

Arizona Department of Corrections, Rehabilitation and Reentry

Review of Specific Self-Improvement or Treatment Programs

Department did not provide 3 of 4 programs we reviewed to most inmates who needed them, and many inmates who were enrolled in the programs did not complete them, impacting reduced recidivism and other rehabilitative benefits these programs provide to inmates

Performance Audit

September 2021
Report 21-118

A Report to the Arizona Legislature

Lindsey A. Perry
Auditor General





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September 29, 2021

Members of the Arizona Legislature

The Honorable Doug Ducey, Governor

Mr. David Shinn, Director

Arizona Department of Corrections, Rehabilitation and Reentry

Transmitted herewith is the Auditor General's report, *A Performance Audit of the Arizona Department of Corrections, Rehabilitation and Reentry—Review of Specific Self-Improvement or Treatment Programs*. This report is in response to a September 19, 2018, resolution of the Joint Legislative Audit Committee. The performance audit was conducted as part of the sunset review process prescribed in Arizona Revised Statutes §41-2951 et seq. I am also transmitting within this report a copy of the Report Highlights to provide a quick summary for your convenience.

As outlined in its response, the Arizona Department of Corrections, Rehabilitation and Reentry agrees with all the findings and plans to implement or implement in a different manner all the recommendations.

My staff and I will be pleased to discuss or clarify items in the report.

Sincerely,

Lindsey A. Perry

Lindsey A. Perry, CPA, CFE
Auditor General

Arizona Department of Corrections, Rehabilitation and Reentry

Review of Specific Self-Improvement or Treatment Programs

Department did not provide 3 of 4 programs we reviewed to most inmates who needed them, and many inmates who were enrolled in the programs did not complete them, impacting reduced recidivism and other rehabilitative benefits these programs provide to inmates

Audit purpose

To determine whether inmates were enrolled in and completed 4 specific self-improvement or treatment programs based on their identified need for these programs: cognitive restructuring, moderate substance abuse (SA) treatment, intensive SA treatment, and driving-under-the-influence (DUI) treatment.

Key findings

- Our analysis of Department data for approximately 35,200 inmates released between January 2017 and November 2019 found:
 - Approximately 14,200 (43 percent) of 32,800 inmates who needed cognitive restructuring were enrolled in the program, and 11,100 enrolled inmates (78 percent) completed it.
 - Approximately 4,300 (17 percent) of 24,900 inmates who needed SA treatment were enrolled in either the moderate or intensive SA treatment program, and 2,700 enrolled inmates (63 percent) completed an SA treatment program.
 - Approximately 2,900 (79 percent) of 3,700 inmates who needed DUI treatment were enrolled in the program, and 2,500 enrolled inmates (87 percent) completed it.
- Reduced recidivism and other benefits from these programs cannot be achieved when they are not offered to inmates, and Department analyses indicated that completing these programs helps reduce recidivism.
- Staffing and other limitations have affected the Department's capacity to provide these programs, although the Department has been taking steps to address those limitations. For example, the Department requested and received an additional \$5 million appropriation in fiscal year 2022 to contract for and expand its provision of SA treatment services.
- Common reasons for not completing programs included inmates being transferred to a different prison unit while enrolled in a program or administratively discharged from a program, such as for medical and mental health issues. The Department is taking some steps to help reduce program noncompletions.
- The Department uses various reports to monitor program enrollments and completions but does not use its enrollment data to specifically monitor program noncompletions.

Key recommendations

The Department should:

- Continue taking steps to expand its capacity to provide and increase inmate enrollments in the 4 programs we reviewed, such as requesting additional resources to meet inmates' SA treatment needs as appropriate.
- Continue its efforts to reduce program noncompletions and assess the impact of those efforts.
- Use enrollment data to monitor program noncompletions, research causes, and use this information to make needed changes to its enrollment process.



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The Arizona Auditor General has issued the second in a series of 3 performance audit reports on the Arizona Department of Corrections, Rehabilitation and Reentry (Department) as part of the Department’s sunset review.¹ This performance audit determined whether inmates were enrolled in and completed 4 specific self-improvement or treatment programs based on their identified need for these programs: cognitive restructuring, moderate substance abuse (SA) treatment, intensive SA treatment, and driving-under-the-influence (DUI) treatment (see pages 4 through 5 for additional information). The first performance audit addressed the Department’s capital projects funding and finances and assessed whether Department spending was consistent with statutory and other requirements.² The final performance audit and sunset review assessed whether the Department released inmates from prison to the transition program 3 months early as statutorily required, determined inmate eligibility for the transition program according to statutory and Department requirements, documented IT security practices in written policies and procedures, and complied with State conflict-of-interest requirements; and provides responses to the statutory sunset factors.³

Department provides various types of programs to help rehabilitate inmates

The Department operates 10 State prison complexes (State prisons) and contracts for 6 private or privately managed prisons (private prisons) located throughout the State. According to the Department, these prisons housed 35,954 inmates as of June 2021, including 28,759 inmates (80 percent) assigned to State prisons and 7,195 inmates (20 percent) assigned to private prisons. Part of the Department’s statutory mandate is to rehabilitate adult offenders (see textbox), and one way the Department does this is by providing inmates various types of programs.

As shown in Table 1 (see page 2), the Department offers programs in multiple areas, including work, education, self-improvement, addiction treatment, and sex offender treatment. Programs are provided in both State and private prisons, although not all programs are provided in every prison or prison unit. As shown in the table, more inmates have been enrolled in work programs relative to the other program categories, and the Department reported that providing inmates with work opportunities was an important part of its rehabilitative efforts. In addition, total program enrollments were lower in January 2021 than in prior years, which the Department attributed to the COVID-19 pandemic.⁴ For example, as part of its COVID-19 pandemic mitigation efforts, the Department reported that it suspended all prison visitations, including visitations from contractors who administer some programs such as CTE, and off-site inmate work crews that are part of inmate work programs, except for female inmates working at Hickman’s Family Farms who were placed in temporary

Department’s statutory purpose

“The Department shall have as its purpose the objective of encompassing the various institutions, facilities, and programs which are now or may become a part of the correctional program of the State, and to provide the supervisory staff and administrative functions at the State level of all matters relating to the institutionalization, **rehabilitation**, and community supervision functions of all adult offenders.”

Source: Arizona Revised Statutes (A.R.S.) §41-1602(B), emphasis added.

¹ Prior to January 2020, the Department was called the Arizona Department of Corrections.

² Arizona Auditor General Report 20-109 *Arizona Department of Corrections, Rehabilitation and Reentry—Capital Projects Funding and Department Finances*.

³ Arizona Auditor General Report 21-119 *Arizona Department of Corrections, Rehabilitation and Reentry*.

⁴ The prison population also declined during the pandemic, from 41,984 inmates as of March 2020 to 35,954 inmates as of June 2021.

housing at the farm.⁵ The Department reported that it also temporarily ceased programming in units with high rates of inmates testing positive for COVID-19 or during mass testing efforts. Although the number of enrollments in various programs fluctuated, the Department continued to provide inmate programming throughout the COVID-19 pandemic.

Table 1
Number of inmates enrolled by program category¹
As of January 2018, January 2019, January 2020, and January 2021
(Unaudited)

Program category	Number of inmates enrolled			
	January 2018	January 2019	January 2020	January 2021
Work	24,539	24,304	23,221	19,588
Work Incentive Pay Program A Department-run program for various prison jobs, such as kitchen workers or maintenance crews.	20,706	20,478	19,473	17,369
Intergovernmental agreements Agreements between the Department and other public entities for services, such as cleaning crews.	1,978	2,007	1,892	495
Arizona Correctional Industries (ACI) A self-funded program that provides inmates with training and work experience. It includes ACI-owned-and-operated businesses, such as a bakery and printshop, and partnerships with external parties, such as Hickman's Family Farms. ²	1,855	1,819	1,856	1,724
Education³	5,398	5,122	6,117	4,976
High school equivalency Educational programming that helps inmates earn their GED or high school diploma.	2,245	2,232	2,271	1,957
Career and technical education (CTE) Educational programming that combines classroom instruction with hands-on skill learning and application in areas such as welding, construction trades, and automotive repair.	1,785	1,569	1,647	328
Functional literacy Educational programming that helps inmates achieve an eighth-grade literacy standard.	1,227	1,194	2,088	2,603
Special education Educational programming for high school students under the age of 22 with educational disabilities.	141	127	111	88
Self-improvement Various programs intended to teach inmates prosocial life skills. Includes programs that address cognitive restructuring (i.e., addressing criminal thinking), re-entry into the community, cultural diversity, domestic violence, and conflict resolution.	5,288	5,099	4,672	2,040
Addiction treatment⁴ SA and DUI treatment to help inmates address their addiction issues and learn to live drug-free, prosocial lifestyles.	758	884	984	781
Sex offender treatment Treatment to help inmates address their sexual offense history and learn to live prosocial lifestyles.	291	242	216	205
Total program enrollments	36,274	35,651	35,210	27,590

¹ The numbers represent inmates enrolled at specific points in time and do not include inmates who have already completed the programs. Additionally, inmates may be enrolled in more than 1 program.

² See Arizona Auditor General Report 20-109 for additional information about ACI.

³ The Department also offers distance college classes through Ashland University, and 1,299 inmates were enrolled in classes as of May 2021.

⁴ In addition to addiction treatment programs, the Department provides other programs such as SA education and peer mentoring.

Source: Auditor General staff analysis of the Department's monthly *Corrections at a glance* reports and other Department documentation.

⁵ According to the Department's COVID-19 management updates, the Department initiated a phased rollout of some work programs at the beginning of June 2021; began allowing limited in-person visits on June 19, 2021; resumed intergovernmental agreement and Arizona Correctional Industries work activities at the beginning of July 2021; and began allowing some inmates to be eligible for 2 in-person visits per week effective August 21, 2021.

Program completion allows certain inmates earlier release pursuant to 2019 law

Completing specific programs can help certain inmates be eligible for earlier release to the community under a 2019 law. Specifically, Laws 2019, Ch. 310—which is also known as Senate Bill (SB) 1310—revised statute to allow certain inmates to be released after serving 70 percent of their sentences in prison, whereas the State’s sentencing laws generally require inmates to serve at least 85 percent of their sentences in prison. Release under this law is referred to as drug possession release, and to be eligible, inmates must meet the following criteria: (1) have 1 of 4 qualifying drug possession or use convictions, (2) not have been previously convicted of a violent or aggravated felony as defined in A.R.S. §13-706, and (3) successfully complete a drug treatment program or other major self-improvement program while imprisoned. The Department has designated specific programs as “major programs” that meet the third eligibility requirement. Examples of major programs include specific education programs, such as functional literacy and GED; CTE; sex offender treatment; SA and DUI treatment; and specific cognitive restructuring programs (see Appendix A, page a-1, for a list of all major programs).

Department uses risk-needs assessment to identify and prioritize inmates’ program needs

The Department uses a risk-needs assessment process to identify and prioritize inmates’ programming needs (see textbox for key terms). This process is consistent with principles of evidence-based practice in corrections, which include assessing offenders’ risk and needs and targeting interventions, such as treatment programs, to address them.⁶ Specifically, the Department uses various assessments and reviews during the reception process at intake or at an inmate’s initially assigned housing unit to initially assess and score an inmate’s risk to recidivate and need for specific programs. The inmate’s risk and needs scores are then used to determine intervention level scores and program priorities in the inmate’s individual corrections plan.

The Department uses a priority ranking report (PRR) to help State and private prison program staff responsible for program enrollment decide which inmates to enroll in available programs.⁷ The PRR

Key terms for discussion

Risk score—A score that reflects an inmate’s risk to recidivate upon placement in community supervision, measured on a scale of 1 (low) to 5 (high). An inmate’s risk score can change based on new information, such as acts of prison violence.

Needs score—A score that reflects an inmate’s need for a specific program, measured on a scale of 0 (no need) to 5 (high). Needs scores are determined for 12 program areas, such as academic education, substance abuse treatment, work-skills development, and cognitive restructuring. An inmate’s needs scores can change based on new information, such as subsequent needs assessments or program completion.

Intervention level score—A score that measures the needed intervention level for a specific program based on the inmate’s risk and needs scores, measured on a scale of 1 (low) to 5 (high). Intervention level scores are the basis for the programming priorities and goals in the inmate’s corrections plan. The scores can change if an inmate’s risk or needs scores change.

Corrections plan—Considered an inmate’s individual “program road map,” the corrections plan includes information such as the inmate’s risk, needs, and intervention level scores and program priorities. Program staff may modify an inmate’s corrections plan based on available programs at the inmate’s housing unit, security issues, and other factors. Corrections plans should be updated at least every 12 months, when an inmate is transferred to a new unit, and when an inmate is less than 7 months from his or her earliest release date.

Source: Auditor General staff review of Department Order 811, sample corrections plans, and other Department documentation.

⁶ The Pew Charitable Trusts. (2011). *Risk/needs assessment 101: Science reveals new tools to manage offenders*. Washington, DC. Retrieved 8/13/2020 from https://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2011/pewriskassessmentbriefpdf.pdf; James, N. (2018). *Risk and needs assessment in the federal prison system*. Washington, DC: Congressional Research Service. Retrieved 8/26/2020 from <https://fas.org/sqp/crs/misc/R44087.pdf>.

⁷ For readability and to differentiate those staff whose primary role is security, we refer to all Department and private prison staff involved in selecting, enrolling, and providing programs to inmates as program staff.

is an automated report generated by the Arizona Correctional Information System (ACIS)—the Department’s inmate management system—that provides a ranked listing by program of inmates with programming needs. The inmates are ranked in order of priority based on their individual risk and needs scores and remaining time in prison. However, the Department has directed program staff to give highest priority for enrollment in major programs to inmates who need to complete a major program to be fully eligible for drug possession release, even if they rank lower for these programs as reflected on the PRR. The Department produces another automated report that lists those inmates who are potentially eligible for drug possession release based on their criminal convictions. Program staff can cross-reference the information in both reports when identifying inmates to enroll in major programs as the first step in determining which inmates to enroll. In addition to these 2 reports, staff review and consider other factors when enrolling inmates in programs (see Finding 2, pages 17 through 18, for additional information on these factors).

Our audit focused on 4 specific self-improvement or treatment programs

Although the Department’s various programs may provide rehabilitative benefits—such as increased postrelease employment and reduced recidivism (see textbox)—our audit focused on the 4 specific self-improvement or treatment programs listed below. We judgmentally selected these programs for review from among major Department programs that can meet the program requirement for drug possession release and may help to reduce recidivism.

Recidivism—A return to criminal behavior. Measures of recidivism typically include rearrest, reconviction, and return to prison, such as for new felony offenses.

Source: Duwe, G. (2017). *The use and impact of correctional programming for inmates on pre- and post-release outcomes*. Washington, DC: National Institute of Justice (NIJ). Retrieved 12/4/2020 from <https://nij.ojp.gov/library/publications/use-and-impact-correctional-programming-inmates-pre-and-post-release-outcomes>.

- **Cognitive restructuring**—Cognitive restructuring is a self-improvement program meant to address procriminal behaviors and is taught by correctional officer IIIs (COIIIs) at State prisons and program staff at private prisons. The Department uses an evidence-based program called *Changing Offender Behavior* (COB) to address inmates’ need for cognitive restructuring.⁸ COB uses cognitive behavioral therapy (CBT) to help offenders recognize and practice responsible behavior and comprises 20 sessions. The first 10 sessions introduce participants to skills for recognizing, avoiding, and managing situations, thoughts, feelings, and behaviors that may place them at high risk for criminal activity. The remaining 10 sessions help participants apply their new knowledge and skills to their personal circumstances. The Department reported that the program is typically completed in 10 weeks (2 sessions per week). COB is designed for a maximum of 16 participants per group. In February 2020, the Department designated COB as a major program that can qualify inmates for drug possession release if the program is taught by Department-certified program staff (see Finding 1, page 8, for additional information).
- **Moderate SA treatment**—Moderate SA treatment is a major program intended to help inmates address their addiction issues and learn to live drug-free, prosocial lifestyles. The program is delivered by Department-employed licensed counselors at State prisons and by licensed counselors or SA treatment program staff under the direction of a licensed counselor at private prisons, although the moderate SA treatment program is not offered at some prisons (see Finding 1, pages 9 through 11, for more information). According to the Department, the program involves 100 hours of treatment to be completed in 6 months, and its curriculum includes up to 3 phases. The first phase uses a program called *Living in Balance* that educates inmates on concepts such as addiction, triggers and cravings, planning for sobriety, spirituality, skills for reducing stress, and relapse prevention. The second phase uses a program called *Cognitive-Behavioral Interventions for Substance Abuse* that uses CBT to teach cognitive restructuring, emotional regulation, social skills and problem solving, and behavioral practices. The third phase is for female inmates only and uses a workbook

⁸ The Department reported that it began using COB in January 2017, and prior to that it used a different program called *Thinking for a Change*. Additionally, the Department reported approving the Red Rock private prison to also use a cognitive restructuring program called *Go Further* in 2017 and designated this program as a major program in 2020.

called *Women in Recovery: Understanding Addiction* to address topics such as gender roles and identity, how addiction impacts women versus men, and how addiction impacts sexuality and intimate relationships. The program is limited to 15 participants per group, which the Department reported was based on Arizona Department of Health Services standards.

- **Intensive SA treatment**—Intensive SA treatment is also a major program and is a more intensive version of the moderate SA treatment program. According to the Department, it uses the same curriculum as moderate SA treatment but involves 200 hours of treatment to be completed in 12 months. The program is also delivered by licensed counselors and/or SA treatment program staff at some prisons and limited to 15 participants per group.
- **DUI treatment**—DUI treatment is a major program that is statutorily required for DUI offenders.⁹ The program is limited to 30 participants per group and, as required by statute, includes 36 hours of treatment and education. Specifically, the program uses the *Living in Balance* curriculum and includes 20 hours of group therapy on topics such as stress, coping strategies, depression, anger, substance abuse relapses, human needs, social relationships, dysfunctional families, and parenting styles. It also includes 16 hours of education on topics such as the physiological, psychological, and sociological effects of alcohol and drug use; alternatives to operating a vehicle while impaired; stages of substance abuse; resources and programs available in the community; and benefits of self-help and group counseling. According to program staff, the program can take approximately 9 weeks to complete. The Department relies on specific private prisons to provide DUI treatment to male inmates and has used a contracted provider to provide DUI treatment to female inmates at the Perryville State prison, but the Department does not provide DUI treatment to male inmates in the State prisons (see Finding 1, pages 11 through 12, for additional information).

⁹ A.R.S. §31-255.



Department did not provide cognitive restructuring and SA treatment programs to most inmates who needed them; therefore, these inmates could not achieve these programs' rehabilitative benefits

Statute requires Department to provide rehabilitative programs to inmates, which literature supports as best practice to reduce recidivism

As discussed in the Introduction (see page 1), one of the Department's statutory purposes is to rehabilitate adult offenders, and the Department provides various types of programs to help rehabilitate and prepare inmates to return to their communities.¹⁰ Literature indicates it is both best practice and common practice for correctional agencies to provide programs that address inmates' criminogenic needs (e.g., procriminal attitudes, school/work failure, and drug or alcohol abuse) and that such programs can have several benefits, including reducing recidivism.¹¹ Although the Department offers programs in multiple areas, including work, education, self-improvement, addiction treatment, and sex offender treatment, this finding addresses the extent to which inmates with an assessed need for the following 4 specific self-improvement or treatment programs were enrolled in and completed them: cognitive restructuring, moderate or intensive SA treatment, and DUI treatment (see Introduction, pages 4 through 5, for additional information about each of these programs).

Department did not provide cognitive restructuring or SA treatment to majority of inmates who needed these programs but provided DUI treatment to most inmates who needed it

Our analysis of Department data for approximately 35,200 inmates released between January 2017 and November 2019 found that most inmates who needed cognitive restructuring or SA treatment were not enrolled in these programs, whereas most inmates who needed DUI treatment were enrolled in this treatment.^{12,13} Additionally,

¹⁰ A.R.S. §41-1602(B).

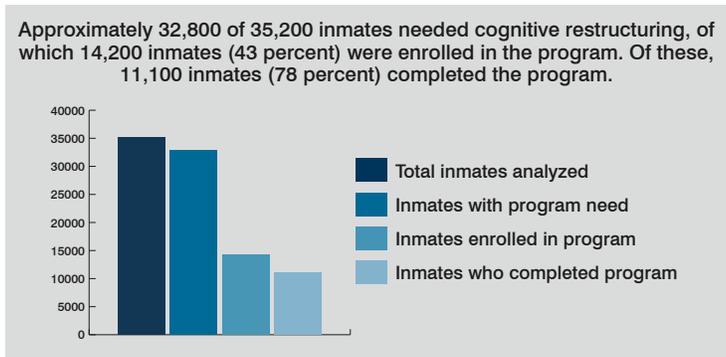
¹¹ Duwe, G. (2017). *The use and impact of correctional programming for inmates on pre- and post-release outcomes*. Washington, DC: National Institute of Justice (NIJ). Retrieved 12/4/2020 from <https://nij.ojp.gov/library/publications/use-and-impact-correctional-programming-inmates-pre-and-post-release-outcomes>; The Pew Charitable Trusts. (2011). *Risk/needs assessment 101: Science reveals new tools to manage offenders*. Washington, DC. Retrieved 8/13/2020 from https://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2011/pewriskassessmentbriefpdf.pdf; National Institute on Drug Abuse (NIDA). (2014). *Principles of drug abuse treatment for criminal justice populations*. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health. Retrieved 11/3/2020 from https://www.drugabuse.gov/sites/default/files/txcriminaljustice_0.pdf.

¹² We determined inmates' need for a specific program based on their highest intervention level score for the program during their incarceration. As explained in the textbox on page 3, an intervention level score measures the needed intervention level for a specific program based on the inmate's risk and needs scores. Inmates' intervention level scores determine their programming priorities and goals as indicated in their corrections plan. The scores can change if an inmate's risk or needs scores change. In analyzing the enrollment and completion data for each program we reviewed, we included inmates who had an intervention level score of 1 through 5 and excluded inmates who had an intervention level score of 0 or had no score.

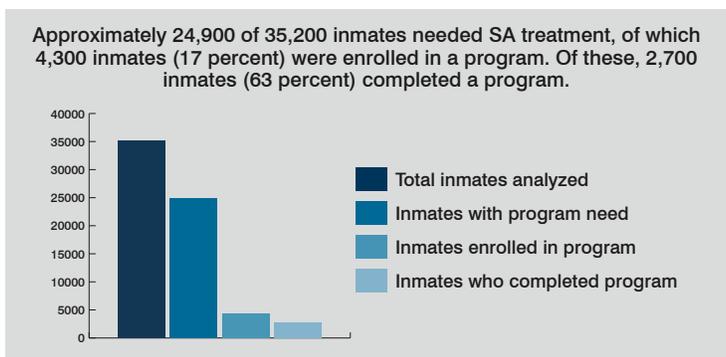
¹³ We assessed the reliability of the Department's data and found it to be sufficiently reliable for audit purposes (see Appendix C, page c-1, for more information).

not all inmates enrolled in a program completed the program during their incarceration (see Finding 2, pages 13 through 20, for additional information about why not all inmates enrolled in programs completed them). Specifically:

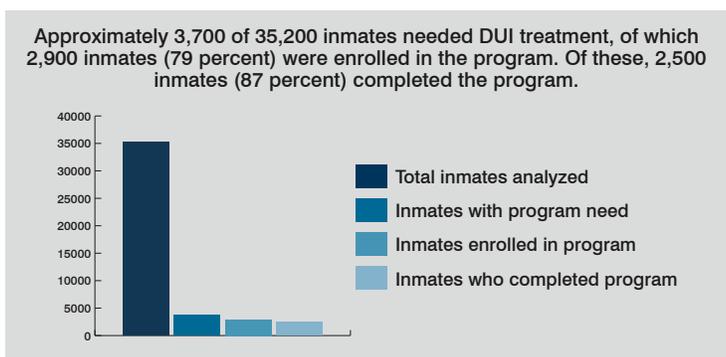
- Cognitive restructuring**—The Department identified approximately 32,800 inmates who needed cognitive restructuring programming. Of these, approximately 14,200 inmates (43 percent) were enrolled in the cognitive restructuring program. Of the inmates enrolled, approximately 11,100 inmates (78 percent) completed the program during their incarceration.¹⁴ The majority of inmates who were enrolled in and completed the cognitive restructuring program had a higher assessed need for this program, consistent with the Department's policy for prioritizing inmates for program enrollment based on their identified risk/needs (see the Introduction, pages 3 through 4, for additional information).



- Moderate/intensive SA treatment**—The Department identified approximately 24,900 inmates who needed SA treatment. However, a smaller percentage of inmates were enrolled in and completed these programs as compared to the cognitive restructuring program. Specifically, approximately 4,300 inmates (17 percent) were enrolled in the moderate or intensive SA treatment program.^{15,16} Of the inmates enrolled, approximately 2,700 inmates (63 percent) completed 1 of these programs during their incarceration. Similar to the cognitive restructuring program, the majority of inmates who were enrolled in and who completed SA treatment had a higher assessed need for substance abuse intervention.



- DUI treatment**—The Department identified approximately 3,700 inmates who needed DUI treatment. More than 2,900 of these inmates (79 percent) were enrolled in the DUI treatment program. Of the inmates enrolled, approximately 2,500 inmates (87 percent) completed it during their incarceration. According to program staff at 1 private prison that provides DUI treatment, that private prison enrolls all inmates who need DUI treatment in the program if they have enough time remaining in prison to be enrolled in the program.



¹⁴ Our analysis excludes a series of psychoeducational classes the Department teaches to inmates that address specific topics such as social values, self-control, employment skills, and peer relations.

¹⁵ Because either moderate or intensive SA treatment can address an inmate's SA treatment needs, we combined these 2 programs for the purpose of our analysis.

¹⁶ Our analysis excludes a federally funded residential substance abuse treatment program that treats both substance abuse and mental health issues. This program has been offered only at the Tucson State prison. According to Department data, approximately 94 inmates completed this residential treatment program during calendar years 2017 through 2020. Our analysis also excludes any nontreatment programs, such as substance abuse education, peer mentoring, or 12-step programs.

Reduced recidivism and other program benefits cannot be achieved from these programs when they are not offered to inmates

Inmates and the public are not able to benefit from these 4 programs when the Department does not offer them to inmates. According to literature, the potential benefits of cognitive behavioral therapy (CBT) programs, such as the Department's cognitive restructuring program, include reduced inmate misconduct, reduced recidivism, and public safety and economic benefits (e.g., reduced costs of crime to taxpayers and victims and reduced victimizations).¹⁷ A 2017 study published by the National Institute of Justice found that CBT programs have been shown to reduce recidivism by 20 to 30 percent and stated that CBT programs are potentially the most effective intervention for reducing recidivism.¹⁸ Further, research has shown that nearly 60 percent of drug abuse costs to society are associated with drug-related crimes, including criminal justice system costs and costs borne by victims of crime.¹⁹ However, literature indicates that SA and DUI treatment may provide similar benefits to that of CBT programs, as well as improved inmate health, education, and employment opportunities and reduced health-related and criminal impacts of dependent drug use.²⁰

Staffing and other limitations affect Department's capacity to provide programs we reviewed

COIIs have limited time available to teach the cognitive restructuring program, but Department is increasing oversight of program enrollments—Department COIIs, who are responsible for teaching the cognitive restructuring program at State prisons, have limited time available to do so, which the Department reported affects its ability to enroll more inmates in this program. Specifically, COIIs have many responsibilities, including meeting with inmates and responding to inmate issues, reviewing and updating inmates' files, performing direct security duties, handling inmate custody classification and discipline, preparing inmates for release, and teaching self-improvement programs (including the cognitive restructuring program). According to a January 2018 time study report conducted by a Department contractor, COIIs were able to spend only about 5 percent of their work time teaching self-improvement programs.²¹ Further, although the Department has not conducted a more recent time study, Department leadership reported that COIIs likely have even less time to teach programs because they frequently need to perform direct security duties due to correctional officer vacancies.²²

Additionally, Department actions focused on improving the quality of its cognitive restructuring program delivery have temporarily limited the number of COIIs and private prison program staff who can teach it. As discussed in the Introduction (see page 4), the Department uses a program called *Changing Offender Behavior* (COB) as its cognitive restructuring program. In February 2020, the Department designated COB as a major program if the program is taught by Department-certified program staff. The purpose of this certification is to help ensure the quality of program delivery, and the Department no longer allows uncertified program staff to teach it. The Department reported that it ultimately plans to certify approximately 385 COIIs and private prison staff to teach COB and has a goal to certify approximately 60 percent of these staff by the end of fiscal year 2022. The Department reported that it had certified 106 staff as of August 3, 2021.

¹⁷ Duwe, 2017; The Council of Economic Advisers. (2018). *Returns on investments in recidivism-reducing programs*. Washington, DC. Retrieved 11/19/2020 from <https://trumpwhitehouse.archives.gov/wp-content/uploads/2018/05/Returns-on-Investments-in-Recidivism-Reducing-Programs.pdf>.

¹⁸ Duwe, 2017.

¹⁹ NIDA, 2014.

²⁰ NIDA, 2014; Duwe, 2017; Federal Bureau of Prisons. (n.d.). *Substance abuse treatment*. Washington, DC. Retrieved 11/2/2020 from https://www.bop.gov/inmates/custody_and_care/substance_abuse_treatment.jsp.

²¹ LeCroy & Milligan Associates, Inc. (2018). *Arizona Department of Corrections: Staff time use study*. Tucson, AZ.

²² According to a Department report provided to the Joint Legislative Budget Committee, 1,104.25 of its 6,655 correctional officer positions (nearly 17 percent) were vacant as of March 2021. Additional information about correctional officer vacancies is included in our third and final performance audit report, which provides responses to the statutory sunset factors.

However, the Department is taking additional steps to monitor and help maximize inmate enrollments in COB. Specifically, the Department:

- Developed a monthly report in March 2021 that specific program staff review to monitor COB enrollments, both overall and by prison/prison unit. This report includes information on the number of new enrollments for the month, current enrollments, program completions for the month, and program completions year to date. Staff stated they began using this report in April 2021 to help ensure that COB is taught in units with program staff who are certified to teach it.
- Developed a new program-related standard work for COIVs, who supervise COIIs' activities, in May 2021.²³ According to the new standard work, COIVs should review class rosters to ensure that COIIs are conducting programs as scheduled, review the Department's weekly capacity summary report to ensure enrollments in self-improvement programs (including COB) meet at least 90 percent of their enrollment capacity, and ensure that COIIs take the necessary steps to become certified to teach COB, such as receiving required training and teaching specific classes preparatory to teaching COB. As of August 2021, the Department reported it was in the process of training programming staff on it.

Department has limited counseling staff to meet inmates' SA treatment needs and, as a result, does not provide SA treatment at all prisons—Several staffing-related issues have impacted the Department's ability to provide both moderate and intensive SA treatment as follows:

- **Department has limited counseling staff positions to provide SA treatment and reported difficulty filling these positions**—Department Orders require SA treatment to be provided by professional staff licensed through the Arizona Board of Behavioral Health Examiners, and also allows unlicensed paraprofessionals to provide SA treatment if the treatment program is licensed by the Arizona Department of Health Services (ADHS) and the treatment is provided under a licensed professional's supervision. As of May 31, 2021, the Department had 25 licensed counselor positions allocated to provide SA treatment to inmates in prison, of which 13 positions were filled and 12 positions were vacant.²⁴ The Department also had 4 licensed counselor supervisor positions and reported that these positions were filled.

The Department reported difficulty recruiting and retaining licensed counselors for several reasons. For example, the Department explained that although the State offers good employee benefits, it does not pay as well as other employers, and there is a shortage of licensed counselors in Arizona. The Department also reported that it can be difficult to recruit new counselors because of general concerns about working in a prison environment, and it can be difficult to retain counselors because they may feel isolated, especially when assigned to a unit as the only counseling staff. According to the Department, recruiting and retaining counselors has been especially difficult for its prisons in rural areas, such as Yuma, Winslow, and Safford.

The Department has taken some actions to increase the number of its filled licensed counselor positions. For example, the Department reported using various strategies to help recruit counselors, including sending flyers to all individuals licensed with the Arizona Board of Behavioral Health Examiners, posting job openings on various websites, participating in annual conferences and job fairs, and placing advertisements in newsletters for the National Association for Addiction Professionals. In fiscal year 2020, the Department also received an increased State General Fund appropriation to raise counselors' salaries by 13.16 percent, as well as permission to participate in a federal student loan repayment program, which the Department reported helped increase its filled positions from 10 of 25 counselors at the end of fiscal year 2019 to 15 of 25 counselors at the end of fiscal year 2020. However, as stated previously, the number of filled positions has since decreased to 13 licensed counselors.

²³ A standard work is a list of daily, weekly, and monthly duties that staff are expected to perform.

²⁴ The Department has another 8 licensed counselor positions allocated to provide SA treatment to offenders on community supervision at the Department's Maricopa and Pima Reentry Centers. According to the Department, 4 of these 8 positions were vacant as of May 31, 2021.

Several of the private prisons also provide SA treatment to inmates. According to the Department, the private prisons had a combined total of 40.5 authorized SA treatment counseling staff positions, of which 33.9 (84 percent) were filled as of May 31, 2021.

- **Even if all licensed counselor positions were filled, the Department does not have the counseling staff resources to provide SA treatment to all inmates who need it**—Even with Department and private prison counseling staff combined, and assuming all its licensed counselor positions were filled, the Department estimated that it could provide SA treatment only to approximately 20 percent of inmates who need it. Due to the limit on the number of participants per SA treatment group, if all 25 of the Department’s licensed counselor positions were filled and each provided only the 6-month moderate SA treatment, the Department reported it could provide this treatment to at most 3,000 inmates at State prisons each year.²⁵ However, the Department reported that 80 percent or more of inmates who entered its custody in fiscal years 2018 through 2020 had SA treatment needs. For example, 13,256, or approximately 86 percent, of the 15,480 inmates who entered Department custody in fiscal year 2020 had been identified as needing SA treatment.

To help increase its capacity to provide SA treatment, the Department requested and received an additional \$5 million from the State General Fund in its fiscal year 2022 budget to contract for SA treatment services that would allow it to provide moderate or intensive SA treatment to approximately 2,500 additional inmates.²⁶ The additional monies were appropriated only for fiscal year 2022. The Department reported that it began drafting the scope of work for a request for proposals (RFP) to procure the SA treatment services in June 2021, issued the RFP on August 30, 2021, and plans to award the contract(s) by September 29, 2021. The Department reported that it may make future budget requests for monies to contract for SA treatment services depending on the amount and location of services it is able to procure for fiscal year 2022.

- **SA treatment programs are not offered at every prison; therefore, some inmates who need SA treatment cannot receive it**—Because of the Department’s limited counselor staffing, moderate and intensive SA treatment programs are not offered at every State prison or in every prison unit. Inmates who are assigned to a prison or prison unit that does not offer SA treatment will not receive it while assigned there. For example, as shown in Table 2 (see page 11), the Safford, Winslow, and Yuma State prisons generally did not offer moderate SA treatment in calendar years 2017 through 2020. According to the Department, it has been difficult to recruit licensed counselors to work in these 3 prisons, and therefore, it has not been able to offer moderate SA treatment at these prisons. Additionally, only 1 State prison—the Tucson State prison—offered intensive SA treatment during these years. The Department reported that it generally offers more moderate SA treatment services than intensive SA treatment services because moderate SA treatment is of shorter duration and can be provided to more inmates over the course of a year.

Further, not all of the 6 private prisons provided the moderate and/or intensive SA treatment programs for the years we reviewed. As shown in Table 2, 4 private prisons offered moderate SA treatment and 3 private prisons offered intensive SA treatment to inmates during calendar years 2017 through 2020.

The Department has begun using technology to provide SA treatment to inmates assigned to State prisons where it has no licensed counselor. Specifically, the Department completed a pilot program in May 2021 that involved a licensed counselor at the Tucson State prison using technology to virtually facilitate a moderate SA treatment group at the Yuma State prison, which has no licensed counselor (see Table 2, moderate SA treatment provided in calendar year 2020 at the Yuma State prison). The Department reported that although it experienced some technology challenges, almost all the enrolled inmates completed the program. According to the Department, it will continue using this approach at the Yuma State prison and is looking into expanding it to the Winslow State prison.

²⁵ According to the Department, a single counselor could provide the 6-month moderate SA treatment program to at most 120 inmates (providing treatment to 4 groups concurrently with 15 inmates in each group) or the 12-month intensive SA treatment to at most 60 inmates (providing treatment to 4 groups concurrently with 15 inmates in each group) over the course of a year.

²⁶ The Department reported that it also made this budget request for fiscal year 2021, but the request was not granted during the 2020 legislative session because of the shortened session and budget passed due to the COVID-19 pandemic.

Table 2

State and private prisons that enrolled inmates in moderate or intensive SA treatment programs in at least 1 prison unit
Calendar years 2017 through 2020
(Unaudited)

	Moderate SA treatment				Intensive SA treatment			
	2017	2018	2019	2020	2017	2018	2019	2020
State prisons								
Douglas	✓	✓	✓	✓	✗	✗	✗	✗
Eyman	✗	✓	✗	✓	✗	✗	✗	✗
Florence	✓	✓	✓	✓	✗	✗	✗	✗
Lewis	✓	✗	✓	✓	✗	✗	✗	✗
Perryville	✓	✓	✓	✓	✗	✗	✗	✗
Phoenix ¹	✗	✗	✗	✗	✗	✗	✗	✗
Safford	✓	✗	✗	✗	✗	✗	✗	✗
Tucson	✓	✓	✓	✓	✓	✓	✓	✓
Winslow	✗	✗	✗	✗	✗	✗	✗	✗
Yuma	✗	✗	✗	✓	✗	✗	✗	✗
Private prisons								
Central Arizona Correctional Facility ²	✗	✗	✗	✗	✗	✗	✗	✗
Florence West ³	✗	✗	✓	✓	✗	✗	✗	✗
Kingman	✓	✓	✓	✓	✓	✗	✗	✓
Marana	✓	✓	✓	✓	✓	✓	✓	✓
Phoenix West ³	✗	✗	✗	✗	✗	✗	✗	✗
Red Rock	✓	✓	✓	✓	✓	✓	✓	✓

¹ The Phoenix State prison is primarily an intake facility for male inmates and does not offer inmates either of the SA treatment programs.

² The Central Arizona Correctional Facility private prison is contracted to house sex offenders and provides sex offender treatment.

³ The Florence West and Phoenix West private prisons are contracted to house DUI offenders and provide DUI treatment but may also provide SA treatment.

Source: Auditor General staff analysis of Department program enrollment data for calendar years 2017 through 2020.

DUI treatment is not available to male inmates assigned to State prisons, but Department plans to offer it to them in the future—Although nearly 80 percent of inmates released between January 2017 and November 2019 who needed DUI treatment were enrolled in the program, the Department reported that some male inmates may not be enrolled because DUI treatment is not offered in State prisons that house male inmates. Instead, since 2002, the Department has contracted with 2 private prisons (Phoenix West and Florence West) to house and provide DUI treatment to male DUI offenders.²⁷ However, because these 2 private

²⁷ Other private prisons may provide DUI treatment as well. For example, the Kingman private prison provided DUI treatment to inmates in calendar years 2017 through 2020.

prisons house only minimum-custody male inmates, higher-custody male inmates and male inmates in protective custody who are housed at the State prisons would not be enrolled in DUI treatment, although they may be enrolled in SA treatment.

The Department plans to expand a program it is developing at the Perryville State prison, which houses only female inmates, to provide DUI treatment to higher-custody male inmates at State prisons. The Department reported it discontinued contracting for DUI treatment services at Perryville in August 2020 and is instead seeking to license a DUI treatment program through ADHS to provide DUI treatment using Department staff.²⁸ According to the Department, having Department staff provide DUI treatment at Perryville is likely to cost less than continuing to contract for these services.²⁹ Once the program is licensed and established at Perryville, the Department reported that it plans to provide DUI treatment through this licensed program to higher-custody male inmates at other State prisons and that technology may help it provide the treatment to male inmates across multiple prison units. As of July 2021, the Department had developed policies for its DUI treatment program and reported it was working to complete the license application to submit to ADHS, although it did not have an anticipated submission date.

Recommendations

The Department should:

1. Take steps to expand its capacity to provide its cognitive restructuring, SA treatment, and DUI treatment programs, and thereby increase inmate enrollments in these programs, by:
 - a. Continuing to certify applicable COIIs and private prison staff to teach COB.
 - b. Continuing to monitor COB enrollments and completions to help ensure that program staff who are certified to teach COB are indeed teaching it.
 - c. Finalizing and implementing the program-related standard work for COIVs.
 - d. Continuing its efforts to fill its vacant licensed counselor positions.
 - e. Using its increased appropriation to contract for additional SA treatment services as planned.
 - f. Based on the number of inmates with assessed SA treatment needs, continuing to assess the level of counseling staff resources needed to meet inmates' SA treatment needs and requesting additional resources as appropriate, including monies to contract for SA treatment services.
 - g. Continuing to expand the use of technology as staff resources permit to provide SA treatment programs at State prisons where treatment has not been provided.
 - h. Completing the process to obtain licensure of its DUI treatment program and implementing its plan to provide DUI treatment to male inmates housed at State prisons.

Department response: As outlined in its [response](#), the Department agrees with the finding and will implement or implement in a different manner the recommendations.

²⁸ The Department had previously contracted for DUI treatment services at the Perryville State prison because there is no equivalent private prison for female inmates.

²⁹ Licensing the program will allow the Department to hire unlicensed paraprofessionals to provide DUI treatment under a licensed counselor's supervision.



Although program completion can decrease inmate recidivism, many enrolled inmates did not complete programs mostly due to transfers to different units and administrative discharges from programs

Department analyses show lower recidivism rates for inmates who completed programs we reviewed

Consistent with literature, Department analyses of inmate recidivism for inmates released from prison during fiscal years 2014 through 2018 support its programs' effects on reducing inmate recidivism.³⁰ These analyses compared 1-year, 2-year, and 3-year recidivism rates for inmates who completed a program to other inmates who were enrolled in but did not complete the program.³¹ The analyses for the cognitive restructuring and moderate SA treatment programs indicate that inmates who completed these programs had lower recidivism rates at all levels of inmates' assessed risk to recidivate. The analyses for the intensive SA treatment and DUI treatment programs indicated that inmates who completed these programs generally had lower recidivism rates at higher levels of recidivism risk.

Department data shows that many enrolled inmates did not complete programs, most commonly because of inmate transfers and administrative discharges

We conducted 2 analyses of Department data on inmate enrollments and completions in the cognitive restructuring, moderate and intensive SA treatment, and DUI treatment programs and found that not all inmates enrolled in the programs completed them. First, as indicated in Finding 1 (see pages 6 through 7), our analysis of inmates released from prison between January 2017 and November 2019 found that 13 to 37 percent of the inmates enrolled in the 4 programs did not complete the program during their incarceration.

Second, as shown in Table 3 (see page 14), our analysis of all enrollments in the 4 programs in calendar years 2017 through 2020 found that for 37 to 58 percent of the total enrollments in each program, inmates did not complete the program.^{32,33} For approximately 67 to 78 percent of the enrollments where inmates did not

³⁰ The Department reported performing these analyses in spring 2020.

³¹ The 1-year recidivism rates involved data on inmates released in fiscal years 2014 through 2018; the 2-year recidivism rates involved data on inmates released in fiscal years 2014 through 2017; and the 3-year recidivism rates involved data on inmates released in fiscal years 2014 through 2016. Department staff reported that it compared these populations for the recidivism analyses to rule out factors such as inmates refusing programming, inmates who were removed for behavioral reasons, or inmates who were not offered the program.

³² This analysis determined the extent to which program enrollments resulted in a successful completion by inmates as opposed to determining an unduplicated count of the number of inmates who completed the programs. An inmate may be re-enrolled in a program when the inmate does not complete the program, and many inmates were enrolled in a program multiple times in the data we reviewed.

³³ We assessed the reliability of the Department's data and found it to be sufficiently reliable for audit purposes (see Appendix C, page c-1, for more information).

complete a program, the inmates were either transferred to a different prison unit while enrolled in the program or administratively discharged from the program. Specifically:

- Inmates were transferred to a different prison unit while enrolled in a program and, therefore, could not complete it**—Inmates may be transferred to a different unit for several reasons, such as changes to an inmate’s custody level or an inmate’s request for protective custody.³⁴ According to Department staff, the Department prioritizes transfers necessary for inmate safety/security over program completion. When inmates are transferred to a different unit, their participation in programs at their former unit ends, and the inmates must be re-enrolled in the programs at their new units (if and when the programs are available) to complete the programs. As shown in Table 3, program noncompletions because of inmate transfers ranged from approximately 7 percent (DUI treatment) to 54 percent (cognitive restructuring) of each program’s total noncompletions for enrollments in calendar years 2017 through 2020.

Table 3
Number of total enrollments, enrollments that resulted in program completions, and enrollments that resulted in program noncompletions by reason¹
Calendar years 2017 through 2020
 (Unaudited)

	Program							
	Cognitive restructuring		Moderate SA treatment		Intensive SA treatment		DUI treatment	
Total enrollments	31,176		6,766		1,283		5,784	
	Total	Percentage	Total	Percentage	Total	Percentage	Total	Percentage
Participating ²	139	1%	66	1%	56	4%	0	0%
Completions	19,114	61%	3,600	53%	486	38%	3,670	63%
Noncompletions	11,923	38%	3,100	46%	741	58%	2,114	37%
Reasons for noncompletions								
Inmate transfer ³	6,492	54%	788	25%	255	34%	150	7%
Administrative discharge	2,596	22%	1,307	42%	327	44%	1,347	64%
Canceled program group	1,265	11%	514	17%	54	7%	151	7%
Inmate refusal/removal	994	8%	209	7%	72	10%	13	1%
Release from prison ³	576	5%	282	9%	33	5%	453	21%
Total noncompletions	11,923		3,100		741		2,114	

¹ This table presents the number of total enrollments in each program and not an unduplicated count of enrolled inmates. An inmate may be re-enrolled in a program when the inmate does not complete the program, and many inmates were enrolled in a program multiple times in the data we reviewed. See Appendix B, pages b-1 through b-4, for the number of total enrollments and completions by prison and calendar year (2017 through 2020) for each of the 4 programs.

² Department data indicated that inmates were still participating in some program enrollments at the time we obtained the data.

³ For a small number of noncompletions in each program, the data indicated the reason for noncompletion was “not participating.” In consultation with Department staff, we determined that these noncompletions related to either inmate transfers or releases from prison. For our analysis, we allocated the “not participating” noncompletions to either the “inmate transfer” or the “release from prison” reason categories in proportion to the number of inmate transfers and releases from prison for each program in the data.

Source: Auditor General staff analysis of Department data for program enrollments in calendar years 2017 through 2020.

- Inmates were administratively discharged from a program**—Department staff reported that inmates can be administratively discharged from a program for various reasons, such as for medical and mental health issues, court obligations, or English-language barriers, which results in the inmate not completing the

³⁴ An inmate’s custody level may decrease if the inmate’s behavior indicates that he/she can function in a less secure environment, or it may increase if the inmate’s behavior or new information indicates increased security measures are appropriate to ensure the safety of the public, staff, and/or other inmates.

program. As shown in Table 3 (see page 14), program noncompletions because of administrative discharges ranged from approximately 22 percent (cognitive restructuring) to 64 percent (DUI treatment) of each program's total noncompletions for enrollments in calendar years 2017 through 2020.

As shown in Table 3, the DUI treatment program had a high percentage of administrative discharges, which Department staff attributed to a scheduling practice that inflated the number of enrollments and administrative discharges for this program. Specifically, the Department reported that the contractor who provided DUI treatment at the Perryville State prison used separate staff to provide the education and treatment components of the program because licensed counselors are not required to teach the education component. To schedule separate instructors for each component in the Department's IT system, staff enrolled inmates in the program twice—once for education and once for treatment. To avoid double-counting program completions, staff administratively discharged inmates after completing the education component of the program before re-enrolling them in the treatment component.³⁵ As discussed in Finding 1 (see pages 11 through 12), the Department discontinued contracting for DUI treatment services at Perryville in August 2020 and, instead, is seeking to license its DUI treatment program to provide this treatment using Department program staff. The Department reported that it will not be continuing the dual-enrollment practice under its own program.

- **Program staff canceled some program groups**—According to the Department, program staff may cancel groups for several reasons. For example, program staff may be ill or resign, or there may be operational concerns that affect inmate/staff health or safety, such as yard issues that prohibit inmate movement or mitigation efforts related to the COVID-19 pandemic. Additionally, the Department reported that program staff may cancel groups when the programming space is needed for higher-priority programs (for example, the functional literacy program is a higher priority than cognitive restructuring). As shown in Table 3, program noncompletions because of cancellations ranged from approximately 7 percent (intensive SA treatment and DUI treatment) to 17 percent (moderate SA treatment) of each program's total noncompletions for enrollments in calendar years 2017 through 2020. Most of the canceled program groups occurred in calendar year 2020, which the Department attributed to the COVID-19 pandemic.
- **Despite incentives to participate in programming, inmates refused to participate in or were removed from a program for repeated unsatisfactory evaluations**—Although the Department has implemented an Earned Incentive Program (EIP) that helps encourage inmates' participation in programs, inmates can refuse to participate in a specific program even after they are enrolled. Inmates can also be removed from a program based on their behavior. For example, for the SA treatment programs, program staff are required to submit monthly evaluations of inmates' attendance and participation based on standard evaluation criteria, and inmates who receive more than 1 unsatisfactory evaluation can be removed from the program.³⁶ Under the EIP, inmates can qualify for different levels of privileges related to visitation, inmate property, phone calls, work assignments and activities, and recreation, and inmates who refuse to participate or are removed from a program qualify for the lowest level of privileges. As shown in Table 3, program noncompletions because of inmate refusals/removals ranged from approximately 1 percent (DUI treatment) to 10 percent (intensive SA treatment) of each program's total noncompletions for enrollments in calendar years 2017 through 2020.
- **Inmates were released from prison before completing a program**—According to Department staff, an inmate may be released from prison before completing a program because the inmate's release date changes after being enrolled in the program, such as if the inmate qualifies for an earlier release under the transition program.³⁷ Additionally, program staff at 1 private prison reported that many inmates who need DUI treatment arrive at prison with insufficient time remaining in their sentences to complete it; however, unless an inmate has fewer than 30 days left in prison, program staff will enroll inmates in this program. As shown in Table 3, program noncompletions because of prison release ranged from approximately 5 percent

³⁵ This practice was also evident in the data for the Florence West private prison but only in 2017.

³⁶ Unsatisfactory evaluations are based on behaviors such as disruption, disrespect, and lack of participation, among other criteria.

³⁷ The transition program is a statutory program that provides eligible inmates with transition services in the community for up to 90 days. Per statute, inmates who qualify for the transition program should be released to community supervision 3 months earlier than their earliest release date.

(cognitive restructuring and intensive SA treatment) to 21 percent (DUI treatment) of each program's total noncompletions for enrollments in calendar years 2017 through 2020.

Department is taking some steps to help reduce program noncompletions but should do more

Department is taking some steps to help reduce program noncompletions—Specifically, the Department is:

- **Condensing time frames for providing SA treatment programs**—To help reduce the risk of inmates not completing the SA treatment programs, in late 2019, the Department began condensing the time it takes to complete these programs at State prisons by scheduling program sessions more frequently (e.g., 4 times per week instead of twice per week).³⁸ This allows inmates to complete moderate SA treatment in 3 months instead of 6 months, which can reduce the risk of program noncompletion because there is less opportunity for an inmate to be released, transferred, or administratively discharged during the program. The Department encourages, but does not require, counselors to use the condensed time frames and reported that its counselors are mostly condensing the time frames for SA treatment programs. The Department reported that it has begun and plans to continue to assess whether condensing treatment time frames has helped reduce program noncompletions. The Department also reported that it plans to assess whether condensing SA treatment program time frames has affected inmate recidivism in 2023, when it will have 3 years of recidivism data to analyze.
- **Researching and tracking specific reasons inmates do not complete SA treatment programs at State prisons**—In fiscal year 2021, Department program staff began a project to track enrollments, completions, and noncompletions for moderate and intensive SA treatment programs provided at State prisons, and this information is tracked for each of the Department's counselors (there were 13 counselors as of May 31, 2021) and compiled in a spreadsheet. This project includes Department program staff researching program notes recorded in ACIS to identify and track specific reasons that enrolled inmates did not complete the programs. These reasons include inmate transfers, disciplinary removals, inmate releases from prison, and noncompletions related to the COVID-19 pandemic. According to staff, the purpose of this project is to help them (1) ensure counselors are providing the required minimum number of SA treatment groups; (2) assess program completion versus noncompletion rates; (3) ensure the accuracy of enrollment reports; and (4) review the underlying reasons for program noncompletions, identify trends across prison units, and address problems, such as pursuing opportunities to reduce inmate transfers.

Although staff reported that this project is helping them track the underlying reasons for noncompletions of SA treatment programs at State prisons, expanding the project to other programs using the same approach is not practical. For example, the cognitive restructuring program involves far more inmate enrollments and instructors than the SA treatment programs, and researching, tracking, and compiling information about each enrollment for this program would be time consuming. However, later in this finding (see pages 18 through 19), we recommend an alternative approach that uses the Department's enrollment data to help monitor program noncompletions that is more practical.

- **Implementing a new process to approve transfers of inmates enrolled in a major program**—Although the Department reported having a historical practice of placing a temporary hold on transfers of inmates enrolled in programs to allow them to complete their programs before being transferred to a different unit, it reported that this practice has not been effective. To address this issue, in July 2021, the Department implemented a new process for approving transfers of inmates enrolled in a major program (see Introduction, page 3, for information regarding major programs). This new process requires the assistant director over

³⁸ The SA treatment programs have historically been longer programs (6 to 12 months) that are intended to be provided closer to an inmate's release so that the inmate can continue to receive treatment in the community. The Department reported that it does not plan to condense the cognitive restructuring and DUI treatment programs because these programs are relatively short (8 to 10 weeks) and can be provided at any time during an inmate's incarceration.

inmate programming to review and approve requested transfers of these inmates. The assistant director may disapprove a transfer request because an inmate has nearly completed a program in which he/she is enrolled. If prison operations staff disagree with the assistant director's decision, the request will be elevated to the Department's deputy director for final approval/disapproval of the inmate's transfer. The Department reported that it plans to codify this new process in its Department Orders.

Department should take additional steps to help reduce program noncompletions—Specifically, the Department should:

- **Update guidance to address some inmate-enrollment considerations that potentially affect inmate program completion, and place its enrollment guidance materials in a single shared location**—The Department has developed various enrollment guidance materials (guidance) to help program staff make inmate-enrollment decisions. These materials include technical manuals, Department Orders, employee handbooks, and other instructions. Collectively, this guidance directs program staff to use the Department's priority ranking report (PRR) and a second report that lists those inmates who are potentially eligible for early drug-possession release to identify inmates for program enrollment.³⁹ In addition to these 2 reports, staff review other information, such as whether inmates are already enrolled in other programs or work assignments that might present scheduling conflicts and inmates' functional literacy status to learn if English-language assistance is needed.⁴⁰ The guidance also includes some detailed information that program staff should consider prior to enrolling inmates in specific programs and further directs program staff to meet with inmates to discuss the program and obtain their signatures on various forms, at which point inmates have the opportunity to refuse programming.⁴¹

However, the Department's guidance does not sufficiently address other decision factors that some program staff reported they consider when selecting inmates for program enrollment. These decision factors, if consistently considered by all program staff, could potentially help to ensure that the inmates enrolled in a program have the highest likelihood of completing it. For example, the Department's guidance does not address but could be revised to provide direction on:

- Assessing the likelihood of an inmate being transferred. Some staff reported reviewing an inmate's discipline history to assess the likelihood of an inmate being transferred to another unit during the program, which would result in a program noncompletion. These staff explained that if the inmate is likely to be transferred to a higher or lower custody level prison unit, they will not select the inmate for program enrollment.
- Considering an inmate's English-language proficiency prior to program enrollment. Some staff reported considering this factor because a language barrier might preclude an inmate's effective participation in a program and potentially result in an administrative discharge.
- Other factors program staff should consider when selecting inmates who are most likely to successfully participate in and complete a program. For example, the cognitive restructuring and SA treatment programs require inmates to actively participate in role-playing activities or group therapy. Thus, promoting trust in the group setting is important. However, the Department's guidance documents do not include direction on the following 2 factors that some prison staff indicated are important to promote group trust:
 - Direction on whether program staff should select inmates for enrollment in the same program based on their living in proximity at the prison unit. Some program staff reported that they selected inmates for enrollment who live in close proximity to each other and have found that it helped to promote trust

³⁹ The PRR is an automated report generated by ACIS that provides a ranked listing by program of inmates with programming needs. The inmates are ranked in order of priority based on their individual risk and needs scores and remaining time in prison.

⁴⁰ Statute requires inmates to achieve functional literacy at an eighth-grade level, and inmates are generally not eligible to begin community supervision until they either achieve an eighth-grade functional literacy level or serve the full term of imprisonment.

⁴¹ These forms include the intake assessment, consent to treat, program guidelines, treatment plan, client rights, and the written notice of clinical supervision.

within a treatment group, yet other program staff said they purposefully selected inmates for the same program from different locations in the prison unit to help protect an inmate's privacy.

- Direction on whether program staff should consider racially balanced groups when selecting inmates for program enrollment. Some program staff indicated that they considered racially balanced groups for inmate selection because it had helped to avoid potentially contentious or hostile interactions among inmates in the same group. However, other staff did not mention this consideration or practice.

Additionally, the Department's enrollment guidance materials are not readily accessible to all program staff. These enrollment guidance materials are disbursed across multiple electronic locations and are not compiled in a single shared location, such as an internal webpage, and some staff we interviewed indicated they were not aware of some of the guidance materials and/or where they could be found. Placing the enrollment guidance materials in a single shared location, which the Department has done for other program materials, would help ensure that all enrollment guidance and direction is readily accessible to staff.

- **Use enrollment data to monitor program noncompletions**—Although the Department uses various reports to monitor program enrollments and completions, it does not use its enrollment data to specifically monitor program noncompletions. Our analysis of the Department's program-enrollment data found that wide variation exists among prisons/prison units regarding the percentage of enrollments that resulted in noncompletions for the 4 programs we reviewed. For example, as shown in Table 4 (see page 19) for calendar year 2019 enrollments in moderate SA treatment, all 15 inmates enrolled at the Florence State prison's Central Unit completed the program, whereas 68 of 81 inmates enrolled (84 percent) at the Douglas State prison's Mohave unit did not complete the program. Our analysis of program noncompletions for the other 3 programs similarly showed wide variation in noncompletions among prisons/prison units.

Using its enrollment data to monitor program noncompletions by prison/prison unit, both overall and by reason for noncompletion (e.g., inmate transfers, administrative discharges, etc.), and then researching the causes for variation across prisons/prison units would help the Department evaluate and potentially improve enrollment practices at the prisons. For example, if a prison unit had very few program noncompletions relative to other prison units, the Department could assess whether specific enrollment practices contributed to that prison unit's success and share those practices with other prison units. Conversely, if a prison unit had a large number of program noncompletions, the Department could assess whether specific enrollment practices or other factors contributed to the noncompletions and address them. In both scenarios, the Department could use what it learns to make changes, as needed, to its enrollment policies, guidance, and/or trainings to improve its rate of program completions.

In using its enrollment data to monitor the reasons for noncompletion, the Department may also find it helpful to analyze the program notes, like program staff do for the SA treatment-tracking project as discussed on page 16. Specifically, although the Department uses enrollment status codes to document inmate transfers and administrative discharges as reasons for noncompletion in its data, it does not have codes to track the underlying reasons for inmate transfers (e.g., custody-level changes or protective custody requests) or administrative discharges (e.g., medical/mental health issues or language barriers) in its data. However, these details may be documented in program notes and would be useful for identifying underlying issues and potential changes to practices.

Table 4

Moderate SA treatment program enrollments, completions, and noncompletions by prison/
prison unit
Calendar year 2019
(Unaudited)

Prison/unit	Total enrollments	Program completions		Program noncompletions	
		Total	Percentage	Total	Percentage
State prisons					
Minimum-custody level					
Perryville/San Carlos	228	140	61%	88	39%
Tucson/Whetstone	124	81	65%	43	35%
Florence/North	103	87	84%	16	16%
Douglas/Gila	93	74	80%	19	20%
Perryville/Pedro	78	59	76%	19	24%
Medium-custody level					
Lewis/Stiner	84	23	27%	61	73%
Douglas/Mohave	81	13	16%	68	84%
Lewis/Barchey	33	9	27%	24	73%
Florence/East	30	24	80%	6	20%
Tucson/Santa Rita	15	10	67%	5	33%
Medium- and close-custody levels, split yard					
Perryville/Lumley	27	18	67%	9	33%
Perryville/Santa Cruz	15	11	73%	4	27%
Close-custody level					
Florence/Central	15	15	100%	0	0%
Private prisons¹					
Minimum-custody level					
Marana	130	50	38%	80	62%
Kingman/Cerbat	107	34	32%	73	68%
Florence West	28	20	71%	8	29%
Medium-custody level					
Red Rock	165	111	67%	54	33%
Kingman/Huachuca	48	35	73%	13	27%

¹ The private prisons, except for Kingman, do not report program information by prison unit.

Source: Auditor General staff analysis of the Department's moderate SA treatment program-enrollment data for calendar year 2019.

Recommendations

The Department should:

2. Continue to assess whether condensing SA treatment program time frames has helped reduce program noncompletions and assess its impact on inmate recidivism. Based on its assessments, the Department should continue to use the condensed time frames or make adjustments, as appropriate.
3. Continue its project to research and track specific reasons inmates do not complete SA treatment programs at State prisons and use this information to address problems that contribute to program noncompletions.
4. Continue to implement its new process for approving transfers of inmates enrolled in major programs and codify this new process in its Department Orders. The Department should assess whether this new process helps to reduce program noncompletions due to inmate transfers and determine whether additional actions are needed.
5. Update its program-enrollment guidance to provide standard and consistent direction on specific factors that all program staff should consider when identifying potential inmates to enroll in programs, including inmates' discipline histories, potential language barriers, assigned living spaces, racial balance, and other factors it deems appropriate, and train program staff on this updated guidance.
6. Place its enrollment guidance materials in a single shared location to help ensure that they are readily accessible to program staff.
7. For the 4 programs we reviewed and other programs it deems appropriate, develop and implement documented processes to use enrollment data to monitor program noncompletions by prison/prison unit, both overall and by reason for noncompletion (e.g., inmate transfers, administrative discharges, etc.); research the causes for variation in program noncompletions across prisons/prison units; and use this information to make changes, as needed, to its enrollment policies, guidance, and/or trainings.

Department response: As outlined in its [response](#), the Department agrees with the finding and will implement or implement in a different manner the recommendations.



Department does not monitor program-completion time frames, which would help it evaluate and potentially improve enrollment practices

The Department has established the length of time needed to complete each program based on its curriculum content and programming schedule and assuming no significant interruptions to the schedule.⁴² However, our analysis of program-enrollment data found variation in the number of days inmates were enrolled in programs before completing them, including both unexpectedly short and lengthy completion time frames. For example, the moderate SA treatment program should be completed in around 90 days or 180 days, depending on whether counselors deliver the program using a 3-month or 6-month schedule (see Finding 2, page 16, for additional information on these schedules). As shown in Figure 1 (see page 22), our analysis of inmates who completed the moderate SA treatment program in calendar years 2017 through 2020 found wide variation from the expected number of days to complete this program, ranging from 0 days to 381 days. Our analysis of completion time frame data for the other 3 programs similarly showed wide variations in these time frames.

Monitoring for unexpected completion time frames is important because completing a major program, such as moderate SA treatment, is a requirement for inmates to be eligible for drug possession release. Inmates who receive credit for completing a major program but do not actually complete it may inappropriately be deemed eligible and subsequently released from prison early based on incorrect information and/or program staff decisions.

Notably, program-enrollment data indicates that several inmates completed the moderate SA treatment program in 0 days, which the Department was not able to fully explain. Specifically, we asked the Department to conduct research to explain these unexpected values for a judgmental sample of 4 inmates.⁴³ For 1 inmate, the Department explained, based on program staff notes, that the inmate had nearly completed the program when the inmate was transferred to a new unit. Program staff at the new unit noted that the inmate had sufficiently completed the program during her previous enrollment and, thus, re-enrolled the inmate and changed the enrollment status to completed on the same day to document completion of the program. However, the Department could not adequately explain the reasons that the other 3 inmates had completed the moderate SA program in 0 days, including an inmate whose programming records showed that the inmate had neither attended the program nor been previously enrolled in it. The Department was unable to explain the reason in this case because it was not documented, and the staff person who enrolled the inmate and changed the enrollment status to completed on the same day no longer worked for the Department.

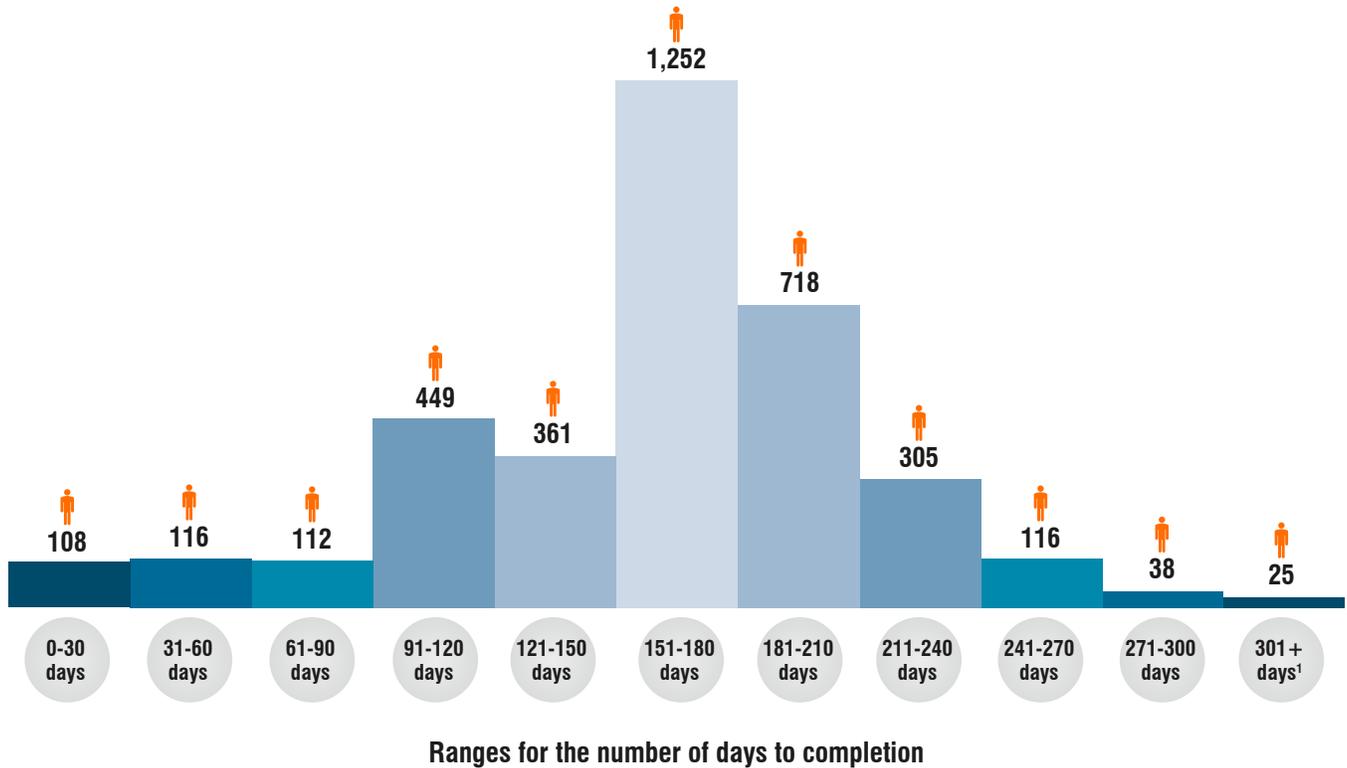
Using its enrollment data to monitor program-completion time frames for unexpected values and then researching the causes for them would help the Department to evaluate and potentially improve its program enrollment practices. For example, if the data indicates that an inmate completed a program in an unexpected number of days, such as 0 days, the Department could determine whether the inmate actually received and completed the program or whether program staff appropriately determined the program-completion time frame. If not, the

⁴² Department staff reported that programming can be interrupted for several reasons, such as unit lockdowns for security purposes and program staff illnesses.

⁴³ We judgmentally selected 4 of 9 inmates who completed the moderate SA treatment program in 0 days out of the 6,766 enrollments in this program in calendar years 2017 through 2020.

Department could provide training to the specific program staff involved and use what it learns to make changes, as needed, to its enrollment policies, guidance, and/or trainings.

Figure 1
Number of inmates who completed the moderate SA treatment program grouped by ranges for the number of days to program completion
Calendar years 2017 through 2020
 (Unaudited)



¹ According to Department staff, general reasons why an inmate may not receive a completion for more than 300 days include that the inmate may have been sent back and forth to court or could have had medical issues for several months before program staff changed the enrollment status to completed.

Source: Auditor General staff analysis of moderate SA treatment program-enrollment data for calendar years 2017 through 2020.

Recommendation

- For the 4 programs we reviewed and other programs it deems appropriate, the Department should develop and implement documented processes to use enrollment data to monitor program-completion time frames for unexpected values; research the causes for unexpected values in program-completion time frames; and use this information to make changes, as needed, to its enrollment policies, guidance, and/or trainings.

Department response: As outlined in its [response](#), the Department agrees with the finding and will implement the recommendation.



SUMMARY OF RECOMMENDATIONS

Auditor General makes 8 recommendations to the Department

The Department should:

1. Take steps to expand its capacity to provide its cognitive restructuring, SA treatment, and DUI treatment programs, and thereby increase inmate enrollments in these programs, by:
 - a. Continuing to certify applicable COIIs and private prison staff to teach COB.
 - b. Continuing to monitor COB enrollments and completions to help ensure that program staff who are certified to teach COB are indeed teaching it.
 - c. Finalizing and implementing the program-related standard work for COIVs.
 - d. Continuing its efforts to fill its vacant licensed counselor positions.
 - e. Using its increased appropriation to contract for additional SA treatment services as planned.
 - f. Based on the number of inmates with assessed SA treatment needs, continuing to assess the level of counseling staff resources needed to meet inmates' SA treatment needs and requesting additional resources as appropriate, including monies to contract for SA treatment services.
 - g. Continuing to expand the use of technology as staff resources permit to provide SA treatment programs at State prisons where treatment has not been provided.
 - h. Completing the process to obtain licensure of its DUI treatment program and implementing its plan to provide DUI treatment to male inmates housed at State prisons (see Finding 1, pages 6 through 12, for more information).
2. Continue to assess whether condensing SA treatment program time frames has helped reduce program noncompletions and assess its impact on inmate recidivism. Based on its assessments, the Department should continue to use the condensed time frames or make adjustments, as appropriate (see Finding 2, pages 13 through 20, for more information).
3. Continue its project to research and track specific reasons inmates do not complete SA treatment programs at State prisons and use this information to address problems that contribute to program noncompletions (see Finding 2, pages 13 through 20, for more information).
4. Continue to implement its new process for approving transfers of inmates enrolled in major programs and codify this new process in its Department Orders. The Department should assess whether this new process helps to reduce program noncompletions due to inmate transfers and determine whether additional actions are needed (see Finding 2, pages 13 through 20, for more information).
5. Update its program-enrollment guidance to provide standard and consistent direction on specific factors that all program staff should consider when identifying potential inmates to enroll in programs, including inmates' discipline histories, potential language barriers, assigned living spaces, racial balance, and other factors it deems appropriate, and train program staff on this updated guidance (see Finding 2, pages 13 through 20, for more information).

6. Place its enrollment guidance materials in a single shared location to help ensure that they are readily accessible to program staff (see Finding 2, pages 13 through 20, for more information).
7. For the 4 programs we reviewed and other programs it deems appropriate, develop and implement documented processes to use enrollment data to monitor program noncompletions by prison/prison unit, both overall and by reason for noncompletion (e.g., inmate transfers, administrative discharges, etc.); research the causes for variation in program noncompletions across prisons/prison units; and use this information to make changes, as needed, to its enrollment policies, guidance, and/or trainings (see Finding 2, pages 13 through 20, for more information).
8. For the 4 programs we reviewed and other programs it deems appropriate, develop and implement documented processes to use enrollment data to monitor program-completion time frames for unexpected values; research the causes for unexpected values in program-completion time frames; and use this information to make changes, as needed, to its enrollment policies, guidance, and/or trainings (see Finding 3, pages 21 through 22, for more information).

List of all major Department programs

As discussed in the Introduction (see page 3), the Department has designated specific programs as “major programs” whose completion meets the program requirement for drug possession release under Laws 2019, Ch. 310. This appendix lists these major programs.

- **DUI treatment**—A program that provides 36 hours of DUI treatment and education required for DUI offenders (see page 5 for additional information).
- **Moderate SA treatment**—A 3-to-6-month program intended to help inmates address their addiction issues and learn to live drug-free, prosocial lifestyles (see pages 4 through 5 for additional information).
- **Intensive SA treatment**—A 12-month program to help inmates address their addiction issues and learn to live drug-free, prosocial lifestyles (see page 5 for additional information).
- **Residential substance abuse treatment**—A federally funded residential substance abuse treatment program that treats both substance abuse and mental health issues offered only at the Tucson State prison.
- **Changing Offender Behavior (taught by Department-certified staff)**—A cognitive restructuring program that uses cognitive behavioral therapy to address procriminal behaviors (see page 4 for additional information).
- **Go Further**—An alternative cognitive restructuring program the Department has approved for use at the Red Rock private prison.
- **Functional literacy**—A program that helps inmates achieve an eighth-grade literacy standard statutorily required for release to community supervision.
- **Education GED**—A program that helps inmates obtain a GED.
- **High school**—A program that helps inmates obtain a high school diploma.
- **Career and technical education (CTE)**—Programs that combine classroom instruction with hands-on skill learning and application in areas such as welding, construction trades, and automotive repair.
- **Sex offender treatment**—A program that helps inmates address their sexual offense history and learn to live prosocial lifestyles.
- **Sex offender treatment (year 2)**—A program that helps inmates address their sexual offense history and learn to live prosocial lifestyles.
- **Associate degree**—Earning an associate degree through distance learning/correspondence courses.
- **Bachelor’s degree**—Earning a bachelor’s degree through distance learning/correspondence courses.
- **Master’s degree**—Earning a master’s degree through distance learning/correspondence courses.
- **Fire crew program**—Participating in a fire crew program, including completing required training.
- **Impact of Crime on Victims**—A program designed to teach inmates the impact that their crimes have had on their victims.

Program enrollments and completions by prison

As discussed in Finding 2 (see pages 13 through 20), we analyzed Department data on all enrollments in calendar years 2017 through 2020 for the 4 programs we reviewed: cognitive restructuring, moderate SA treatment, intensive SA treatment, and DUI treatment. Tables 5 through 8 present each program's enrollments and completions by prison for each year. The numbers in these tables present the total number of enrollments and the total number of enrollments that resulted in a program completion and not an unduplicated count of enrolled inmates. An inmate can be re-enrolled in a program when the inmate does not complete the program during a specific enrollment, and many inmates were enrolled multiple times in the programs we reviewed. The tables also include enrollments for which inmates were still participating in the programs at the time we obtained the Department's enrollment data. Additionally, the dashes in the table indicate there were no enrollments, and consequently no completions, at a prison that year.

Table 5
Number of cognitive restructuring program enrollments and program completions, by prison, for enrollments in calendar years 2017 through 2020
(Unaudited)

Prison name	2017		2018		2019		2020	
	Total enrollments	Total completions						
State prisons								
Douglas	325	179	433	273	387	241	95	53
Eyman	322	204	594	409	721	519	195	43
Florence	850	600	687	488	838	545	100	52
Lewis	682	289	647	328	967	403	138	54
Perryville	786	492	1,295	852	985	636	575	231
Phoenix	16	9	23	20	48	27	68	0
Safford	360	251	366	305	528	378	104	75
Tucson	1,782	1,112	1,474	858	1,855	1,058	376	106
Winslow	347	183	342	156	433	226	104	38
Yuma	859	506	1,525	958	1,613	1,096	490	144
Private prisons								
CACF*	74	56	171	154	284	243	137	106
Florence West	81	71	63	51	49	41	51	28
Kingman	644	432	747	559	1,188	877	139	34
Marana	128	91	113	97	106	64	78	58
Phoenix West	162	130	155	100	288	210	137	88
Red Rock	447	207	721	469	615	384	263	167

*Central Arizona Correctional Facility

Source: Auditor General staff analysis of Department data for program enrollments and completions in calendar years 2017 through 2020.

Table 6**Number of moderate SA treatment program enrollments and program completions, by prison, for enrollments in calendar years 2017 through 2020**

(Unaudited)

Prison name	2017		2018		2019		2020	
	Total enrollments	Total completions						
State prisons								
Douglas	135	67	111	73	174	87	261	137
Eyman	-	-	15	0	-	-	112	64
Florence	142	65	144	82	148	126	55	30
Lewis	15	0	-	-	117	32	256	179
Perryville	364	240	381	246	348	228	391	225
Phoenix	-	-	-	-	-	-	-	-
Safford	128	98	-	-	-	-	-	-
Tucson	102	49	126	68	139	91	262	150
Winslow	-	-	-	-	-	-	-	-
Yuma	-	-	-	-	-	-	15	0
Private prisons								
CACF*	-	-	-	-	-	-	-	-
Florence West	-	-	-	-	28	20	27	20
Kingman	266	53	128	44	155	69	557	63
Marana	250	203	228	193	130	50	108	18
Phoenix West	-	-	-	-	-	-	-	-
Red Rock	183	85	351	208	165	111	249	126

*Central Arizona Correctional Facility

Source: Auditor General staff analysis of Department data for program enrollments and completions in calendar years 2017 through 2020.

Table 7**Number of intensive SA treatment program enrollments and program completions, by prison, for enrollments in calendar years 2017 through 2020**

(Unaudited)

Prison name	2017		2018		2019		2020	
	Total enrollments	Total completions						
State prisons								
Douglas	-	-	-	-	-	-	-	-
Eyman	-	-	-	-	-	-	-	-
Florence	-	-	-	-	-	-	-	-
Lewis	-	-	-	-	-	-	-	-
Perryville	-	-	-	-	-	-	-	-
Phoenix	-	-	-	-	-	-	-	-
Safford	-	-	-	-	-	-	-	-
Tucson	46	28	64	39	68	28	9	7
Winslow	-	-	-	-	-	-	-	-
Yuma	-	-	-	-	-	-	-	-
Private prisons								
CACF*	-	-	-	-	-	-	-	-
Florence West	-	-	-	-	-	-	-	-
Kingman	50	2	-	-	-	-	4	0
Marana	95	72	89	43	160	38	152	25
Phoenix West	-	-	-	-	-	-	-	-
Red Rock	116	50	99	58	121	51	210	45

*Central Arizona Correctional Facility

Source: Auditor General staff analysis of Department data for program enrollments and completions in calendar years 2017 through 2020.

Table 8**Number of DUI treatment program enrollments and program completions, by prison, for enrollments in calendar years 2017 through 2020**

(Unaudited)

Prison name	2017		2018		2019		2020	
	Total enrollments	Total completions						
State prisons								
Douglas	-	-	-	-	-	-	-	-
Eyman	-	-	-	-	-	-	-	-
Florence	-	-	-	-	-	-	-	-
Lewis	-	-	-	-	-	-	-	-
Perryville	432	198	358	165	373	160	138	30
Phoenix	-	-	-	-	-	-	-	-
Safford	-	-	-	-	-	-	-	-
Tucson	-	-	-	-	-	-	-	-
Winslow	-	-	-	-	-	-	-	-
Yuma	-	-	-	-	-	-	-	-
Private prisons								
CACF*	-	-	-	-	-	-	-	-
Florence West	810	385	616	498	780	629	322	184
Kingman	17	15	15	15	62	41	90	26
Marana	-	-	-	-	-	-	-	-
Phoenix West	584	502	385	302	418	305	384	215
Red Rock	-	-	-	-	-	-	-	-

*Central Arizona Correctional Facility

Source: Auditor General staff analysis of Department data for program enrollments and completions in calendar years 2017 through 2020.



Scope and methodology

The Arizona Auditor General has conducted a performance audit of the Department pursuant to a September 19, 2018, resolution of the Joint Legislative Audit Committee. The audit was conducted as part of the sunset review process prescribed in A.R.S. §41-2951 et seq.

We used various methods to address the audit's objectives. These methods included reviewing applicable statutes and session laws; reviewing and/or compiling information from the Department's website, including Department Orders, monthly *Corrections at a glance* reports, and COVID-19 management updates; reviewing Department-provided documentation related to our audit objectives; and interviewing Department management, staff, and contractors. We also used the following specific methods to meet the audit's objectives:

- To determine whether inmates with an identified need for the 4 programs we reviewed (cognitive restructuring, moderate SA treatment, intensive SA treatment, and DUI treatment) were enrolled in and completed the programs, we analyzed Department data for approximately 35,200 inmates released from prison between January 2017 and November 2019. To further evaluate whether inmates enrolled in the 4 programs completed them, the reasons for noncompletion, and in which prisons the programs have been offered, we also analyzed Department data on all enrollments in the programs in calendar years 2017 through 2020. We conducted work to assess the reliability of both data sets, including comparing data for randomly selected samples of 40 inmates (10 inmates from each program) to ensure data consistency. We also discussed unexpected data for some enrollments with Department staff, including unexpected time frames for completing programs, and asked Department staff to research and explain how 4 inmates completed the moderate SA treatment program in 0 days, as discussed in Finding 3 (see pages 21 through 22).⁴⁴ We determined the data to be sufficiently reliable for audit purposes.
- To gain an understanding of the potential benefits of inmate programs, such as reducing recidivism, we reviewed various literature on the use and impact of these programs as cited throughout the report. We also reviewed Department analyses of the impact of the 4 programs on inmate recidivism for inmates released from prison during fiscal years 2014 through 2018.
- To assess staffing and other limitations that affect the Department's capacity to provide the 4 programs we reviewed and Department efforts to address those limitations and reduce program noncompletion, we reviewed various documentation, including reports, policies, staffing information, budget documents, private prison contract documents, and other documentation.
- To assess the Department's enrollment practices, we interviewed management in the Department's Inmate Programs and Reentry Division and Counseling Treatment Services Bureau. Additionally, we visited 3 prisons—the Perryville State prison and Phoenix West and Red Rock private prisons—and observed/interviewed multiple program staff at each prison, including deputy wardens, program managers, counseling supervisors and counselors, COIIs, and/or IVs to better understand factors that may contribute to inmates not

⁴⁴ We judgmentally selected 4 of 9 inmates who completed the moderate SA treatment program in 0 days out of the 6,766 enrollments in this program in calendar years 2017 through 2020.

being offered or not completing programs.⁴⁵ In addition, we observed program staff's processes for enrolling inmates in various programs and reviewed various enrollment-guidance materials for program staff, including technical guides, Department Orders, and general instructions. We also reviewed Department reports that staff use to monitor program enrollments and completions.

- To obtain additional information for the Introduction, we interviewed staff and reviewed documentation related to inmate programs, risk-needs assessments, inmate corrections plans, and reports used to prioritize inmates for enrollment in programs.
- Our work on internal control was limited to reviewing the Department's program-enrollment policies and procedures and monitoring of program enrollments; interviewing Department management, staff, and contractors; and conducting limited test work of the Department data. We reported our conclusions on applicable internal controls in Findings 1 through 3.

We selected our audit samples to provide sufficient evidence to support our findings, conclusions, and recommendations. Unless otherwise noted, the results of our testing using these samples were not intended to be projected to the entire population.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We express our appreciation to the Department's Director, staff, and contractors for their cooperation and assistance throughout the audit.

⁴⁵ We judgmentally selected these 3 prisons because they were offering programs included in our audit scope at the time of our tours, which occurred during the COVID-19 pandemic. We visited the Red Rock private prison in February 2021 and the Perryville State prison and Phoenix West private prison in March 2021.

DEPARTMENT RESPONSE



DOUGLAS A. DUCEY
GOVERNOR

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DAVID SHINN
DIRECTOR

September 22, 2021

Lindsey Perry, CPA, CFE
Auditor General
2910 N. 44th Street, Suite 410
Phoenix, AZ 85018-7271

Re: Auditor General Report – Programming

Dear Ms. Perry:

Attached is the Arizona Department of Corrections, Rehabilitation and Reentry's response to the performance audit report, focusing on Programming. Thank you for the opportunity to respond.

If you have any questions, please do not hesitate to contact my office.

Thank you,

A handwritten signature in black ink, appearing to read "David Shinn".

David Shinn
Director

Finding 1: Department did not provide cognitive restructuring and SA treatment programs to most inmates who needed them; therefore, these inmates could not achieve these programs' rehabilitative benefits

Recommendation 1: The Department should take steps to expand its capacity to provide its cognitive restructuring, SA treatment, and DUI treatment programs, and thereby increase inmate enrollments in these programs, by:

Recommendation 1a: Continuing to certify applicable COIIs and private prison staff to teach COB.

Department response: The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

Response explanation: The Department has increased the number of COIIs certified from the 106 cited in the report to 145 and efforts continue. The amount of time COII's are assigned to security posts impacts this effort and we have recently begun tracking the number of hours that COIIs are assigned security posts to fill Correctional Officer vacancies.

Recommendation 1b: Continuing to monitor COB enrollments and completions to help ensure that program staff who are certified to teach COB are indeed teaching it.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: The development and rollout of COIV standard work related to programs addresses this issue. This will now be monitored both at the unit level in addition to monitoring at the Central Office level.

Recommendation 1c: Finalizing and implementing the program-related standard work for COIVs.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: Accepted recommendation and implemented. This was developed and rolled out on August 18, 2021 via a statewide meeting with COIVs. The Department will implement a regular schedule for onboarding and/or refresher training for COIVs addressing standard work.

Recommendation 1d: Continuing its efforts to fill its vacant licensed counselor positions.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: Efforts are outlined in the audit report and ADCRR will continue all efforts discussed on page 9 of the report.

Recommendation 1e: Using its increased appropriation to contract for additional SA treatment services as planned.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: The fiscal year 2022 Appropriation has provided funding for the Department to contract private services. The RFP was released and will close September 29, 2021 with an award made as expeditiously as the legal procurement process permits. This one time appropriation will allow us to meet more treatment needs. The department will continue to pursue additional funding sources to meet 100% of the need.

Recommendation 1f: Based on the number of inmates with assessed SA treatment needs, continuing to assess the level of counseling staff resources needed to meet inmates' SA treatment needs and requesting additional resources as appropriate, including monies to contract for SA treatment services.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: Please see the above response to Recommendation 1e.

Recommendation 1g: Continuing to expand the use of technology as staff resources permit to provide SA treatment programs at State prisons where treatment has not been provided.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: With the unique challenges presented by COVID, previous technological boundaries were challenged and new solutions were implemented. Based on the success we have had with virtual substance abuse treatment and other classes, these efforts will continue to be expanded. A few examples of virtual programming using the Google platform which are currently offered include substance abuse counseling, Persevere coding classes, in reach efforts by community providers, religious services, and an employment readiness program offered in conjunction with DES.

Recommendation 1h: Completing the process to obtain licensure of its DUI treatment program and implementing its plan to provide DUI treatment to male inmates housed at State prisons.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: Anticipate obtaining licensure by the end of the calendar year.

Finding 2: Although program completion can decrease inmate recidivism, many enrolled inmates did not complete programs mostly due to transfers to different units and administrative discharges from programs

Recommendation 2: The Department should continue to assess whether condensing SA treatment program time frames has helped reduce program noncompletions and assess its impact on inmate recidivism. Based on its assessments, the Department should continue to use the condensed time frames or make adjustments, as appropriate.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: We continue to monitor the ongoing success and the three year assessment phase is underway.

Recommendation 3: The Department should continue its project to research and track specific reasons inmates do not complete SA treatment programs at State prisons and use this information to address problems that contribute to program noncompletions.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: We have recently implemented a new Convergent Case Management (CCM) process to identify personal engagement and the role it plays in successful treatment completion. ADCRR will also continue the specific tracking efforts currently in place related to completions of SA treatment.

Recommendation 4: The Department should continue to implement its new process for approving transfers of inmates enrolled in major programs and codify this new process in its Department Orders. The Department should assess whether this new process helps to reduce program noncompletions due to inmate transfers and determine whether additional actions are needed.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: Since implementation we have had 73 inmates held to complete programming and of those 24 have already successfully completed their program.

Recommendation 5: The Department should update its program-enrollment guidance to provide standard and consistent direction on specific factors that all program staff should consider when identifying potential inmates to enroll in programs, including inmates' discipline histories, potential language barriers, assigned living spaces, racial balance, and other factors it deems appropriate, and train program staff on this updated guidance.

Department response: The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

Response explanation: The Department has standard work for program placement. In instances where some staff have developed their own local procedures, the Department will re-train and reinforce adherence to the approved standard work.

Recommendation 6: The Department should place its enrollment guidance materials in a single shared location to help ensure that they are readily accessible to program staff.

Department response: The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

Response explanation: Please see response to Recommendation 5. These materials will be placed on the Convergent Case Management (CCM) web page.

Recommendation 7: The Department should, for the 4 programs we reviewed and other programs it deems appropriate, develop and implement documented processes to use enrollment data to monitor program noncompletions by prison/prison unit, both overall and by reason for noncompletion (e.g., inmate transfers, administrative discharges, etc.); research the causes for variation in program noncompletions across prisons/prison units; and use this information to make changes, as needed, to its enrollment policies, guidance, and/or trainings.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: When CCM is fully implemented, this recommendation will be fully addressed. Additionally, this will be added to COIV standard work to include review of program completion and non-completion for their unit.

Finding 3: Department does not monitor program-completion time frames, which would help it evaluate and potentially improve enrollment practices

Recommendation 8: The Department should, for the 4 programs we reviewed and other programs it deems appropriate, develop and implement documented processes to use enrollment data to monitor program-completion time frames for unexpected values; research the causes for unexpected values in program-completion time frames; and use this information to make changes, as needed, to its enrollment policies, guidance, and/or trainings.

Department response: The finding of the Auditor General is agreed to and the audit recommendation will be implemented.

Response explanation: Please see response to Recommendation 7. Additionally, a requirement will be added to COIV standard work to include monitoring program completion times for their unit. Enhanced tracking has been implemented in addition to the recommendation.

