

**Effects of the Male Community Reentry Program (MCRP) on Recidivism  
in the State of California**

*Prepared for: California Department of Corrections and Rehabilitation (CDCR)*

**Kimberly Higuera, Garrett Jensen, and Emily Morton  
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## KEY TERMS AND ACRONYMS (ALPHABETICAL)

ABE	Adult Basic Education
BSCC	Board of State and Community Corrections (Oversees jails in the state)
CALPIA	California Prison Industry Authority
CBI	Cognitive Behavioral Interventions
CBT	Cognitive Behavioral Therapy
CC I, II, III	Correctional Counselor (typically refer to level, from junior to senior: CC I, CC II, CC III)
CC	Correspondence Courses (Post-secondary level courses)
CCCMS	Correctional Clinical Case Management System (mental health designation)
CCTRP	Custody to Community Transitional Reentry Program
CDCR	California Department of Corrections and Rehabilitation
CE	Continuing Education
CO	Correctional Officer
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
CSRA	California Static Risk Assessment
CTE	Career Technical Education
DAI	Division of Adult Institutions
DRP	Division of Rehabilitative Programs (within CDCR)
DSL	Determinant Sentencing Law
EBP	Evidence Based Program
EDD	Employment Development Department
EMC	Education Merit Credits
EOP	Enhanced Outpatient Program (mental health designation)
F2F	Face-to-Face (Post-secondary level courses)
GED	General Education Diploma
GP	General Population
HSE	High School Equivalency
HSD	High School Diploma

ICC	Institutional Classification Committee
ILTAG	Inmate Leisure Time Activity Group
IRP	Individualized Reintegration Plan
LAO	Legislative Analyst's Office (State of California)
LTOP	Long Term Offender Program
MCC	Milestone Completion Credits
MCCS	Milestone Completion Credit Schedule
MCRP	Male Community Reentry Program
PRCS	Post-Release Community Supervision
RAC	Rehabilitative Achievement Credits
RCT	Randomized Control Trial
Rearrest	Defined as any rearrest (with or without conviction) post-release, measured at one, two, and three years post-release
Recidivism	Defined as reconviction post-release, measured at one, two, and three years post-release
TABE - Reading	Test of Adult Basic Education - Reading (scored from 0-12)
SHU	Security Housing Unit
SOMS	Strategic Offender Management System
SQ	San Quentin State Prison
VEP	Voluntary Education Program

## ABOUT THE AUTHORS



**Kimberly Higuera** is a doctoral candidate in the Stanford Sociology department and holds a master's in public policy (MPP). She has worked as a Fellow at the Stanford Immigration Policy Lab and Haas Center for Public Service. Her research focuses on how contemporary immigrant families in the US make sense of a new country, a new culture, and new ways of relating to each other. Her dissertation research studies the way that remittance flows affect transnational family networks. Before coming to Stanford, Kimberly received her bachelor's degree from Duke University in sociology with minors in Child Research Policy and Latino Studies. [Learn more.](#)



**Garrett Jensen** holds Stanford master's degrees in public policy and education (MPP/MA). He began his career in Corporate Social Responsibility (CSR) focused on engaging 75,000+ employees to volunteer in their communities. He also developed and expanded the firm's postsecondary access program for underserved students in 35 U.S. cities. Garrett has firsthand experience working with those incarcerated teaching at San Quentin State Prison and Redwood City Jail. He now works in the California State Senate. Before Stanford, Garrett received his bachelor's degree from Santa Clara University in accounting and political science. [Learn more.](#)



**Emily Morton** is a doctoral candidate at the Stanford Graduate School of Education, holds a master's in public policy (MPP), and is a Fellow for the Institute for Educational Sciences (IES). Emily's research focuses on K-12 and higher education policy with an emphasis on examining the effects of different learning environments on youth development. Her current work explores the academic and health consequences of changing to a four-day school week. Before coming to Stanford, Emily received her bachelor's degree from Tufts University with a double-major in psychology and child development. [Learn more.](#)

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## EXECUTIVE SUMMARY

The California justice system's long standing punitive response to crime has shifted to a response focused on reform and rehabilitation in the last 15 years. Tough-on-crime laws, such as the three strikes law (prior to its reform in 2012), caused the prison population to balloon, peaking at approximately 173,000 in 2006, but did not significantly reduce recidivism or improve safety as intended. Because of legal reforms and resulting decreased incarceration rates, the prison population has decreased since 2006, dropping to approximately 130,000 as of 2018-2019. Shortly thereafter, challenges related to COVID-19 prompted the early release of many inmates, contributing to the release of over 30,000 inmates in the past year. As of November 2020, the prison population was approximately 98,000, the lowest it has been in over 30 years.

Despite a shrinking prison population and decreasing incarceration rates over the past decade, recidivism continues to be a significant issue in California. Approximately 46% of released inmates in California were reconvicted within three years of release in FY 2020-2021 and even more were rearrested. These additional crimes committed by repeat offenders cause harm to victims that potentially could have been prevented with more successful rehabilitation. Furthermore, recidivism is harmful to the lives of the offenders and their families, and it financially burdens the state and its taxpayers through legal fees and the continued cost of incarceration.

In 2004, with the addition of the rehabilitation 'R' in CDCR (California Department of Corrections and Rehabilitation) and the will of California voters on numerous criminal justice propositions, CDCR significantly expanded its programmatic offerings in the attempt to reduce recidivism. These programs intend to assist incarcerated persons reform their behavior, gain critical skills, and prepare for community release and reentry. One progressive reentry program CDCR offers is the Male Community Reentry Program (MCRP). Launched in 2015, the program moves inmates from their remote institutions to a community-based program location, where they serve the remainder of their sentences directly in the community and are provided with extensive social services, education, and secure communal housing with other participants. The primary goal of the program is to help inmates to develop and access the necessary skills, tools, and resources to successfully transition back into the community. Implicit in this goal of successful reintegration is that participating in this program will reduce the likelihood that a released inmate will reoffend, be rearrested, or be reconvicted.

Despite these decreases in the prison population over the past decade, the state budget for corrections has steadily increased, rising 37.1% from 9.7 billion dollars in 2010-2011 to 13.3 billion dollars in 2019-2020. The decreases in the prison population helped reduce costs, but the reductions were outweighed by the increases in costs related to operational changes required to comply with several federal court orders and employee compensation and retirement benefits. If the state had not reduced its prison population, taxpayers would have incurred even greater costs for corrections over the past 10 years. Reducing recidivism has the potential to decrease the total expenses of CDCR.

The purpose of this study is to provide the first quantitative examination of the program's effect on recidivism.

Our study leverages MCRP's screening process for program eligibility and enrollment to produce a causal analysis of the effect of MCRP on recidivism. More specifically, we compare the treated MCRP participants to a comparison group of offenders who were deemed eligible to enroll in ("endorsed" for) MCRP but were not transferred to an MCRP location before their sentence was completed. MCRP staff further explained that various administrative factors involved in transferring an inmate to MCRP make the point at which an inmate is transferred relative to his release date (and, therefore, the duration he participates in MCRP) theoretically random with respect to the inmates' characteristics. Nevertheless, we test the assumption that participants' participation was as good as randomly assigned based on inmates' observable characteristics (e.g.,

demographics, incarceration background). Tests comparing the treatment group and the control group indicate that the groups significantly differ on a few of these observable characteristics. However, models that additionally account for these differences by including them as covariates suggest that the differences in outcomes between groups cannot be attributed entirely to their observable, pre-existing differences; rather, the differences in outcomes primarily represent an effect of the program. Therefore, we maintain that our study design enables us to estimate, within reason, 1) the causal effect of participating in MCRP versus being released directly from prison and 2) the causal effect of various amounts of participation in MCRP. In all analyses, we additionally control for myriad demographic variables that could influence an inmate's likelihood to recidivate. **We find that, for offenders who participate in MCRP for at least seven months, MCRP decreases the likelihood of rearrest by eight percentage points, and for offenders who participate in MCRP for at least nine months, MCRP decreases the likelihood of rearrest by 13 percentage points and reconviction by 11 percentage points.**

Therefore, as we detail in our policy recommendations and implications section, MCRP has demonstrated great success to date at reducing recidivism among the population of inmates deemed eligible for the program. We recommend making the intended duration of the program a minimum of nine months. We also suggest increasing MCRP program availability by expanding current locations and developing MCRP locations in counties that do not currently have programs. Strong community partnerships will be essential to both expanding existing programs and developing new programs. When expanding and developing new programs, CDCR should consider offering MCRP to other inmates who are not currently deemed eligible; it will be important to track and analyze these participants' participation duration and recidivism following the program to inform ongoing decisions about program eligibility. Finally, MCRP provides other state corrections departments and elected officials with a model program they could adapt and implement in their respective regions to reduce recidivism rates.

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Above: The Stanford research team in front of the Amity MCRP site in Los Angeles.

## I. INTRODUCTION

The California Department of Corrections and Rehabilitation (CDCR) aims “to facilitate the successful reintegration of the individuals in [their] care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.”<sup>1</sup> Despite continued efforts by the CDCR to successfully reintegrate offenders and curb recidivism,<sup>2</sup> the recidivism rates in California remain stubbornly high: approximately 46% of all inmates released in 2016-2017 have recidivated or been reconvicted by 2019.<sup>3</sup> The devastating effects of recidivism are widespread and enduring; among them are higher crime rates, higher facility costs, social costs of increased victimization, the quality of life of the individual cycling through prison, and generational impacts of family separation.

In seeking to honor their mission stated above, CDCR has tried several new approaches and consistently increased its rehabilitation budget over the past several years. In 2015, CDCR launched a new program called the Male Community Reentry Program (MCRP). Focused on transitional community reentry, MCRP is a rehabilitative live-in program outside of prison in which inmates can enter the program up to fifteen months pre-release. Such rehabilitation programs are theorized to have broad-sweeping benefits for participants, including altering criminal thinking, promoting prosocial behavior, and improving employability, among other effects thought to reduce the likelihood of recidivating.

Although there is strong financial support for and belief in rehabilitative programs, there is limited evidence to date that they are effective at reducing recidivism as intended, or that they have other positive effects on participants post-release. Thus, our analysis is critical not only for establishing evidence regarding the specific effectiveness of MCRP at reducing recidivism, but also for more broadly providing the first causal insight into the efficacy of a reentry program.

We evaluate MCRP utilizing data from CDCR on inmate demographics, incarceration and risk background, rehabilitation program participation, and recidivism. Our research method employs logistic regression to compare the recidivism outcomes of MCRP participants and eligible non-participants to estimate the impact of MCRP participation on recidivism. With much gratitude to our collaborators and informants at CDCR, the research presented herein, conducted by the Stanford University Public Policy research team, uniquely leverages detailed information about the nuanced intake, assessment, sorting, eligibility, selection, and placement processes related to MCRP to estimate the program's causal effect on recidivism.

The report is structured as follows: Section II provides background on MCRP as well as recent California policy more broadly relevant to MCRP. Section III articulates the research question at the center of this project. Section IV summarizes previous research on the effects of reentry programs on inmates and identifies conceptual and methodological limitations of that previous work. Section V outlines a detailed description of the data used in the project, including how the data were obtained, the variables used in the project, and how these variables were measured. Section VI contains information on our analysis strategy and the equations used to model our analyses. Section VII presents descriptive statistics on the treatment and control group in the present study. Section VIII presents the results of the previously specified analyses. Finally, Section IX details recommendations for the future of MCRP and CDCR and the policy implications of the findings.

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<sup>1</sup> CDCR [Vision, Mission, Values, and Goals](#).

<sup>2</sup> California defines a “recidivist” as an inmate who is convicted of a subsequent crime within three years of being released. This report uses the same definition.

<sup>3</sup> [Auditor of the State of California, 2019](#)

## II. BACKGROUND

This section describes the recent history of corrections policy reforms in California, discusses rehabilitation programs in California, and details two MCRP sites' budgets, eligibility requirements, enrollment processes, and program completion processes.

### *Policy Context*

Throughout many policy changes, California's three-year male recidivism rate has remained relatively stable and stubbornly high, averaging about 50% since 2002.<sup>4</sup> Court decisions, CDCR budget priorities, voter-approved propositions, and changes in state corrections policy have all impacted California's prison population and CDCR's approach to reducing recidivism. The most notable recent reform is [Proposition 57](#) (2016). This voter initiative expanded inmate eligibility for parole consideration, increased the state's authority to reduce inmates' sentences due to good behavior or the completion of rehabilitation programs, and mandated that judges determine whether youth be subject to adult sentences in criminal court. Prop 57 allowed and still allows inmates participating in various programs the opportunity to more readily earn credits to reduce their sentence lengths. Simultaneously, CDCR increased their investment in rehabilitation programming. Most recently, due to Governor Newsom's March 2020 [Executive Order N-36-20](#), CDCR has greatly reduced its prison population in response to challenges brought on by the COVID-19 pandemic, from over 130,000 in February to fewer than 100,000 today. See Appendix A for more details on criminal justice legislation in the last decade.

Post-realignment (2011), CDCR consistently expanded rehabilitation and reentry programs to ensure that academic education, career and technical education (CTE), and cognitive behavioral interventions (CBI) rehabilitative programs are operational in all 35 prisons. Tracking with the overall increases in CDCR funding, expenditures for these programs increased from \$399 million in fiscal year (FY) 2016-2017 to \$520 million in FY 2020-2021, amounts equivalent to just under 4% of the total CDCR budget across the five years. The most recent funding increases have focused on cognitive behavioral therapy (CBT) and reentry programming.<sup>5</sup> See Appendix A for more information.

CDCR additionally turned to rehabilitation to reduce spending in response to the California Legislative Analyst's Office's (LAO) finding that CDCR's average cost per inmate in FY 2018-2019 was concerningly high at \$81,203 per year, or \$222 per day.<sup>6</sup> This average daily cost per inmate is substantially more than the average daily cost of an MCRP participant, which ranges from approximately \$100-\$150 depending on the MCRP location (see additional information on pp. 16-18). However, this difference in average spending can be misleading, as it does not provide enough information to determine whether MCRP produces cost savings on average. The two largest categories of expenses driving CDCR's daily inmate costs are security (44%) and inmate healthcare (33%), costs that may be considered partially fixed and not variable per inmate. Further, MCRP eligibility requirements will preclude the participation of the most violent and/or seriously ill inmates. Therefore, the unknown average cost of incarceration for inmates eligible to participate in MCRP is likely less than the average cost of incarceration for all inmates. MCRP will produce short-term cost savings relative to incarceration only if the amount it would have cost to incarcerate those who participate in MCRP is more than the daily cost of MCRP. Furthermore, it remains unknown whether MCRP produces long-term savings for CDCR, and it depends greatly on the program's effect on recidivism and costly returns to prison. Following our analysis, we encourage CDCR to pursue an in-depth cost-benefit analysis of MCRP that accounts for the estimated effect of the program on recidivism presented herein.

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<sup>4</sup> [Analysis of Corrections' 2017 Outcome Report](#): An Examination of Offenders Released in Fiscal Year 2012-13

<sup>5</sup> [California 2020-2021 Budget](#)

<sup>6</sup> How much does it cost to incarcerate an inmate? (LAO)

## *Rehabilitative Programs in California*

The Division of Rehabilitative Programs (DRP) is the branch of CDCR responsible for providing rehabilitative programming to inmates in California's state prisons. DRP's mission is to: "Facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment."<sup>7</sup> Current programs operating in support of this mission include inmate activity groups (e.g., Arts in Corrections), educational programs (e.g., GED, secondary education), treatment programs (e.g., CBT), and pre-release programs (e.g., prison transition programs).

The process of classifying an inmate as eligible for various programs follows several steps. Upon their reception by CDCR, inmates first complete orientation and receive assessments that measure their risk of reoffending (California Static Risk Assessment, or CSRA), education level (Test of Adult Basic Education, or TABE - Reading), healthcare needs, and other criminogenic needs (Correctional Offender Management Profiling for Alternative Sanctions, or COMPAS) occur electronically based on inmate case factors. After they complete orientation and these initial assessments, inmates meet with their assigned correctional counselor (CC) and undergo a process with a CDCR classification committee during which inmates are placed on the appropriate programming lists for education, treatment, and job/work assignments. These assignments are informed by the inmates' assessment scores as well as their personal needs, wants, and case file. If an eligible inmate has more than 90 days remaining to serve, they can be placed into (or waitlisted for) various programs. Some programs, and especially reentry programs like MCRP, have additional timeline constraints, limiting the amount of time inmates can have left to serve before they are eligible to participate, as well as requiring them to enroll more than a specified amount of time ahead of their scheduled release. Though participation in various programs is often strongly encouraged by inmates' correctional teams, inmates may also opt-out or remove themselves from program consideration.

### *Male Community Reentry Program (MCRP)*

Since its establishment in 2015, the MCRP rehabilitation program has enabled eligible male inmates to be transferred to MCRP up to 15 months (formerly 6 and 12 months) before their release date and to spend the remaining time in their sentence directly in the community instead of in prison. Due to MCRP's goal is to equip inmates to successfully transition back into the community by the time they are officially released from state custody. Program participants live exclusively with other inmates and parolees in residences located in the community and the program supplies the participants with a range of community-based, city, county, and state services related to substance use disorder treatment, mental health care, medical care, employment, education, housing, family reunification, and social support via contracted vendors. MCRP currently operates in six locations: Butte, Kern, Los Angeles (three facility sites), and San Diego counties. Participation is free of cost to the inmate. Inmates learn about MCRP availability via their correctional counselor as well as advertisements on inmate televisions, posters, and fliers posted throughout their institution. For images of two Los Angeles MCRP sites, operated by Amity and HealthRIGHT 360, see Figures 1 and 2.

Budget. Funding for CDCR is determined through the state of California budget process and approved by the Department of Finance and California Legislature. Expenses specifically associated with MCRP are covered by CDCR's Division of Rehabilitative Programs (DRP).

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<sup>7</sup> [DRP Mission and Values](#)

During the five years from FY 2017 to FY 2021, total spending on rehabilitation programs increased by 30.0%. This increase was generally proportional to increases to the total CDCR budget over that time (+22.9%). However, among the various categories of expenses, CBI and reentry program expenses increased disproportionately, growing over 40% from the FY 2017 baseline. For more budgetary details, see Appendix A.

The following MCRP costs are accounted for in the contract agreement between the program and CDCR: personnel, operating, rent (if applicable), electricity, phone, cable, internet, water, security, meals, and furnishings. The cost of MCRP to CDCR is assessed through a per diem rate per bed (i.e., inmate). In FY 2020-2021, the total budget authority for MCRP was \$35,774,000.

Examples of annual budgets from two of the six active MCRP locations in Butte and Los Angeles counties are provided below.

Butte County MCRP. Per the Butte County Agreement and rate sheet, operating the Butte County MCRP costs roughly \$48,000 per inmate per year at a 40 bed capacity. CDCR provides a variable per diem rate of \$142.80 for the first 20 inmates and \$119.70 for inmates 21 to 40. See Table 1 for more detailed estimates based on capacity, per diem.

Table 1. Butte County MCRP 5-Year Annual Budget, 2019-2024

**Male Community Reentry Program  
Butte County Probation Department  
Reentry Location: Butte County  
Rate Sheet for Participants 1-40**

Agreement Term: November 1, 2019 through June 30, 2024								
Fiscal Year	Daily Capacity		*Per Day (Per Diem)		Total Days	Per Diem Costs	**One Time Enhancement/Renewal	Grand Total
2019/20	1 to 20	X	\$142.80	X	243	\$694,008.00	\$22,000.00	\$1,297,750.00
	21 to 40	X	\$119.70	X	243	\$581,742.00		
2020/21	1 to 20	X	\$142.80	X	365	\$1,042,440.00		\$1,916,250.00
	21 to 40	X	\$119.70	X	365	\$873,810.00		
2021/22	1 to 20	X	\$142.80	X	365	\$1,042,440.00		\$1,916,250.00
	21 to 40	X	\$119.70	X	365	\$873,810.00		
2022/23	1 to 20	X	\$142.80	X	365	\$1,042,440.00		\$1,916,250.00
	21 to 40	X	\$119.70	X	365	\$873,810.00		
2023/24	1 to 20	X	\$142.80	X	366	\$1,045,296.00		\$1,921,500.00
	21 to 40	X	\$119.70	X	366	\$876,204.00		
					<b>Grand Totals:</b>	<b>\$8,946,000.00</b>	<b>\$22,000.00</b>	<b>\$8,968,000.00</b>

\*Per diem rate of \$142.80 to be used for 20 participants or less. Between 21-40 participants utilize the \$119.70 per diem rate.

\*\*One time payment of \$22,000.00 payable with first invoice of Fiscal Year 2019-20

Los Angeles County, Amity MCRP. Per the Los Angeles Amity Agreement and rate sheet, operating the Los Angeles Amity MCRP costs roughly \$38,500 per inmate per year at a 150 bed capacity. CDCR provides a per diem rate of \$105.00 for all 150 inmates. In fiscal year 2017-2018, the state approved an increase of Amity’s maximum bed count by 30 beds, from 120 to 150, and the per diem rate was kept constant. See Table 2 for more detailed estimates based on capacity, per diem. Images of the Amity MCRP site can be seen in Figure 1.

Table 2. Los Angeles County MCRP 3-Year Budget at Amity Center, 2015-2018

<p style="text-align: center;"><b>FISCAL YEARS:</b>  MARCH 21, 2016 THROUGH JUNE 30, 2016  JULY 1, 2016 THROUGH JUNE 30, 2017  JULY 1, 2017 THROUGH JUNE 30, 2018</p>								
Fiscal Year	Per Diem Bed Rate		Maximum Daily Bed		Total Days		Budgeted Amount	
2015/2016	\$105.00*	x	120*	x	122	=	\$1,537,200.00	
2016/2017	\$105.00*	x	120*	x	365	=	\$4,599,000.00	
2017/2018	\$105.00*	x	120*	x	365	=	\$4,599,000.00	
	\$105.00*	x	30*	x	242	=	\$762,300.00	
	<i>FY 17/18 Bed Total</i>		150**			=	\$5,361,300.00	
<b>Total Budgeted Amount</b>								<b>\$11,497,500.00</b>

\*Maximum Daily Bed Use is the maximum amount of beds available for this program in Amity's Los Angeles facility.

\*\* Effective Upon Approval, the State increased Amity's Maximum Daily Bed Capacity to 150 for Fiscal Year 2017/2018.





Figure 1. Images from one of three Los Angeles MCRP locations. Clockwise: 1) Entrance to classrooms, study rooms, and activity spaces. 2) Outdoor courtyard for mealtime and quiet time. 3) Buddha fountain and green space. The Amistad de Los Angeles site is a partnership with the Amity Foundation. (Photos captured by research team with permission from CDCR, December 2019.)

**MCRP Participant Earnings and Expenditures.** As previously mentioned, participants incur limited to no costs for daily needs while at MCRP. Participants' income from any employment they hold while at MCRP is not recouped by MCRP; rather, each participant's income is automatically deposited into his own financial account managed by the MCRP service provider. Participants must request to access those funds for any purchases they want to make (e.g., shoes, clothes, additional hygiene items, food, etc.). Participants' earnings are additionally managed and applied towards restitution costs by MCRP. This management increases the likelihood of payment to victims and reduces the burden of restitution on inmate's post-release.

**Eligibility.** Effective August 1, 2017, screening for MCRP eligibility can begin when an inmate is 19 months away from release. An inmate will not be released to the program until he is within 15 months or less of his

established release date.<sup>8</sup> However, an inmate within 30 days of release will not be eligible to be released to the program. Otherwise, male inmates are deemed eligible for participation if they meet the following criteria:<sup>9</sup>

- His county of last legal residence is serviced by MCRP, or they have received approval to transfer supervision to a county that is serviced by MCRP.
  - Note that an offender may request a transfer of his county of supervision to a county that is serviced by MCRP. If the request is approved, then an offender may become eligible for screening if no other automatic exclusionary case factors are present.
- He does not have a [Penal Code \(PC\) Section 290](#) registration requirement, an R suffix, or current or prior conviction for a sexually violent offense as defined in subdivision (B) of the [Welfare and Institutions Code Section 6600](#).
- He has a CSRA score below five out of five possible points (5 = high risk violence).
- He does not have a Mandatory Minimum Placement Code for an escape or a walk-away that occurred within the last five years.
- He does not have an active or potential felony hold, warrant or detainer.
- He does not have a record of in-custody misconduct (Division A-C offenses) within the last 12 calendar months, except for physical possession of alcohol or possession of drugs (trafficking offenses remain exclusionary).
- He has not been released from the Security Housing Unit (SHU)/Psychiatric Services Unit within the last 12 calendar months.
- He is not a validated Security Threat Group I affiliate pursuant to California Code of Regulations, [Title 15 Subsection 3378\(c\)](#).

Enrollment process. The CC I notifies the inmate that they are eligible for the program and disclose that program participation requires that the inmate wear an ankle monitor. After this discussion the CC I will complete the Male Community Reentry Eligibility Form and the inmate will either sign that they “do request review and consideration of placement” to indicate their interest in the program or they will sign that they “do not request reviews and consideration of placement” to indicate their disinterest. An inmate must indicate his interest in MCRP when interviewed by the CC I to initiate the application process. Upon confirmation of inmate interest in the program the CC I completes case work to identify whether the inmate meets any exclusionary criteria. If a CC I deems the inmate’s application did not meet any exclusionary criteria, the inmate will then complete a contract. Once an offender is within 19 months of his release date, the Institutional Classification Committee (ICC) will review a GP inmate’s eligibility for MCRP. If he is deemed eligible by medical staff, the Warden, and the ICC, he can be “endorsed” for placement by the CSR up to 17 months pre-release (established May 1, 2019; previously not eligible until closer to his release). The committee makes the decision regarding placement on a case-by-case basis, and the process takes approximately 30 to 60 days. Approved inmates can be transferred to their specified MCRP location once they are within 15 months of their release.

All inmates must agree to electronic ankle monitoring as a condition of community placement. If an inmate applies for MCRP and is endorsed by the ICC for program participation but there is no space available at his county MCRP location, he is placed on an informal MCRP program waitlist. If the inmate does not violate any part of the eligibility criteria or reach 30 days from release while on this informal prison-specific waitlist, he will remain on the eligibility waitlist for an opening at his designated MCRP. If the inmate violates the eligibility criteria or reaches 30 days from release while on the informal waitlist, he will no longer be

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<sup>8</sup> In earlier phases of the program (before the 12/22/17 memo) deadlines for the program were different. Inmates only became eligible for placement in MCRP 6 months before their release and could not apply until 7 to 8 months before their release. However, the regulation that an inmate that was within 30 days of release could not participate in MCRP remained. Refer to the 10/30/19 [MCRP memo](#) for more program details.

<sup>9</sup> MCRP eligibility criteria is publicly available at: <https://www.cdcr.ca.gov/rehabilitation/mcrp/>

considered for MCRP and will instead serve the remainder of his sentence within the prison (or would have to reapply if/when he becomes eligible again). For a breakdown of the process and the key players, see Table 3.

Table 3. MCRP Corrections Roles and Steps for Inmate Endorsement

CDCR Role	Process for MCRP Endorsement, in chronological order
Corrections Counselor I (CC I)	Screens for eligibility and voluntary agreement forms. Completes case for the ICC to review.
Institutional Classification Committee (ICC)	Totality of offenders' case factors are reviewed (up to 19 months pre-release) to determine if placement at MCRP is appropriate (includes case-by-case reviews, disciplinary history, and offender statements).
Warden (or designee)	Chairperson of the ICC makes the final decision of placement.
Classification Staff Representative (CSR)	Reviews the ICC referral to the MCRP to ensure all policies and procedures are met as part of internal review processes and can endorse up to 17 months pre-release.

Milestone Completion Credits. Due to [Proposition 57](#) (2016), as of August 1, 2017 an inmate can reduce his sentence by a maximum of 12 weeks in a 12-month period by earning Milestone Completion Credits (MCC). Prior to Prop 57, the maximum earned sentence reduction was six weeks in a 12-month period.

Within five business days of an MCRP participant’s successful completion of 90 calendar days of MCRP programming, MCRP contract staff communicate the earned sentence reduction to the appropriate CDCR body. As of May 1, 2019, every 90 days an MCRP participant spends in good standing at MCRP will result in a reduction of time served by 21 days plus 10 days Rehabilitative Achievement Credits (RAC) ([10/31/19 memo](#)). The adjusted release date is automatically calculated in the Strategic Offender Management System (SOMS) when an MCC is approved in the system. See Table 4 for a screenshot of the Milestone Completion Credit Schedule (MCCS) for MCRP. The MCCS outlines all programming offerings within CDCR, and possible reductions of time served upon completion. Credits can be revoked based on behavior.

Table 4. Milestone Completion Credit Schedule ([MCCS](#)) from DRP, July 2018

Male Community Reentry Program (MCRP)/Custody to Community Transitional Reentry Program (CCTRP) Community Prisoner Mother Program (CPMP)			
MCRP/CCTRP/CPMP	Each 3 months of program plan activities completed	ITRP100	3 weeks *R8

Housing. While at MCRP, all participants share rooms in communal housing. Four of the six MCRP sites have retrofitted bedrooms and the remaining two offer dormitory-style housing. Prior to an MCRP participant’s release from CDCR custody, the MCRP contractor can assist him with finding transitional housing that will meet his needs when he is released to parole or Post-Release Community Supervision (PRCS).

Leaving the MCRP (Return to Prison or Program Discharge). Participants can choose to return or be sent back to prison prior to the completion of their sentence at MCRP, but such occurrences are rare. Nevertheless, participants can be sent back to prison from MCRP for the following non-exhaustive reasons: positive urinalysis test for various drugs, program failures, and being captured after “walking away” from the MCRP contracted site.

Prior to the completion of an MCRP participant’s sentence, the MCRP service provider works collaboratively with CDCR to connect the participant with transitional services, such as family reunification, employment, stable housing, Medi-Cal, and other county or state social services for which he is eligible. These services are meant to further facilitate each MCRP participant’s successful reintegration into society.



Figure 2. Images from one of three Los Angeles MCRP locations. This contracted site is in partnership with HealthRIGHT 360. Clockwise: 1) Entrance and check-in area during holiday season. 2) Cafeteria and activity space. 3) A bell participants ring after getting hired. (Photos captured by research team with permission from CDCR, December 2019.)

### III. RESEARCH QUESTION

This report evaluates the causal effect of one of California state prisons’ rehabilitative programs on inmates’ post-release recidivism outcomes. Specifically, we seek to answer the following question: **What is the effect of CDCR’s Male Community Reentry Program (MCRP) on recidivism?**

## IV. LITERATURE REVIEW

Although there is substantial published research documenting recidivism and its risk factors, there is significantly less existing literature on community reentry programs and the extent to which these programs influence recidivism. In this section, we discuss the limited body of work to date that has examined reentry programs in various forms throughout the United States as well as some of the gaps in the research connecting reentry programs to reduced recidivism.

Reentry programs, despite being championed by many advocates of progressive criminal justice reform and being implemented by many corrections departments in various forms across the country, are understudied. The lack of evidence regarding the efficacy of these programs may be attributed to the frequent difficulty and lack of formal record keeping within these programs and the resulting dearth of good, available data on program participation and recidivism. Nevertheless, as we review herein, some research has successfully used the limited available data to describe outcomes of reentry program participants and compare them to those of non-participants.

Unfortunately, however, these studies are extremely limited in their ability to assess the causal effects of a program. Evaluations of reentry programs have historically been limited by selection concerns, as it is impossible to know if the individuals who *choose* to participate in a program are different (e.g., motivation, resources, social support) from any identified control group in ways that would cause them to have different outcomes regardless of the program. In those cases, it is difficult to make the case that any differences in outcomes between the treatment and control groups can be entirely attributed to the program. We address this issue in our own research by leveraging information about the complex processes by which individuals are selected to participate in MCRP and identifying the point at which participation in the program is as good as random. We contend that, counter to the approaches of much of the existing research, understanding the detailed nuances of a reentry program and the selection process for the program is necessary to designing and accurately interpreting any study of these programs' effects.

### *Background on Community Reentry Programs*

Community reentry programs have taken a myriad of forms in the United States. The most ubiquitous forms of reentry support are parole and probation supervision. More extensive models of reentry support that provide additional services beyond parole and probation supervision are sparse across the country. This variation in offerings may reflect state-level differences regarding the perceived scope and aim of reentry programs (James 2011; Petersilia 2004).

There are three predominant models of community reentry programs: 1) those that “take place during incarceration, which aim to prepare offenders for their eventual release; 2) programs that take place during offenders’ release period, which seek to connect ex-offenders with the various services they may require; and 3) long-term programs that take place as ex-offenders permanently reintegrate into their communities, which attempt to provide offenders with support and supervision” (James 2011). In other words, community reentry programs can be implemented at varying phases of incarceration and release; ongoing debate surrounds the ideal timing, duration, and effectiveness of reentry preparation, as some believe that reentry preparation should begin the moment that incarceration begins, and others argue that reentry preparation should occur only upon prison release.

Different forms of community reentry programs have attracted varying degrees of evaluative efforts ranging from descriptive analyses of program outcomes to quasi-experimental studies that attempt to disentangle the effects of the program from issues of selectivity. However, limited data availability and access have severely

limited the methods that researchers can use to evaluate reentry programs. Researchers often lack an available control group composed of similar individuals to those who participated in the given reentry program, making it impossible to attribute any observed differences in outcomes between program participants and non-participants to the reentry program alone.

### *Post-Release Community Reentry Programs*

Post-release reentry programs focus their support and resources on the phase of reentry when former inmates no longer have the structure and control of the prison system in their daily lives. Research on “post-release supervision” in Washington state focused on a post-release program that assigned newly released inmates to varying intensities of post-release supervision based on their score on a risk assessment relative to predetermined cut-off scores (Georgiou 2014). The researcher’s analysis compared the outcomes of individuals right above and below the various cut-off scores to reduce concerns about selection bias. This study found that increased post-release supervision of inmates did not reduce recidivism. Whether or not the participants received more post-release community supervision did not affect the likelihood that program participants would reoffend across a variety of different kinds of offenses.

A study of another post-release support program, the Serious and Violent Offender Reentry Initiatives (SVORI) program, found that released serious and violent offenders who participated in the program reoffended 60% less than other released serious and violent offenders (Bouffard & Bergeron 2006). The program offered not only increased post-release supervision, but also increased access to community resources to a small group of these kinds of offenders released in the Midwest. The study’s findings suggest that supervision alone may not result in better outcomes post-release; rather, supervision paired with additional access to community resources could reduce recidivism. However, based on this study, it is unclear whether the program was the cause of the reduced recidivism rate among the program participants because the small group of offenders who received the program were not randomly selected. These offenders may have been less likely to reoffend than other offenders who were not selected for the program regardless of participating in the program. Therefore, concerns about selection bias limit this study’s ability to make claims regarding the effect of the SVORI program on recidivism.

A newer form of post-release community reentry called “restorative reentry” emerged in 2005 in Hawaii (Walker and Davidson 2018). “Hawai‘i Friends,” a non-profit focused on rehabilitating juveniles and keeping them out of the criminal justice system, developed a program based on the restorative justice framework which emphasizes “restoring” or healing the victim of the offense, rather than punishing the offender (Margarita 2007; Liebmann 2007; Walker and Davidson 2018). The restorative justice framework has been applied in certain parts of Canada and progressive parts of the United States with little formal evaluation as to its effects on recidivism and employment (Davidson 2018; Bazemore and Maruna 2009). However, the design of the restorative reentry program in Hawaii did allow for evaluation. The restorative reentry program took applications and randomly assigned approximately half ( $n = 58$ ) of the applicants to treatment in a “restorative circles” program and the other half of applicants ( $n = 60$ ) to a control group that did not have access to the program. The program reduced recidivism rates at three years post-release by about 15% (Davidson 2018).

A similar program called “Citizens’ Circles” in Ohio also focused on group support for former inmates reentering the community (Rhine, Matthews, Sampson and Daley 2003). Unlike the Hawaii program, Citizens’ Circles spent less time with participants discussing the offense itself or the victims’ grievances and spent more time involving various sectors of the community in discussion circles to create a sense of community belonging for former inmates (Margarita 2007; Liebmann 2007; Rhine, Matthews, Sampson Daley 2003; Walker and Davidson 2018). Unfortunately, however, like many reentry programs, the Citizen’s Circles program did not establish formal objectives or have any formal evaluation of participants’ outcomes (Rhine, Matthews, Sampson Daley 2003).

## *Pre-Release Community Reentry Programs*

Pre-release programs have focused on building an inmate's capacity for community reentry before an inmate's formal release. As opposed to the post-release programs, pre-release reentry programs typically have group housing as a key feature of the program, much like our program of interest, California's MCRP (DRP 2019). These programs have existed in various forms and evolved over time since the beginnings of the penitentiary system in the U.S. in the 1800s.

Halfway house release programs with wraparound services have existed in the U.S. since the 19th century (Meehan 2019). The bulk of modern research on halfway houses in the U.S. occurred in the 1970s and 80s (Cannon 1973; Latessa and Allen 1982; Stollmack and Harris 1974; Thalheimer 1975; U.S Government Printing Office, 1977). Results from this body of research were promising, showing lower rates of recidivism post-release for inmates who were released into halfway houses rather than directly into the community. However, the relevance of this work to current rehabilitation approaches is limited by its dated philosophy regarding rehabilitation and the restricted population of inmates who received rehabilitation in the research. More specifically, halfway houses in the 1970's and 80's, as presented in the literature, were primarily concerned with maintaining barriers between the public and those in need of rehabilitation. Modern reentry programs like MCRP often embrace the opposite approach, trying to ease inmates back into the community. Previous research also studied halfway houses as programs for people suffering from mental illness and substance abuse issues, which does not adequately encompass the larger population of inmates who are eligible for and participate in contemporary reentry programs like MCRP (Cannon 1973; Latessa & Allen 1982; National Institute of Mental Health 1977; U.S Government Printing Office 1977; Witkin 1972).

Nevertheless, among this work, there are several studies that suggest individuals released to halfway houses have lower levels of post-release criminal activity. Two studies of female inmates who were released to halfway homes in Dayton, Ohio found they were 4% less likely to reoffend than those who were directly released into the community (Donnelly and Forschner 1984; Seiter and Kadela 2003). Similarly, two evaluations of female halfway homes in Long Beach, California find that those released to the halfway house committed 50% fewer offenses than those released directly into the community (Dowell, Klein and Krichmar 1985; Seiter and Kadela 2003). Both evaluations find that the overall severity of crimes committed post-release was lower in the group released to halfway houses (Donnelly and Forschner 1984; Dowell, Klein and Krichmar 1985; Seiter and Kadela 2003). These findings provide suggestive evidence that halfway houses reduced criminal activity post-release but are not able to draw any causal conclusions about the effects of the halfway houses, as it is very likely that the group that was released to halfway houses was quite different from their comparison group in ways that could affect their likelihood to reengage in criminal activity (e.g., mental health). Furthermore, the researchers do not examine whether subjects who were selected to go to halfway homes were significantly different from those who were not selected in the first place.

Overall, the limitations and scarcity of previous research on widely used reentry programs that serve inmates before they are fully released into the community (e.g., halfway houses) despite increased support for such programs indicate the dire need for updated, rigorous, and program-specific empirical research evaluating such programs.

## *Shortcomings in the Evaluation of Community Reentry Programs*

Across different conceptualizations of what community reentry looks like and how far it should extend into pre- and post-release periods, there is still a need for research on specific programs that consider how being eligible or deciding to participate in reentry programs can impact former inmates when they return to their communities.

Furthermore, understanding and accounting for how inmates are selected for or enrolled in reentry programs will be necessary in all future research that compares the outcomes of inmates who participate in reentry programs to inmates who do not. Without considering how inmates are selected to participate in these programs, all analyses will be limited by the potential for selection bias; in other words, it will be impossible to conclude whether any reentry program *causes* any reduction in crime post-release because any observed differences post-release could be merely representative of pre-existing differences between those who were selected for the program and those who were not. Overall, rigorous, causal research on community reentry is necessary and prudent for understanding the value of these programs.

## V. DATA

CDCR provided all data used in the present study. CDCR retrieved recidivism data from the Department of Justice (DOJ) and provided all other inmate data from their internal Strategic Offender Management System (SOMS). The dataset used for this evaluation included all former inmates (N=61,173) who were released from CDCR from September 2016 to June 2019. The dataset includes information on recidivism outcomes for all offenders through June 2020. The variables (see Appendix D for an exhaustive variable list) in the cross-sectional, individual-level dataset include inmates’ demographics, incarceration and risk backgrounds, rehabilitative program participation statuses, MCRP eligibility and participation, and recidivism outcomes.

Demographic data includes race and ethnicity, admission year, expected release year, age at the time of incarceration, completed education at time of incarceration, marital status, and release county. All of these data are determined by CDCR except for completed education at time of incarceration and marital status, which are reported to CDCR via inmate self-report at intake.

Incarceration and risk data include information on the inmates’ offenses as well as their intake assessments. The variables providing information on inmates’ offenses include the following: category of conviction, sentence type, sentence length, release type, total number of previous convictions, age at the time of first incarceration, mental health needs, and whether an offender had committed an offense designated as serious or violent. Scores from the following intake assessments are also included as variables: COMPAS, CSRA, and TABE - Reading. Finally, the inmate classification score variable is calculated using a combination of inmate background information (i.e., age at first arrest, age at the time of assessment, term length, gang membership, number of prior incarcerations, past behavior and prior rule violations) and provides a single score ranging from 0 to 999 that represents inmates’ general risk for misconduct and assigns inmates to one of four housing security and supervision levels. For more detailed definitions of the risk scores computed using intake assessments, see Table 5.

Table 5. CDCR Assessment Types, Score Ranges, and Descriptions

**Classification Score (0-999):**<sup>1</sup> An inmate classification system to assign inmates to different housing security levels and varying degrees of supervision during their daily activities by assessed risk of misconduct, referred to as the “housing score.” Administered and recalculated annually, the score is calculated using the following criteria: age at first arrest, age at time of assessment, term length, gang membership, number of prior incarcerations, past behavior, and prior rule violations. These scores are categorized into four levels to assign inmates to one of four levels of housing security, from the housing facility with the lowest security level to the highest security level: Level I = 0-18, Level II = 19-35, Level III = 36-59, Level IV = 60-999.

**COMPAS Score (1-10):**<sup>2</sup> Correctional Offender Management Profiling for Alternative Sanctions, in its fourth iteration measures risks and needs. It is a web-based tool designed to



assess offenders' criminogenic needs and risk of recidivism. Criminal justice agencies use COMPAS to inform decisions regarding placement, supervision, and case management of inmates. COMPAS has scales that measure both dynamic risk (criminogenic factors) and static risk (historical factors). The assessment seeks to provide more targeted rehabilitation due to the variety of inmate needs. The COMPAS result tells you, relative to other offenders across the United States, the predicted risk of the inmate (in deciles). If an inmate scores a 4 on a scale, then 60% of the population looks riskier in that area than he does, and 30% looks less risky. Typically, a decile score of 1-4 is low (below average), 5-7 is moderate (average), and 8-10 is high (above average). Inmates receive a COMPAS score in each of the following five categories: substance abuse, family support, anger, employment problems, and criminal personality.

**CSRA Score (1-5):**<sup>3</sup> California Static Risk Assessment uses an inmate's past criminal history and characteristics to predict their risk to reoffend. This score computes the likelihood to reoffend (incur a felony arrest within a three-year period after release to parole and is based on static indicators that do not change. These indicators include gender, age, and offense history of the offender. Possible risk number values range from 1 (least risk) to 5 (most risk) and are labelled as the following: 1 = Low Risk, 2 = Moderate Risk, 3 = High Risk Drug, 4 = High Risk Property, 5 = High Risk Violence.

**TABE - Reading Score (0-12.9):**<sup>4</sup> The Test of Adult Basic Education (TABE) tests reading level of most, not all, inmates. While typically performed upon admission as part of intake, the inmate may submit to the Testing Coordinator a request for TABE testing. The test has five forms. Once an inmate passes the grade-point level or GPL, they will take the next level up until demonstrating a ceiling or mastery. If an inmate scores below the grade equivalent of ninth grade, they are placed in Adult Basic Education programming (ABE) as opposed to having the option to pursue high school or GED programming.

<sup>1</sup> Improving California's Prison Inmate Classification System, [lao.ca.gov/Publications/Report/4023](http://lao.ca.gov/Publications/Report/4023) (LAO, 2019).

<sup>2</sup> Practitioners Guide to COMPAS, [northpointeinc.com/files/technical\\_documents/FieldGuide2\\_081412.pdf](http://northpointeinc.com/files/technical_documents/FieldGuide2_081412.pdf) (Northpointe, 2012).

<sup>3</sup> CDCR Special Report, [oig.ca.gov/wp-content/uploads/2019/05/Special-Report-California-Department-of-Corrections-and-Rehabilitations-Implementation-of-the-Non-Revocable-Parole-Program.pdf](http://oig.ca.gov/wp-content/uploads/2019/05/Special-Report-California-Department-of-Corrections-and-Rehabilitations-Implementation-of-the-Non-Revocable-Parole-Program.pdf) (Office of the Inspector General, 2011).

<sup>4</sup> Reviewing TABE Scores, [pacelearning.com/reviewing-tabe-scores/](http://pacelearning.com/reviewing-tabe-scores/) (Pace Learning Systems, 2021).

Rehabilitative program participation data contain information on each inmate's participation duration, measured in days, in rehabilitative programs run by the DRP including academic education programs, CTE programs, CBI programs, pre-release programs, and all other DRP programs offered in prison. The specific variables included in descriptive analyses herein include days of the following types of programming: Adult Basic Education (ABE), High School Education (HSE), GED, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relations. Program participation was additionally measured using offenders' college credits completed, total CTE certificates, whether they received a GED while at CDCR, and whether they received a California State ID before their release.

MCRP eligibility and participation data include variables that indicate whether offenders were initially eligible for MCRP based on preliminary screening, whether offenders were endorsed for placement at MCRP, the duration of offenders' participation in MCRP in days, and whether MCRP participants exited to the community from MCRP or returned to prison.

Recidivism data were provided by CDCR's Office of Research as dichotomous variables indicating whether an inmate had been rearrested, reconvicted, or had returned to a prison facility one year, two years, or three years

post-release. Though three years post-release is the most commonly used measure of recidivism, we are limited to estimating effects on offenders one year post-release due to the timeline of the data.

## **VI. METHODOLOGY**

### *Study Design*

Our research design leverages the process of getting endorsed for, transferring to, and participating in MCRP to estimate effects of participating in MCRP on recidivism. The treatment group for this study includes all offenders who participated in MCRP and were released from CDCR between September 1, 2016 and June 30, 2019. The control group includes offenders who were endorsed for MCRP but were never transferred to MCRP during the same period. Offenders who were recorded as deceased within the study period (n=3) were excluded from the sample.

The treatment group included offenders who participated in MCRP and were released from CDCR between September 1, 2016 and June 30, 2019 (n=1,806). Of this group, most offenders (94%; n=1,703) completed the program as intended and exited to the community from MCRP. The remaining 6% (n=103) of MCRP participants, however, did not complete the program and returned to prison from MCRP before being released from CDCR. Therefore, all analyses are completed using two approaches: (1) an Intent-to-Treat (ITT) approach, which includes all offenders who participated in MCRP in the treatment group regardless of if they completed the program, and (2) a Treatment-on-the-Treated (TOT) approach, which excludes offenders who returned to prison from MCRP and did not complete the MCRP program from the analytic sample. The ITT approach provides a conservative estimate of the effect of participating in MCRP on recidivism, but the estimate is not biased by concerns related to selection out of treatment. Alternatively, the TOT approach provides a precise estimate of the effect of the program when completed as intended but is limited by selection concerns that participants who are likely to have worse recidivism outcomes may be more likely to not complete (or select out of) the program. The use of both approaches in this study provides the most comprehensive evaluation of the program.

Detailed institutional knowledge of the process of getting endorsed for, transferring to, and participating in MCRP further suggests that, among the offenders who completed the program and exited to the community from MCRP, the duration of their participation in MCRP was as good as random. The duration of each inmate's participation was determined by: (1) the date of an offender's endorsement for MCRP, which is subject to administrative schedules and timelines, (2) program/site availability, which could delay an offender's transfer date, (3) the bus schedule and availability of a bus seat to get to the MCRP site from prison, and (4) an offender's release date, which could change for a variety of administrative reasons while an offender is applying for or at MCRP. Most of these factors are partially or wholly unrelated (i.e., exogenous) to the offenders as individuals; therefore, we argue that there were enough independent factors determining the duration of offenders' participation in MCRP that participation duration could be considered as good as random among the offenders who completed MCRP and exited from the program to the community on their release date. For analyses considering the effect of the duration of offenders' participation in MCRP using the ITT approach, we replace the participation duration of the group of offenders who were transferred to MCRP but did not complete the program as intended and returned to prison from MCRP (n=103) with the maximum possible participation duration to provide the most conservative possible estimate of the effect of treatment. Analyses using the TOT approach exclude these offenders. Therefore, we argue it is theoretically possible to examine the effect of the number of months an offender participated in MCRP on recidivism without serious selection concerns related to the duration of offenders' participation.

The control group is comprised of offenders who were endorsed for MCRP during this study time period but never were transferred to or participated in MCRP (n=145). Institutional review of the reasons that offenders were not transferred after being endorsed indicated that at least 65% (n=95) of these offenders were not transferred for reasons generally out of their control or unrelated to them as individuals (e.g., no beds were available, the MCRP location never opened, an offender had his released date moved earlier and no longer had the required 30 days left in his sentence to participate in MCRP). Up to 35% (n=51) of these offenders, alternatively, were not transferred for reasons that were not entirely independent of their own actions (e.g., legal mandates related to the crime for which they are in prison, rule violations in prison, changing their mind). These 51 offenders are excluded from the control group because they are systematically different from the treatment group (in ways that precluded them from receiving treatment), and it would be impossible to attribute any differences in recidivism between them and the treatment group to the treatment as opposed to these differences. Therefore, the control group contains the 95 offenders who were not transferred to MCRP for reasons outside of their control, whose non-participation vs. participation in MCRP in comparison to the treatment group was “as good as random.”

### Analyses

Descriptive statistics comparing demographic characteristics, incarceration and risk backgrounds, participation in DRP programs, and recidivism by MCRP treatment status are conducted using independent-samples t-tests. Descriptive differences in recidivism by MCRP completion status (i.e., whether an offender returned to prison or completed MCRP and exited to the community from the program) are also examined using independent-samples t-tests. The null hypothesis for all t-tests was that there were no significant differences (at the literature-informed critical *p*-value of 0.05) between groups on all variables.

Multiple logistic regressions are employed to test for the effect of the MCRP program on binary recidivism outcomes. More specifically, we estimate the impact of MCRP participation on recidivism by comparing MCRP participants’ likelihood of recidivating to the same likelihood of those who were endorsed for the program but were never transferred to the program for reasons independent of who they were as individuals (i.e., for reasons that were “as good as random”). All analyses are conducted using both ITT and TOT approaches. Whereas the ITT approach provides a more conservative estimate of the treatment effect, the Average Treatment Effect (ATE), the TOT model, in this case, alternatively estimates the Local Average Treatment Effect (LATE), the effect of the treatment on those who were assigned to and completed the treatment. The control and treatment groups for the ITT and TOT analyses are summarized in Table 6. We estimate these effects of treatment, operationalizing treatment in two different ways: (1) participating in the MCRP program vs. not participating and (2) the number of months an offender participated in MCRP.

Table 6. Treatment and Control Groups for ITT and TOT Analyses

	Treatment	Control
ITT	All MCRP participants (n=1,806)	All offenders endorsed for MCRP, who were not transferred for reasons unrelated to them (n=95)
TOT	MCRP participants who completed MCRP as intended and exited to the community from MCRP (n=1,703)	All offenders endorsed for MCRP, who were not transferred for reasons unrelated to them (n=95)

For the first set of analyses, we use the following specification to test the ITT and TOT effects of ever participating in MCRP vs. not participating during the study period:

$$Recidivism_i = \beta_0 + \beta_1 MCRP\_Participation_i + \beta_2 X'_i + \epsilon_i \quad (1)$$

where  $Recidivism_i$  is the binary 1-year recidivism outcome of interest (i.e., arrest, conviction, return to prison) for offender  $i$ ,  $\beta_0$  is the regression constant,  $MCRP\_PARTICIPATION_i$  is an indicator variable that takes on a value of one if an offender participated in MCRP for at least one day,  $\beta_1$  represents the effect of participating in MCRP relative to being in the control group,  $X_i$  is a vector of covariates that controls for differences in offenders' backgrounds (e.g., demographic variables, incarceration and risk variables, rehabilitative program participation) that might be related to recidivism outcomes, and  $\epsilon_i$  is an error term that represents robust standard errors.

Given that offenders spend different amounts of time at MCRP (see Table 10) and that participants progress through different stages of the program during their time at MCRP (see Appendix B), we might expect that the effect of the program would vary based on how much time participants spend in the program. Therefore, we use an additional specification (Equation #2a) to estimate the effect of each month of participation, up to the maximum recorded 12 months of participation, on recidivism:<sup>10</sup>

$$Recidivism_i = \beta_0 + \sum_{\tau=1}^{12} \beta_{\tau} MCRP\__{\tau} Months_{ci} + \beta_{13} X'_i + \epsilon_{ci} \quad (2a)$$

where  $MCRP\__{\tau} Months_i$  represents the 12 indicator variables respectively assigned to each  $\tau$  months of participation in MCRP that take on a value of one if an offender participated in MCRP for greater than  $\tau - 1$  months and less than or equal to  $\tau$  months (e.g., 1 month = 0.01 months – 1 month of participation). The ITT analysis is again conducted twice: once using the observed months of participation for each offender, and once with a separate indicator variable for the 6% (n=103) of offenders who participated in MCRP but did not complete the program, as specified in Equation #2b:

$$Recidivism_i = \beta_0 + \sum_{\tau=1}^{12} \beta_{\tau} MCRP\__{\tau} Months_i + \beta_{13} Non\_Completer + \beta_{14} X'_i + \epsilon_i \quad (2b)$$

where  $Non\_Completer$  is an indicator variable that takes on a value of one if an offender participated in MCRP but did not complete the program as intended (i.e., returned to prison rather than exiting to the community from MCRP). This analysis will provide important insight into how those who did not complete MCRP as intended differ from both the control group and those who did complete MCRP as intended. However, it is important to note that there is no way to estimate the ATE for Equations #2a and #2b because the non-linear analysis prevents us from correcting for selection bias by replacing the months of participation of offenders who returned to prison with the maximum months of treatment as could be done in a linear analysis. Such replacement would result in selection bias in the estimated effect of the maximum number of months of MCRP participation and artificially reduce the selection bias in the estimated effects of all other months of participation. Nevertheless, the magnitude of selection bias is likely to be small, as only 6% of the treated sample did not complete MCRP as intended, so we proceed with cautiously interpreting the LATEs estimated in Equation #2b as reasonable estimate of the effects of each month of treatment.

Overall, the study design and analytic approach presented herein leverage the institutional process of getting endorsed for, transferring to, and participating in MCRP to provide estimates of the effect of participating in MCRP that have minimized concerns related to selection bias. This study is one of the first to provide such insight into the causal effects of reentry programs, as the typical institutional processes involved in offenders participating in these programs make it impossible to evaluate the effects of the program without major concerns about selection bias that lead to overestimations of program effects. However, we cannot attest that there is not any selection bias in the present study, as unobserved characteristics of offenders might make it

<sup>10</sup> For this specification, we measure recidivism as rearrests and reconvictions within 1 year. We do not include returns to prison within 1 year because the outcome does not vary enough within each cohort by month to produce estimates of the effect of the program for each possible number of months of participation.

more likely for them to get transferred to MCRP or to participate in MCRP for a longer amount of time than other participants, but we have no reason to suspect that such selection bias into treatment is occurring between the specified treatment and control groups, and we find no evidence of such selection based on offenders' demographic and incarceration and risk backgrounds. Because the sample is restricted to the specified treatment and control groups to minimize selection bias, the generalizability of any detected effects is also limited to offenders who were endorsed for MCRP.

## **VII. DESCRIPTIVE STATISTICS**

This section reports descriptive statistics of the analytic sample's demographic background, incarceration background, CDCR assessment scores, MCRP participation, and recidivism outcomes. Descriptive statistics are presented for the treatment group, MCRP participants (n=1,806), and the control group, inmates who were endorsed for MCRP but did not transfer for reasons unrelated to them (n=95). Significant differences ( $p < .05$ ) between the two groups are discussed.

Demographically, the treatment and control group did not differ significantly regarding their admission year, age at intake, race and ethnicity, release year, or self-reported completed education (see Table 7). The control group was more likely to have a release county that was not a county with an operating MCRP site(s) (i.e., Butte, Kern, Los Angeles, San Diego). This difference can largely be attributed to the endorsement of offenders for a San Francisco MCRP site that never opened. The only other notable demographic difference between the treatment and control groups was that MCRP participants were more likely to have self-reported that their relationship status was "single" at intake than control participants.

Table 7. Demographics by Treatment Status

	MCRP Participants (n=1806)	Control (n=95)	Difference (treatment- control)
Demographic variables	Mean	Mean	Mean
Admission year	2013.49	2013.158	0.34
Age at intake	33.81	34.98947	-1.17
Race			
% White	23.98	18.95	5.03
% Hispanic	37.65	34.74	2.92
% Black	34.66	36.84	-2.18
Release year			
% 2016	9.52	4.21	5.31
% 2017	58.80	65.26	-6.46
% 2018	31.67	30.53	1.15
Release county			
% Butte	3.21	3.16	0.05
% Kern	9.36	4.21	5.15*
% Los Angeles	65.01	45.26	19.74****
% San Diego	20.04	11.58	8.46**
% Other	2.38	35.79	-33.41***
Completed education at intake <sup>a</sup>			
% Any college	14.25	20.37	-6.12
% HS Diploma or GED	43.66	42.59	1.07
% No HS Diploma or GED	42.09	37.04	5.05
Marital status <sup>b</sup>			
% Married	26.98	36.84	-9.87
% Divorced or separated	11.16	15.79	-4.63
% Single	60.56	47.37	13.19**
% Other	1.30	0.00	1.30

<sup>a</sup>Completed education at intake data was missing at 40.14% for MCRP participants and at 43.16% for the control group.

<sup>b</sup>Marital status data was missing at 40.48% for MCRP participants and 40.00% for the control group.

\* $p < .10$  \*\* $p < .05$  \*\*\*\* $p < .001$

There were no significant differences in the incarceration history or risk variables across the control and treatment groups (see Table 8). This finding provides support for the study design, as differences in incarceration history or risk could be suggestive of selection into treatment.

Table 8. Incarceration and Risk by Treatment Status

Incarceration and Risk Variables	MCRP Participants (n=1806)		Control (n=95)		Difference (treatment - control)
	Mean	SD	Mean	SD	Mean
Sentence length	2152.37	1674.97	2292.18	1759.32	-139.82
Prior convictions	2.41	3.20	2.28	2.83	0.12
Age at first incarceration	26.09	7.70	27.11	9.08	-1.02
COMPAS score <sup>a</sup>					
Substance abuse	1.82	0.89	1.91	0.95	-0.09
Anger	2.45	0.74	2.39	0.71	0.06
Employment problems	2.46	0.78	2.36	0.81	0.09
Family support	2.05	0.45	2.04	0.50	0.01
Criminal personality	2.51	0.76	2.44	0.70	0.07
TABE - reading	8.70	3.51	8.41	3.51	0.29
Classification score	26.96	18.57	23.54	12.69	3.43
CSRA score - risk to reoffend <sup>b</sup>					
% Low risk	23.94	42.69	29.67	45.93	-5.73
% Moderate risk	43.29	49.56	39.56	49.17	3.73
% High risk, drug offenses	8.76	28.29	12.09	32.78	-3.32
% High risk, property offenses	15.82	36.51	14.29	35.19	1.54
% High risk, violent offenses	8.18	27.41	4.40	20.61	3.78
Conviction type					
% Crimes against persons	45.29	49.79	46.32	50.13	-1.02
% Drug crimes	12.07	32.59	13.68	34.55	-1.61
% Other crimes	16.61	37.23	11.58	32.17	5.03
% Property crimes	26.02	43.89	28.42	45.34	-2.40
Sentence type					
% DSL	68.00	46.66	60.00	49.25	8.00
% Life with parole	0.22	4.70	1.05	10.26	-0.83
% Second striker	31.78	46.58	38.95	49.02	-7.16
Release type					
% Discharged by court	0.06	2.35	0.00	0.00	0.06
% Jurisdictional discharge - PRCS	47.29	49.94	46.32	50.13	0.97
% Paroled	52.66	49.94	53.68	50.13	-1.03
Mental health designation					
% CCCMS	16.11	36.78	14.74	35.64	1.38
% EOP	1.44	11.92	3.16	17.58	-1.72
% General population	82.45	38.05	82.11	38.53	0.34
Serious or violent designation					
% Serious	19.05	39.28	17.89	38.53	1.15
% Violent	33.33	47.15	35.79	48.19	-2.46
% None	47.62	49.96	46.32	50.13	1.30

<sup>a</sup>COMPAS score data is missing at 16.22% for MCRP participants and 18.95% for the control group.

<sup>b</sup>CSRA score - risk to reoffend were missing at 5.87% for MCRP participants and 4.21% for the control group.

*Note.* Variables collected at intake. Missingness for all variables is zero unless otherwise specified. DSL = Determinate Sentencing Law. PRCS = Post Release Community Supervision. CCCMS = Correctional Clinical Case Management System. EOP = Enhanced Outpatient Program.

\* $p < .10$  \*\* $p < .05$  \*\*\* $p < .001$

Regarding rehabilitative and educational programs, the control group participated in more programming than the treatment group (see Table 9). Specifically, they participated in more days of voluntary Adult Basic Education (ABE) and anger management programming, completed more college credits, completed more CTE certificates, and were more likely to complete a GED while at CDCR. Offenders in the control group were also more likely to apply for and receive a California ID while at CDCR. We posit that these differences are likely due to the additional time that the control group spent in custody at CDCR, as they were more likely to have

continued access to and time to spend on these programs relative to the offenders who were participating in MCRP.

Table 9. Program Participation by Treatment Status

Program Participation Variables	MCRP Participants (n=1806)		Control (n=95)		Difference (treatment - control)
	Mean	SD	Mean	SD	Mean
Adult Basic Education days	54.02	166.92	76.62	76.62	-22.60
High School Education days	17.77	76.92	15.86	15.86	1.91
College credits completed	0.33	3.23	1.11	1.11	-0.77**
Voluntary ABE days	37.55	107.30	84.36	84.36	-46.81***
Voluntary HSE days	0.65	9.68	1.18	1.18	-0.53
Voluntary GED days	19.72	79.87	34.80	34.80	-15.08
Self-help days	0.27	0.44	0.33	0.33	-0.06
Reentry transitions days	0.81	5.79	0.37	0.37	0.44
Substance abuse days	25.11	56.58	32.84	32.84	-7.73
Anger management days	8.20	26.48	15.06	15.06	-6.87**
Criminal thinking days	7.99	25.87	12.29	12.29	-4.30
Family relations days	9.47	38.24	13.35	13.35	-3.88
Total CTE certificates	0.11	0.56	0.28	0.28	-0.17**
MCRP days	132.17	70.05	0.00	0.00	132.17***
% Received GED at CDCR	4.98	17.64	10.53	30.85	-5.54**
% Received CAL ID before release	3.21	21.77	25.26	43.68	-22.05***

*Note.* ABE = Adult Basic Education. HSE = High School Education. CTE = Career Technical Education. MCRP = Male Community Reentry Program. CDCR = California Department of Corrections and Rehabilitation. Missingness for all variables is zero.

\* $p < .10$  \*\* $p < .05$  \*\*\* $p < .001$

MCRP participants spent an average of 132 days, a minimum of 1 day, and a maximum of 357 days in the program. Among the MCRP participants, those who did not complete the program as intended and returned to prison from the program (n=103) spent an average of 92 days, a minimum of 1 day, and a maximum of 252 days in the program. Those who completed MCRP as intended (n=1,703) spent an average of 135 days, a minimum of 20 days, and a maximum of 357 days in the program. Therefore, the group that returned to prison from MCRP and did not complete the program as intended spent approximately 43 days fewer on average ( $p < .05$ ) at MCRP than the offenders who completed MCRP as intended and exited to the community from the program. Table 10 reports the number of participants in the group that exited to the community from MCRP and the group that returned to prison from MCRP by months of participation.



Table 10. Months of MCRP Participation Among MCRP Participants

	Exited to community (completed MCRP) (n=1,703)		Returned to prison (did not complete MCRP) (n=103)	
	n	%	n	%
Months of MCRP				
>0 and ≤1	12	0.70%	18	17.48%
>1 and ≤2	237	13.92%	14	13.59%
>2 and ≤3	265	15.56%	20	19.42%
>3 and ≤4	320	18.79%	26	25.24%
>4 and ≤5	246	14.45%	13	12.62%
>5 and ≤6	258	15.15%	2	1.94%
>6 and ≤7	119	6.99%	3	2.91%
>7 and ≤8	77	4.52%	6	5.83%
>8 and ≤9	81	4.76%	1	0.97%
>9 and ≤10	47	2.76%	0	0.00%
>10 and ≤11	28	1.64%	0	0.00%
>11 and ≤12	13	0.76%	0	0.00%

*Notes.* Missingness for all variables was zero.

Descriptive analyses of the three, one-year post-release recidivism outcomes: (1) rearrest, (2) reconviction, and (3) return to prison are presented for the full analytic sample by treatment status (panel A) and for the subsample of MCRP participants by MCRP program completion status (panel B) in Table 11. As displayed in panel A of Table 11, all recidivism rates were not significantly different by treatment status. These similarities between the two groups provide additional support for the use of the control group as a valid counterfactual for the treatment group. Among the MCRP participants, (see Table 11 panel B) those who did not complete the program were more likely to be rearrested within one year of their release by 20.35 percentage points and were more likely to be reconvicted within one year of their release by 9.83 percentage points. The program completers and non-completers did not vary significantly in the percentage of offenders who returned to prison within one year of their release.

Table 11. Recidivism by Treatment Status and MCRP Completion Status

Panel A: Full analytic sample

Recidivism Variables	MCRP Participants (n=1,806)		Control (n=95)		Difference (treatment - control)
	Mean	SD	Mean	SD	Mean
% Rearrested	40.03	49.01	34.74	47.87	5.30
% Reconvicted	15.01	35.72	11.58	32.17	3.43
% Returned to prison	5.59	22.98	8.42	27.92	-2.83

Panel B: MCRP participants only

Recidivism Variables	Completed MCRP (n=1,703)		Did not complete MCRP (n=103)		Difference (completers - non-completers)
	Mean	SD	Mean	SD	Mean
% Rearrested	38.87	48.76	59.22	49.38	-20.35***
% Reconvicted	14.45	35.16	24.27	43.08	-9.83**
% Returned to prison	5.46	22.73	7.77	26.90	-2.31

Note. Missingness for all variables is zero.

\* $p < .10$  \*\* $p < .05$  \*\*\* $p < .001$

## VIII. RESULTS

Overall, the study findings indicate that participating in MCRP is associated with reduced rates of one-year rearrest for offenders who participated in the program for at least six months and with reduced rates of one-year reconviction for offenders who participated in the program for at least ten months. Nevertheless, these findings are limited by the small sample of control group offenders who were endorsed for MCRP but did not attend the program (n=95), so more research is needed to support these findings.

Multiple logistic regressions were used to examine the effect of (1) whether an offender participated in MCRP at all and (2) each specific month of MCRP participation on offenders' rates of rearrest, reconviction, and returns to prison<sup>11</sup> within one year of release. Each analysis was conducted using ITT and TOT approaches as previously specified. Among the reported results, we focus herein on the estimates produced by the specifications that include covariates (presented in the second column under each model in each of the tables), as we believe these estimates provide the most robust estimates of the effects of MCRP. The results of the naïve specifications are included for reference. We additionally preference the ATE estimates from the ITT models results over the LATE estimates from the TOT models because the ITT models provide a more conservative estimate of the effect of the program. However, the TOT models provide useful context for understanding the effect of the MCRP for those who complete the program as intended.

<sup>11</sup>The effect of each specific month of participation in MCRP was not tested for the rate of returns to prison outcome because the outcome does not vary enough within each cohort by month to produce estimates of the effect of the program for each possible number of months of participation.

*Effects of Participation in MCRP (Yes/No)*

First, we examined the effect of whether an offender participated in MCRP at all on offenders' rates of rearrest, reconviction, and returns to prison within one year of release. As displayed in Tables 12, 13, and 14, the results indicate that the effects of dichotomous MCRP participation on rates of rearrest, reconviction, and returns to prison were not significantly different from zero. The point estimates presented in the table should be interpreted as the average percentage point change in the relevant recidivism metric (i.e., rearrest, reconviction, or return to prison) within 1 year of release that can be attributed to participating in MCRP (yes/no) relative to being in the control group.

Table 12. The Effect of MCRP Participation (Yes/No) on the Percent of Offenders Rearrested Within 1 Year of Release

	Percent of offenders rearrested within 1 year of release			
	ITT model		TOT model	
	(1)	(2)	(3)	(4)
MCRP Participation (yes/no)	5.42 (5.28)	5.45 (5.47)	4.22 (5.24)	4.67 (5.53)
Covariates?		X		X
Pseudo R <sup>2</sup>	0.0004	0.1649	0.0003	0.1634
N	1901	1901	1798	1798

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.  
\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

Table 13. The Effect of MCRP Participation (Yes/No) on the Percent of Offenders Reconvicted Within 1 Year of Release

	Percent of offenders reconvicted within 1 year of release			
	ITT model		TOT model	
	(1)	(2)	(3)	(4)
MCRP Participation (yes/no)	3.77 (4.13)	5.99 (4.23)	3.11 (4.02)	6.14 (4.22)
Covariates?		X		X
Pseudo R <sup>2</sup>	0.0006	0.1501	0.0004	0.1599
N	1901	1901	1798	1798

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships. \* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

Table 14. The Effect of MCRP Participation (Yes/No) on the Percent of Offenders Who Returned to Prison Within 1 Year of Release

	Percent of offenders returned to prison within 1 year of release			
	ITT model		TOT model	
	(1)	(2)	(3)	(4)
MCRP Participation (yes/no)	-2.38 (2.08)	-2.74 (2.37)	-2.46 (2.05)	-1.89 (2.51)
Covariates?		X		X
Pseudo R <sup>2</sup>	0.0014	0.1471	0.0017	0.151
N	1901	1901	1798	1798

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships. \* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

#### *Effects of Each Month of MCRP Participation*

To determine whether the variation in the effect of participating systematically varied by the number of months an offender participated in MCRP, we estimated the effect of each possible number of months of participation

on rearrest and reconviction rates. The results of the multiple logistic regressions are reported in Tables 15 and 16. The reported estimated effects of each month of participation can be interpreted as the percentage point difference in recidivism caused by participating in MCRP for that number of months relative to being in the control group and never having participated in MCRP. In this case, because there are offenders who do not complete the program as intended and return to prison from MCRP, it was not possible to correct for concerns about selection out of treatment as done previously with the maximum duration replacement strategy. Alternatively, we use an additional ITT model that estimates a separate monthly “duration” category for offenders who returned to prison from MCRP, not completing the program as intended.

The results of the multiple logistic regressions examining the effects of each month of MCRP participation on rearrest and reconviction both suggest that the effects vary based on participants’ participation duration. The estimated effects on rearrest rates, presented in Table 15, indicated that participating in MCRP for up to 1 month substantially increased the likelihood of being rearrested by approximately 22 to 23 percentage points ( $p < .001$ ) relative to never participating (i.e., being in the control group). This finding suggests that participating in the program for such a short amount of time can have detrimental effects on offenders in terms of their likelihood to be rearrested. In this case, the TOT model is particularly helpful for demonstrating that the increase in rearrests cannot be attributed only to the inclusion of the offenders who left the program before completing it and typically participated for fewer days. Nevertheless, being in this group that did not complete MCRP and returned to prison from the program was associated with a statistically significant 12 percentage point increase ( $p < .05$ ) in rearrest rates relative to being in the control group. Participation in MCRP for 1 month up to 7 months was estimated to increase rearrest rates relative to being in the control group, but only the effect of participating for up to 1 month was statistically significant from zero. However, more than 7 months of participation up to the maximum 12 months of participation was associated with negative average effects on rearrest rates, but only the estimated effect of participating for more than 9 months and up to 10 months, an approximate 14 percentage point decrease in rearrest rates, was significantly different from zero.

Table 15. The Effect of Each Month of MCRP Participation on the Percent of Offenders Rearrested Within 1 Year of Release

Months of MCRP	Percent of offenders rearrested within 1 year of release					
	ITT model		ITT model with MCRP completion indicator		TOT model	
	(1)	(2)	(3)	(4)	(5)	(6)
>0 and ≤1	3.53*** (9.69)	22.86** (9.92)	31.93** (14.46)	21.66** (10.82)	31.93** (14.46)	22.17** (10.76)
>1 and ≤2	8.69 (5.80)	4.04 (5.91)	7.88 (5.85)	3.93 (6.01)	7.88 (5.85)	3.55 (6.01)
>2 and ≤3	1.09* (5.71)	8.70 (5.73)	10.55* (5.76)	8.80 (5.81)	10.55* (5.76)	8.65 (5.84)
>3 and ≤4	6.01 (5.55)	5.73 (5.71)	3.70 (5.59)	4.41 (5.80)	3.70 (5.59)	4.42 (5.81)
>4 and ≤5	9.28 (5.78)	7.67 (5.89)	9.17 (5.82)	7.23 (5.95)	9.17 (5.82)	7.40 (5.99)
>5 and ≤6	-0.51 (5.70)	3.72 (5.93)	-0.63 (5.71)	3.51 (5.97)	-0.63 (5.71)	3.70 (6.00)
>6 and ≤7	0.51 (6.52)	2.09 (6.69)	0.56 (6.56)	2.04 (6.78)	0.56 (6.56)	2.34 (6.82)
>7 and ≤8	-3.41 (7.06)	-0.58 (7.21)	-4.87 (7.15)	-1.38 (7.33)	-4.87 (7.15)	-1.19 (7.34)
>8 and ≤9	-1.81 (7.13)	-2.30 (7.32)	-2.64 (7.13)	-1.28 (7.34)	-2.64 (7.13)	-1.91 (7.36)
>9 and ≤10	-1.77** (7.34)	-14.21* (7.85)	-17.72** (7.34)	-14.41* (7.85)	-17.72** (7.34)	-13.86* (7.87)
>10 and ≤11	-2.59 (10.09)	-2.32 (10.02)	-2.59 (10.09)	-2.38 (10.03)	-2.59 (10.09)	-1.8 (10.12)
>11 and ≤12	11.42 (14.66)	-0.40 (13.08)	11.42 (14.66)	-0.45 (13.14)	11.42 (14.66)	-0.83 (13.08)
Returned to prison	n/a n/a	n/a n/a	24.49*** (6.88)	12.27* (6.78)	n/a n/a	n/a n/a
Covariates?		X		X		X
Pseudo R <sup>2</sup>	0.0159	0.1718	0.0190	0.1720	0.0133	0.1694
N	1901	1901	1901	1901	1798	1798

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.

\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

As displayed in Table 16, the analyses examining the effects of each month of participation on reconviction rates followed a similar pattern. In this case, up to 9 months of participation was associated with positive effects of participating in the program on reconviction rates relative to being in the control group, with the largest and statistically significant estimates concentrated among the first 5 months of participation. Offenders who

participated in MCRP but returned to prison from the program did not have a significantly different likelihood of being reconvicted than the control group. Estimated effects of participating for any number of months more than 9 months and up to 12 months were also all negative, but these estimated effects were not statistically significant from zero.

Table 16. The Effect of Each Month of MCRP Participation on the Percent of Offenders Reconvicted Within 1 Year of Release

Months of MCRP	Percent of offenders reconvicted within 1 year of release					
	ITT model		ITT model with MCRP completion indicator		TOT model	
	(1)	(2)	(3)	(4)	(5)	(6)
>0 and ≤1	15.09*	6.15	21.75	15.06	21.75	14.08
	(8.72)	(6.38)	(14.00)	(10.31)	(14.00)	(10.62)
>1 and ≤2	8.74**	8.19**	7.41*	7.38*	7.41*	7.24*
	(4.15)	(3.92)	(4.16)	(4.01)	(4.16)	(3.70)
>2 and ≤3	3.51	3.83	3.52	4.10	3.52	4.25
	(3.91)	(3.60)	(3.95)	(3.7)	(3.95)	(3.56)
>3 and ≤4	3.16	4.68	1.86	3.73	1.86	3.99
	(3.8)	(3.58)	(3.80)	(3.63)	(3.80)	(3.49)
>4 and ≤5	3.48	4.75	3.06	4.03	3.06	4.16
	(3.97)	(3.75)	(3.98)	(3.77)	(3.98)	(3.62)
>5 and ≤6	3.04	7.50*	2.76	6.94*	2.76	7.58**
	(3.95)	(3.92)	(3.94)	(3.94)	(3.94)	(3.85)
>6 and ≤7	-0.10	2.20	0.19	2.58	0.19	3.40
	(4.37)	(4.25)	(4.42)	(4.36)	(4.42)	(4.37)
>7 and ≤8	1.67	5.51	2.71	6.38	2.71	7.26
	(4.96)	(4.93)	(5.17)	(5.13)	(5.17)	(5.13)
>8 and ≤9	1.84	8.25	2.00	8.49	2.00	9.34
	(5.00)	(5.62)	(5.03)	(5.69)	(5.03)	(5.53)
>9 and ≤10	-7.32*	-3.27	-7.32*	-3.43	-7.32*	-2.70
	(4.41)	(5.71)	(4.41)	(5.73)	(4.41)	(5.4)
>10 and ≤11	-8.01*	-6.86*	-8.01*	-6.97*	-8.01*	-6.31
	(4.81)	(4.12)	(4.81)	(4.46)	(4.81)	(4.38)
>11 and ≤12	-3.81	-2.77	-3.81	-2.77	-3.81	-3.32
	(10.53)	(8.75)	(10.53)	(8.86)	(10.53)	(8.66)
Returned to prison	n/a	n/a	12.69**	6.69	n/a	n/a
	n/a	n/a	(5.35)	(4.56)	n/a	n/a
Covariates?		X		X		X
Pseudo R <sup>2</sup>	0.1577	0.1577	0.1579	0.1579	0.1679	0.1679
N	1901	1901	1901	1901	1798	1798

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.

\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

These analyses are limited in their ability to address potential bias resulting from selection out of treatment due to offenders returning to prison from MCRP as opposed to completing the program as intended and exiting to the community from MCRP. These results are additionally limited in their ability to detect significant effects due to the small numbers of observed offenders who participated for each number of months in the model. Nevertheless, they strongly suggest that MCRP has the most potential to be successful at reducing recidivism rates when offenders participate in the program for longer periods of time, at least more than 7 months, and that the program may not have its intended effect on recidivism for participants who are at MCRP for fewer months. To mitigate the limitation to detect a significant effect by month due to the small number of offenders informing the estimate for each month when the treatment sample is divided into their months of participation, we conducted two additional sets of multiple logistic regressions that test the effect of being at MCRP for (1) over 7 months and (2) over 9 months on rearrest and reconviction rates. The results, indicate that participating in MCRP for over 7 months significantly decreased rearrest rates by about 8 percentage points ( $p < .05$ ) but did not have a significant effect on reconviction rates (see Tables 17 and 18). As shown in Tables 19 and 20, participating in MCRP for over 9 months significantly decreased rearrest rates by approximately 13 percentage points ( $p < .05$ ) and significantly decreased reconviction rates by approximately 11 percentage points ( $p < .05$ ).

Table 17. The Effect of More than 7 Months of MCRP Participation on the Percent of Offenders Rearrested Within 1 Year of Release

	Percent of offenders rearrested within 1 year of release					
	ITT model <sup>a</sup>		ITT model with replacement <sup>b</sup>		TOT model	
	(1)	(2)	(3)	(4)	(5)	(6)
>7 months of MCRP	-11.72*** (3.44)	-7.69** (3.30)	-11.72*** (3.44)	-7.69** (3.30)	-11.38** (3.48)	-7.35** (3.35)
Covariates?		X		X		X
Pseudo R <sup>2</sup>	0.0047	0.1668	0.0047	0.1668	0.0046	0.0027
N	1901	1901	1901	1901	1798	1798

<sup>a</sup>The ITT model uses the observed participation duration in MCRP for all treated offenders.

<sup>b</sup>ITT model with replacement replaces the participation duration with the maximum participation duration for treated offenders who did not complete MCRP and returned to prison from the program (n=103).

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.

\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$



Table 18. The Effect of More than 7 Months of MCRP Participation on the Percent of Offenders Reconvicted Within 1 Year of Release

	Percent of offenders reconvicted within 1 year of release					
	ITT model <sup>a</sup>		ITT model with replacement <sup>b</sup>		TOT model	
	(1)	(2)	(3)	(4)	(5)	(6)
>7 months of MCRP	-5.38** (2.71)	-1.79 (2.66)	-5.38** (2.71)	-1.79 (2.66)	-4.21 (2.65)	-0.57 (2.60)
Covariates?		X		X		X
Pseudo R <sup>2</sup>	0.1490	0.0027	0.1490	0.0018	0.1583	0.0049
N	1901	1901	1901	1901	1798	1798

<sup>a</sup>The ITT model uses the observed participation duration in MCRP for all treated offenders.

<sup>b</sup>ITT model with replacement replaces the participation duration with the maximum participation duration for treated offenders who did not complete MCRP and returned to prison from the program (n=103).

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.

\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

Table 19. The Effect of More than 9 Months of MCRP Participation on the Percent of Offenders Rearrested Within 1 Year of Release

	Percent of offenders rearrested within 1 year of release					
	ITT model <sup>a</sup>		ITT model with replacement <sup>b</sup>		TOT model	
	(1)	(2)	(3)	(4)	(5)	(6)
>9 months of MCRP	-15.54** (5.86)	-13.28** (5.34)	-15.54** (5.86)	-13.28** (5.34)	-14.28** (5.82)	-12.23** (5.34)
Covariates?		X		X		X
Pseudo R <sup>2</sup>	0.0030	0.1670	0.0030	0.1670	0.0027	0.0048
N	1901	1901	1901	1901	1798	1798

<sup>a</sup>The ITT model uses the observed participation duration in MCRP for all treated offenders.

<sup>b</sup>ITT model with replacement replaces the participation duration with the maximum participation duration for treated offenders who did not complete MCRP and returned to prison from the program (n=103).

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.

\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

Table 20. The Effect of More than 9 Months of MCRP Participation on the Percent of Offenders Reconvicted Within 1 Year of Release

	Percent of offenders reconvicted within 1 year of release					
	ITT model <sup>a</sup>		ITT model with replacement <sup>b</sup>		TOT model	
	(1)	(2)	(3)	(4)	(5)	(6)
>9 months of MCRP	-13.81** (5.87)	-11.28** (5.37)	-13.81** (5.87)	-11.28** (5.37)	-12.87** (5.70)	-10.47** (5.24)
Covariates?		X		X		X
Pseudo R <sup>2</sup>	0.1521	0.0048	0.1521	0.0048	0.1615	0.0001
N	1901	1901	1901	1901	1798	1798

<sup>a</sup>The ITT model uses the observed participation duration in MCRP for all treated offenders.

<sup>b</sup>ITT model with replacement replaces the participation duration with the maximum participation duration for treated offenders who did not complete MCRP and returned to prison from the program (n=103).

*Note.* Covariates included in the model are admission year, admission age, race, classification score, CSRA score, age at first incarceration, release county, sentence type, sentence length, mental health designation, release type, conviction category, number of prior convictions, serious or violent designation, college credits completed, CTE certificates completed, and days of participation in programming related to education, self-help, reentry transitions, substance abuse, anger management, criminal thinking, and family relationships.

\* $p < .10$ , \*\* $p < .05$ , \*\*\* $p < .001$

### Summary

Overall, our results suggest that participating in MCRP is likely to reduce rearrests when offenders participate in the program for at least 7 months and is likely to reduce reconvictions for those who participate for more than 9 months. The estimated reductions in rearrests and reconvictions at over 7 and 9 months of participation were qualitatively large, as recidivism rates have proved very difficult to change over time. More specifically, the respective 7 and 13 percentage point drops in rearrest rates after 7 and 9 months of participation were equal to a 20% and 37% decrease in the average one-year rearrest rate (35%) of the control group in the present study. For the reconviction rate, the 11 percentage point decrease after 9 months of participation was equal to a 92% decrease in the average one-year reconviction rate (12%) of the control group in the present study. These findings suggest that MCRP is a promising program for policymakers and practitioners with the goal of reducing recidivism rates, but substantially longer durations of participation than the average duration of 4 to 5 months are necessary for achieving that goal.

## IX. RECOMMENDATIONS AND POLICY IMPLICATIONS

### Recommendations

The recommendations for policy and practice emerging from this report center around the typical duration of offenders' participation in MCRP, expansion of MCRP, and future data collection and research. To that end, we have included the following set of 3 recommendations that we believe should be prioritized going forward:

## **1. Recommend MCRP stays to be at least 9 months long.**

The study findings herein suggest that long stays of at least 9 months at MCRP are optimal for reducing offenders' recidivism rates in terms of their likelihood to be rearrested or reconvicted within 1 year of their release. Given that MCRP tries to help participants to establish access to various services in the community well as to continue their education and to find employment, it is reasonable that offenders who spend longer amounts of time in the program would be more successful at completing more of those goals. Therefore, these offenders might be more likely to have a successful transition back into the community and be less likely to recidivate.

Increasing the recommended stay to be at least 9 months long will be challenging, as it will require additional funding and policy changes related to the recruitment and application process for MCRP. The ideal minimum stay would be 9 months because 9+ months of MCRP is associated with reductions in both rearrest and reconviction rates; however, we recommend that stays of 7+ months are allowed because offenders who stay at least 7 months are still less likely to be rearrested within 1 year of their release than similar offenders who remained in prison rather than transferring to MCRP. Offenders will need to be screened for eligibility and notified of the program with sufficient time before their release date to be endorsed and transferred to the MCRP site with at least 7 months remaining in their sentence. Earlier eligibility to apply for MCRP as well as streamlined application and endorsement processes could be beneficial for maximizing offenders' MCRP participation duration. Ideally, CDCR would also prevent offenders from being endorsed and transferred to MCRP if they had insufficient time remaining in their sentence, as stays of durations shorter than 7 months were not shown to be effective at reducing recidivism relative to remaining in prison on average.

## **2. Sustain the existing MCRP sites and look to expand MCRP to additional sites and locations.**

Given the reported efficacy of the program for reducing recidivism when participants stay for periods longer than 7 months, the program warrants continued investment and potential expansion. The existing sites should continue to be operated, and CDCR should consider expanding sites that consistently have bed shortages, if possible, to do so while maintaining the current program standards. Furthermore, CDCR should consider funding the opening of additional MCRP sites in counties that currently do not have an operating site. Any expansions or opening of new sites should be done with maintenance of the current program standards, as well as attention to the other recommendations in this report.

When expanding and developing new programs, CDCR should consider offering MCRP to other inmates who are not currently deemed eligible; it will be important to track and analyze these participants' participation duration and recidivism following the program to inform ongoing decisions about program eligibility.

## **3. Continue data collection and research.**

Finally, this report stresses the importance of continued data collection and program evaluation to continuously monitor and improve program efficacy. Additional years of data will allow for more analyses of the effect of MCRP participation on the more traditional 3-year recidivism outcomes. Analyzing 3-year outcomes will be essential to understanding the longevity of the impact of participating in MCRP. Furthermore, continued data collection regarding offenders' MCRP eligibility, endorsement, and transfer processes as well as their participation duration could allow for the identification of issues that are barriers to offenders' earlier and longer participation in MCRP. It would

also be worthwhile to collect new types of data on offenders' outcomes that practitioners expect could be related to MCRP participation (e.g., employment, housing, drug use, family relationships). Additional research should examine offenders' various experiences within MCRP to investigate the mechanisms through which the program reduces recidivism rates. When possible and sensible, CDCR should leverage random assignment to treatment to better determine the efficacy of MCRP and various aspects of the program. Randomly choosing or waitlisting participants among those who are eligible when there is constrained program capacity is one ethically responsible way to conduct such a randomized control trial (RCT) that could be useful in this research going forward. Beyond MCRP, it would be useful for CDCR to commission similar evaluations of reentry and rehabilitation programs to assess and improve program efficacy, promoting the use of evidence-based practices to reduce recidivism.

### *Policy Implications*

The findings reported herein have broad implications for policies and programs related to reentry and recidivism. First, the findings suggest that transitional programs need time to impact their participants. Increased time in such programs for offenders may require increased funding, but investment in evidence-based programming that reduces recidivism will have the potential to be cost-effective, as it would reduce the costs of securing and housing inmates in the future. Beyond the costs of incarceration, reducing recidivism would also importantly reduce the negative impacts of crime and recidivism on society's and individuals' well-being.

In recent history, Californians have voted to liberalize sentencing (especially drug related offenses), to enfranchise and reintegrate formerly incarcerated persons,<sup>12</sup> and against "law and order" approaches to justice.<sup>13</sup> Therefore, in California, policymakers should take the opportunity to champion and invest more deeply in rehabilitation efforts in the coming years. Such investment could have significant long-term benefits in terms of reducing recidivism and the cost of the criminal justice system in California.

Finally, the research herein has implications beyond the state of California. California's progressive approach to and investment in rehabilitation programming has not been matched in most other states across the U.S. Nevertheless, MCRP is an innovative reentry program that other states could implement. Due to CDCR's willingness to experiment and innovate in rehabilitation programming as well as their dedication to collecting data and rigorously evaluating the program, other states' corrections departments can now look to MCRP as a budgetary and programmatic model for developing their own reentry program with the hope of reducing recidivism in their own state. Given that reducing recidivism is typically a bipartisan issue in state and federal legislatures, there is real potential that MCRP-inspired program models could be adopted and effectively reduce recidivism nationwide.

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<sup>12</sup> Over 58% of Californians voted "Yes" on Prop 17 (2020) restoring former felons right to vote: [voterguide.sos.ca.gov/propositions/17](http://voterguide.sos.ca.gov/propositions/17)

<sup>13</sup> Over 62% of Californians voted "No" on Prop 20 (2020) which would have implemented stricter parole and sentencing: [voterguide.sos.ca.gov/propositions/20](http://voterguide.sos.ca.gov/propositions/20)

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## APPENDIX

### Appendix A

#### CDCR Policy and Budget Context

A series of policy changes, as well as changes in the prescribed consequences for lower-level offenses, have caused a reduction in the number of inmates served by CDCR. The most impactful change came in 2011, [Assembly Bill \(AB\) 109](#), often termed “realignment.” This bill overhauled who was sent to state prison. Individuals convicted for lower-level offenses including nonviolent, nonserious, and non-sex-related crimes would now serve their sentences in county jails as opposed to state facilities. Additionally, a 2009 U.S. Supreme Court decision ordered the reduction of the inmate population to no more than 137.5% of design capacity, which reduced the number of inmates held in CDCR’s 35 state prisons from over 140,000 in 2009 to approximately 120,000 in 2018. Legislation since then has sought to decriminalize non-serious and nonviolent property and drug crimes and to reduce incarceration periods for good behavior and the completion of rehabilitation programs (Proposition 36, Proposition 47, Proposition 57).

#### Recent Policy Changes Affecting State Inmate Populations<sup>14</sup>

[AB-109 Realignment](#) (2011). Limited who could be sent to state prison. Specifically, it required that certain lower-level offenders serve their incarceration terms in county jail. Additionally, it required that counties, rather than the state, supervise certain lower-level offenders released from state prison.

[Proposition 36](#) (2012). Reduced prison sentences for certain offenders subject to the state’s existing three-strikes law whose most recent offenses were non-serious, nonviolent felonies. It also allowed certain offenders serving life sentences to apply for reduced sentences.

[Proposition 47](#) (2014). Reduced penalties for certain offenders convicted of non-serious and nonviolent property and drug crimes from felonies to misdemeanors. It also allowed certain offenders who had been previously convicted of such crimes to apply for reduced sentences.

[Proposition 57](#) (2016). Expanded inmate eligibility for parole consideration, increased the state’s authority to reduce inmates’ sentences due to good behavior and/or the completion of rehabilitation programs, and mandated judges determine whether youth be subject to adult sentences in criminal court.

[Executive Order N-36-20](#) (2020). Mitigated the spread of COVID-19 in CDCR facilities by suspending inmate intake (utilization of county jails), transfers, and visitation, permitting broader use of teleconferencing for parole hearings, and reducing prison population through early release.

Below is a summary of the rehabilitation expenses reported annually from FY 2017-2021. As displayed in Table A1, total spending on rehabilitation programs increased by 30.0% over those five years. This increase was generally proportional to increases to the total CDCR budget (+22.9%). Among the various categories of expenses, the growth in the spending for CBT and reentry programs (+40.5%) and inmate activities (+48.5%) was greater than the growth in the spending on adult education programs (+20.1%) and administration (+14.8%).

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<sup>14</sup> [CA State Auditor](#)

Table A1. CDCR State Budget by Fiscal Year (2017 to 2021), in millions\*

Rehab Code Expense	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>4585: Adult Education</b>	\$200.74	\$225.38 +12.3%	\$227.14 +13.2%	\$241.73 +20.4%	\$241.08 +20.1%
<b>4590: CBT and Reentry</b>	\$115.78	\$116.48 +0.6%	\$117.72 +1.7%	\$131.33 +13.4%	\$162.70 +40.5%
<b>4595: Inmate Activities</b>	\$60.95	\$69.53 +14.1%	\$73.96 +21.3%	\$85.38 +40.1%	\$90.52 +48.5%
<b>4600: Administration</b>	\$21.83	\$22.29 +2.1%	\$22.19 +1.7%	\$25.03 +14.7%	\$25.05 +14.8%
<b>Total Rehab Expense</b>	\$399.30	\$433.68 +8.6%	\$441.01 +10.4%	\$483.46 +21.1%	\$519.36 +30.1%
<b>Total CDCR Budget</b>	\$10,889.25	\$11,858.18 +8.9%	\$12,597.35 +15.7%	\$13,348.83 +22.6%	\$13,385.40 +22.9%
<b>% of Total on Rehab</b>	3.7%	3.7%	3.5%	3.6%	3.9%

*Note: percentage changes indicate the percent increase in spending from the FY 2017 baseline*

\* All budget details are found on the [California Budget](#) website, prepared by the Department of Finance.

Adult Rehabilitative Programs include the following four budget items with accompanying budget codes: Rehabilitative Programs - Adult Education (4585), Rehabilitative Programs - Cognitive Behavioral Therapy and Reentry Services (4590), Rehabilitative Programs - Adult Inmate Activities (4595), and Rehabilitative Programs - Adult Administration (4600). The CBT and Reentry (4590) budget line item covers the costs associated with MCRP.

Academic education and CTE were offered in nearly all prisons before 2016-2017, but CBT programs were offered in just over half of the prisons at that time. The increased funding nearly doubled the availability of newer CBT programs, making 2016-2017 the first year in which all state prisons provided all programs. While the majority (52%) of the funding covers academic education programs, 26% is allocated for CBT and after prison transition programs, including MCRP, 18% funds CTE programs, and 4% goes toward volunteer-led programs. Available after-prison transition programs include MCRP, Custody to Community Transitional Reentry Program (CCTRP) for women, as well as other programs seeking to develop inmates' career skills, behavioral needs, and financial literacy. Additional reentry live-in programs can be found on the [CDCR Reentry Services site](#). Volunteer and other programs or Inmate Leisure Time Activity Groups (ILTAGs) refer to various external or non-profit-provided educational, social, cultural, and recreational activities ranging from Alcoholics Anonymous (AA) to yoga classes

**MCRP Phases**

- A. Orientation Phase - Day 1 to Day 30
  - a. Expectations, rules, regulations, and program policies
  - b. Within 24 hours, Program Orientation Handbook
  - c. Within 5 days, initial assessment by primary Counselor and creation of Individualized Reintegration Plan (IRP)
  - d. First 14 days is a “Blackout” period (no cell phones and can only leave with staff for medical, DMV, Social Security, or Birth Record appointments.)
  - e. Minimum 20 hours of programming per week
- B. Treatment Phase - No earlier than Day 31
  - a. Minimum 20 hours of programming per week
  - b. Updating and reviewing progress on IRP with Counselor every 30 days
  - c. May obtain passes for Medical, DMV, Social Security, Birth Records, and Family reunification
- C. Transitional Phase - No earlier than Day 61
  - a. May obtain passes for all the above plus employment, education, and CTE all with pre-approved schedules
  - b. Minimum 9 hours of programming per week if employed or in school
- D. Discharge Phase - No earlier than 30 days prior to release
  - a. May obtain passes for all the above
  - b. Discharge Plan must include housing and/or treatment arrangements post-release
  - c. Assistance with county, state, and Federal benefits like Medi-Cal
  - d. Minimum 9 hours of programming per week

## Data Validation Plan

- The authors renamed all variables according to standard conventions.
- Then, for each continuous variable, we reviewed its range, mean, median, and distribution.
- For each categorical variable, the research team reviewed the distribution of responses across categories using the STATA tabulation command. Both continuous and categorical variables are flagged and investigated based on results that are inconsistent with expectations for the variable.
- In the case of continuous variables, this includes variable distribution that shows a significant level of kurtosis.
- Missingness for both types of variables was assessed using the STATA tabulation and summary commands to gauge the range (of all values and of non-missing values specifically), and frequency and proportion of missing values.
- All missingness was considered theoretically and examined statistically to identify whether the missingness was at random based on observable background characteristics. Missing data was marked as missing (“.”) as opposed to zero (“0”).
- Any variable with severely problematic levels of missingness such that the data quality regarding that variable was compromised, the variable was not included in analyses or used for subgroup analyses for which the level of missingness was not problematic.
- Further data validation processes included checking for duplicate cases and finding outliers. Duplicate cases were identified based on repeated values of key variables other than the ID variable (such as specific dates or locations associated with the data point). Furthermore, as multiple observations with different ID numbers have all or near all other variables at equal value then they were treated as duplicates. Only the observations with the lowest ID number were kept.
- For each continuous quantitative variable, observations were flagged and reviewed as potential outliers if the value of a variable was more than 2.5 standard deviations above or below the mean value of the variable.
- The team flagged any variables for signs of kurtosis, followed by a test of skewness on the variable in question (using the “sktest” command). Results that confirmed kurtosis were not used (2.5 standard deviation benchmark for outlier identification). We instead created a boxplot visualization for such variables and identified outliers as sitting outside of the plot whisker range. Cases whose values were implausible were corrected, when possible, or re-coded as missing. Missingness was reexamined following all data cleaning using the same initial missingness cleaning process.

Appendix D

Variable List

CDCR Variable Name	Variable Type	Variable Description
nonID	Nominal	Unidentifiable inmate ID generated by CDCR
RaceGroup	Nominal	White, Black, Hispanic/Latino, Other
ClassificationScore	Ordinal	Level I-IV
AdmissionYear	Continuous	Year of most recent jail stay
ReleaseYear	Continuous	Year released from most recent jail stay
AdmissionAge	Ordinal	Age of most recent admission to jail - 18-19, 20-29, 30-39, 40-49, 50+
IncarcerationAge	Continuous	Age of first incarceration
HighestGrade	Nominal	Grade level achieved at admittance
MaritalStatus - Single v. Non-Single	Binary	Originally nominal and collapsed into single versus non-single categories.
CountyLastLegalResidence	Nominal	County where former inmate last resided
ReleaseCounty	Nominal	County to which the former inmate was released
ReleaseInst	Nominal	Institution from which the former inmate was released
ConvictionCategory	Ordinal	Conviction category: property crime, drug crime, crime against persons, or other crimes.
SentenceType	Ordinal	Type of sentence: DSL, Second Striker, and Life without Parole
SentenceLength	Continuous	Length of sentence in years
ReleaseType	Nominal	Type of release: death, discharged from sentence, discharged by court, jurisdictional discharge
MH_Designation	Nominal	Mental Health
SexRegFlag	Binary	Sex Registrant Flag
SV_Designation	Ordinal	Serious or Violent Designation
PriorConviction	Continuous	Number of prior convictions

COMPAS_CrimPersonalityScore	Ordinal	Criminal Personality
CSRA_Score	Ordinal	Level of Risk to Reoffend
TABE_InitialReadingScore	Ordinal	Elementary, Middle, Lower High School, and High School Graduate Level.
MCRP_PotentiallyEligible	Binary	Male Community Reentry Program
MCRP_Endorsed	Binary	Male Community Reentry Program
MCRP_ExitedToCommunity	Binary	Male Community Reentry Program
MCRP_Duration	Continuous; treated as Categorical as well	Male Community Reentry Program
Recidivism_ArrestYear	Binary at 1-,2-,3-years from release	Arrested at 1-,2-,3- years from release
Recidivism_ConvictYear	Binary at 1-,2-,3-years from release	Convicted at 1-,2-,3- years from release
Recidivism_ReturnYear	Binary at 1-,2-,3-years from release	Returned to Prison at 1-,2-,3- years from release