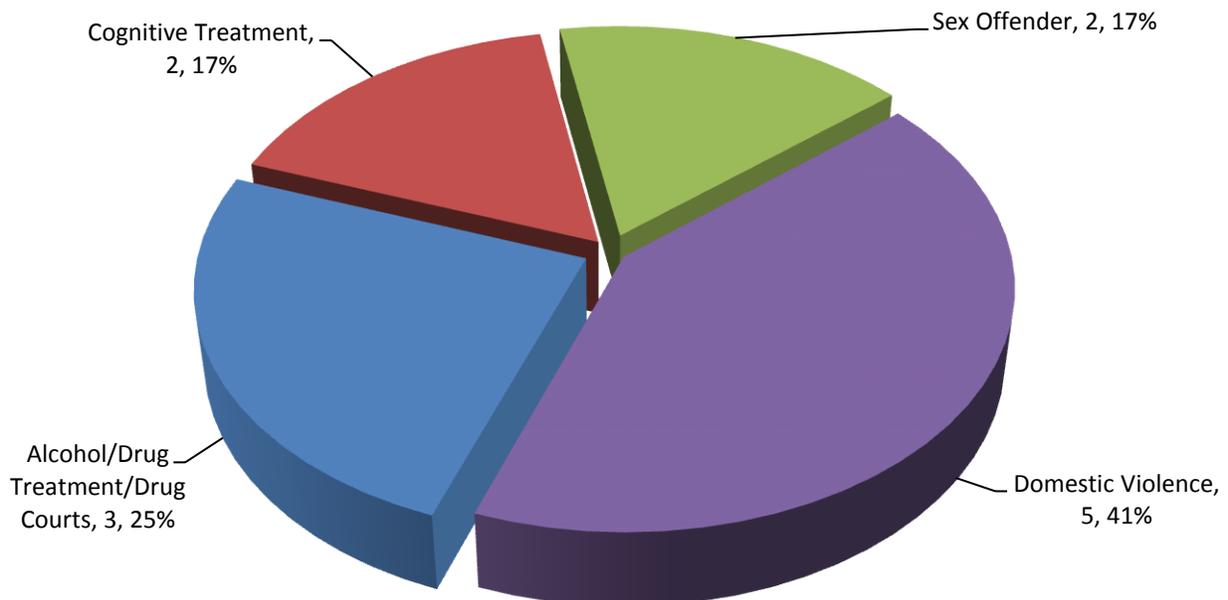


Results of State-Funded Community Programs Reviewed



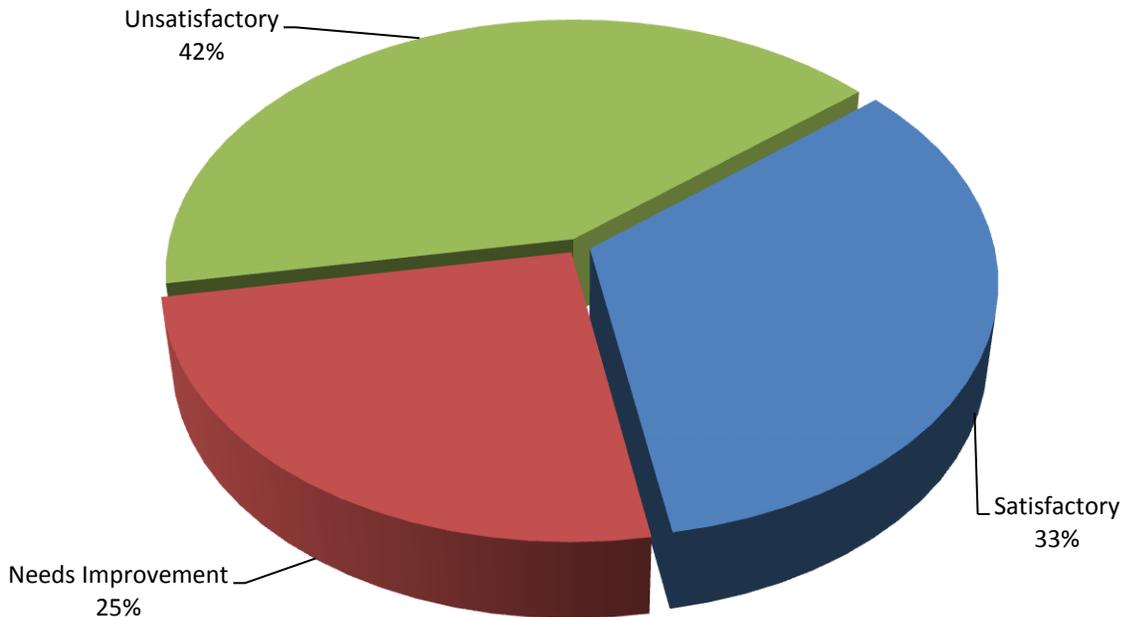
During the reporting period, all prison-based programs received a satisfactory score. This graph removes the prison programs to clearly display the outcomes of community-based programs.

Unfunded Programs Reviewed



Community Correction Agencies require all programs to which they refer clients to meet the standards of the CPC. Therefore, DOC conducts evaluations of non-funded programs when requested and as resources permit.

Results of Unfunded Program Reviews



Cost Effectiveness

For this report, DOC relied on the work of the Oregon Criminal Justice Commission (CJC). Working with the Pew-MacArthur Results First Initiative, CJC and DOC built a cost-benefit model that examines criminal justice programs based on how well they reduce recidivism. In this model, the costs of each program are weighed against the monetized benefits of the program, which come from avoided costs of recidivism due to the program's effectiveness at changing offender behavior. One key piece of information the agencies have been able to calculate is the cost-benefit ratio for each program, which shows how much money is saved for every dollar invested in the program. The model also allows data analysis to show expected cash flows on an annual basis, which can further be separated out by whether the benefits impact the state versus the local government, taxpayers versus potential victims, and caseloads for each part of the criminal justice system.

In the first phase of Oregon's participation in the Results First Initiative, data was collected on Oregon-specific recidivism patterns, sentencing patterns, and costs of the criminal justice system. Program information (including costs) for four categories of evidence-based DOC programs were also collected and utilized: inpatient alcohol and drug treatment, outpatient alcohol and drug treatment, cognitive-behavioral treatment, and vocational education. For program effectiveness, DOC and CJC used national estimates based on the best research available. This first phase was completed in May 2016 and presented to the Joint Committee on Judiciary on May 25, 2016. As

shown in the table below, each of the four program types was found to be cost-beneficial with benefit-to-cost ratios ranging from \$5.12 to \$14.40. Assuming that the programs are achieving the expected effectiveness, this means that for every dollar invested in DOC programs, a minimum of \$5.12 of costs are avoided due to reduced recidivism.

The next phase of analysis will include using Oregon effect sizes, which will indicate if improvements need to be made to the programs to obtain optimal performance. DOC and CJC are also adding two program areas to the model: correctional education and correctional industries. The second phase is expected to be complete by the end of 2016.

Program Name	Total Benefits	Taxpayer Benefits	Non-Taxpayer Benefits	Costs	Benefits Minus Costs (Net Present Value)	Benefits to Cost Ratio
Cognitive-behavioral therapy (high and moderate risk offenders)	\$16,147	\$5,028	\$11,119	(\$1,699)	\$14,448	\$9.50
Outpatient/non-intensive drug treatment (incarceration)	\$18,874	\$5,915	\$12,959	(\$1,311)	\$17,563	\$14.40
Inpatient/intensive outpatient drug treatment (incarceration)	\$19,728	\$6,203	\$13,524	(\$3,856)	\$15,872	\$5.12
Vocational education in prison	\$25,772	\$7,587	\$18,185	(\$4,027)	\$21,745	\$6.40

Next Steps

As mentioned above, DOC will continue to partner with CJC on the second phase of the Results First Initiative. DOC also will continue to use the CPC to determine if programs are evidence-based in the way they are designed and delivered. As for community-based programs, DOC will continue to prioritize programs that have not received a CPC and are funded with state dollars, as well as those that have been identified as needing improvement in the last year. In addition, DOC will utilize its Office of Research to conduct research evaluations on all DOC alcohol and drug treatment programs and its intensive cognitive-behavioral Alternative Incarceration Programs.