

**Follow-up of OPPAGA's Report Number 07-14  
Corrections Rehabilitative Programs Effective,  
But Serve Only a Portion of the Eligible  
Population  
Report # A08006F**

**January 15, 2008**

**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE INSPECTOR GENERAL**

**TO:** James R. McDonough  
Secretary

**FROM:** Paul C. Decker  
Inspector General

**DATE:** January 15, 2007

**SUBJECT:** FOLLOW-UP AUDIT REPORT # A08006F – OPPAGA’S CORRECTIONS  
REHABILITATIVE PROGRAMS EFFECTIVE, BUT SERVE ONLY A  
PORTION OF THE ELIGIBLE POPULATION, REPORT NUMBER 07-14

---

The Bureau of Internal Audit performed a follow-up audit to OPPAGA’s Corrections Rehabilitative Programs Effective, But Serve Only a Portion of the Eligible Population, Report # 07-14, issued in February 2007. The objective of this follow-up was to determine the corrective actions taken on reported audit findings and whether actions taken achieved the desired results as intended by management. The scope of our follow-up consisted of obtaining from the Office of Institutions and the Office of Health Services a written response of actions taken to correct reported findings. The follow-up response was then evaluated to determine if management’s actions were adequate and timely.

We have evaluated the response to each finding and have assessed that appropriate action has been taken for findings # 1 and #4. Further follow-up is necessary and will be conducted on findings # 2 and #3 in 6 months to determine if adequate action has been taken.



Inspector General

PD/DM/ps  
Attachment

George Sapp, Assistant Secretary of Institutions  
Patrick H. Brown, M.D., Director of Health Services  
Franchatta Barber, Deputy Assistant Secretary of Programs  
George MacLafferty, Deputy Director of Health Services  
Dean Aufderheide, Director of Mental Health Services  
Terry L. Shoffstall, Director of Joint Legislative Auditing Committee

**FLORIDA DEPARTMENT OF CORRECTIONS****Follow-up of OPPAGA's Report Number 07-14  
Corrections Rehabilitative Programs Effective,  
But Serve Only a Portion of the Eligible Population***Report #A08006F**Paul C. Decker, Inspector General  
Donald L. Miller, Chief Internal Auditor**January 15, 2008***BACKGROUND**

The Department of Corrections protects the public by incarcerating and supervising inmates and rehabilitating offenders through work, programs and treatment services. As of June 30, 2006, the department housed 88,576 inmates in 128 facilities throughout the state. The majority of these inmates enter Florida's correctional system lacking basic educational and employment skills, and many have substance abuse and mental health problems. The department screens inmates entering the system, and has determined that over two-thirds (68%) have less than ninth grade literacy proficiency and most were unemployed before incarceration; over 60% of the inmates also have a history of substance abuse, and 16% have been diagnosed with some form of mental illness.

Since most (90%) inmates are eventually released from prison, rehabilitative programs and treatment services can prepare inmates for their successful return to society. Given the high economic and social costs of incarceration, strategic investment in prison-based, rehabilitative programs can protect public interest by helping reduce the risk that former inmates will commit new crimes. National studies have shown that in-prison programs that teach marketable skills and change inmates' criminal behavior can help offenders prepare for a law-abiding life after release.

The department provides four primary types of rehabilitative programs.

- Academic education programs,
- Vocational education courses,
- Substance abuse treatment programs, and
- Sex offender treatment

In February 2007, the Office of Program Policy Analysis & Government Accountability (OPPAGA) published a report, Corrections Rehabilitative Programs Effective, But Serve Only a Portion of the Eligible Population, Report # 07-14.

**OBJECTIVES**

Our follow-up objectives were to determine:

- what corrective actions were taken on reported audit findings, and
- whether actions taken achieved the desired results as intended by management.

## SCOPE AND METHODOLOGY

A request was made to the Office of Institutions and the Office of Health Services for a written response regarding the status of any findings and recommendations.

## RESULTS OF FOLLOW-UP

**Finding 1:** The department's rehabilitative programs serve only a small portion of inmates who are identified with educational deficits or eligible for substance abuse treatments.

**Recommendation:** We recommend that the department provide the Legislature options for increasing levels of educational, substance abuse, and sex offender programs, which have been demonstrated to improve post-release outcomes and reduce costly recidivism.

**Management's Original Response:** *The Department concurs with the recommendations contained in the report. In fact, the Department has submitted a Legislative Budget Request for FY 2007-2008 which, if funded, will address the main focus of your findings and recommendations.*

**Management's Follow-Up Response:** *Budget requests to increase the number of academic and vocational teachers and programs have been submitted to the Legislature. The department is concurrently pursuing funding for such programs through federal grants and/or through partnerships with corporations/businesses, industry and trade associations, secondary and post-secondary local education agencies, foundations, etc.*

**Finding 2:** Inmates who complete the GED, vocational training, and substance abuse treatment programs generally have successful outcomes in terms of program completion and lower recidivism. However, 90% of inmates who are enrolled in adult basic education do not successfully complete the program, often for reasons within the department's control.

**Recommendations:** We recommend that the department develop a monthly report identifying and categorizing reasons why inmate participation in education and substance abuse treatment is interrupted. The report should categorize disruption reasons including transfers for security, disciplinary action, health care, population management, work assignment change, program closures, and any other movement reasons. This report would improve management staff awareness about inmate transfers that interrupt education and substance abuse program completion.

**Management's Original Response:** *The Department concurs with the recommendations contained in the report. In fact, the Department has submitted a Legislative Budget Request for FY 2007-2008 which, if funded, will address the main focus of your findings and recommendations.*

**Management's Follow-Up Response:** *Institutional Programs is in ongoing discussion with Research & Data Analysis staff on development of such a report. We're evaluating whether to create a new monthly report or to incorporate it into the existing EDMARP report. Classification will need to be consulted before we make a final decision.*

**Finding 3:** **Completing some educational and other rehabilitative programs translates into post-release success and may produce cost savings. In addition, rehabilitative programs reduce inmate idleness and promote institutional security.**

**Recommendation:** We recommend that the department conduct longitudinal cost-benefit analyses of its education, substance abuse, and, if feasible, sex offender treatment programs. These studies should assess outcomes of cohorts of inmates that participate in its various programs, and track these inmates for various lengths of time after release such as one year, three years, and five years. These analyses would help identify those programs that show the greatest return on investment in terms of improving ex-inmate employment outcomes and minimizing recidivism.

**Management's Original Response:** *The Department concurs with the recommendations contained in the report. In fact, the Department has submitted a Legislative Budget Request for FY 2007-2008 which, if funded, will address the main focus of your findings and recommendations.*

**Management's Follow-Up Response:** *Personnel from Institutional Programs, Substance Abuse, and Research & Data Analysis have conducted 2 planning meetings on this issue. The basic framework for such a study has been established, however, we are awaiting a determination re what will be the unit of measure, i.e., to determine whether a common unit of measure can be applied to both education and substance abuse programs. Also, re cost-benefit: we were awaiting the close of FY 2006-07. Final cost data for FY 2006-07 would not normally be available before August 5th.*

**Finding 4:** **While the department's sex offender treatment program is consistent with national standards, the program is voluntary, serves relatively few inmates, and allocation of treatment is not based on a validated risk assessment instrument.**

**Recommendation:** We recommend that the department provide the Legislature a proposal for using validated risk assessment instruments to allocate incarcerated sex offender treatment, including the estimated costs and benefits.

**Management's Original Response:** *The Department concurs with the recommendations contained in the report. In fact, the Department has submitted a Legislative Budget Request for FY 2007-2008 which, if funded, will address the main focus of your findings and recommendations.*

**Management's Follow-Up Response:** *Recognizing that the incarcerated offender can only learn so much from behind bars about how to live responsibly within the community, the goal of the department's treatment program is focused on preparing the offender for the ongoing treatment within the community where the inmate faces real day to day stresses that must be managed in order to avert relapse. Eligibility for treatment is not based on the legal definition of "sex offender", but rather on the clinically defensible basis of whether or not the sex offender has a diagnosed sexual disorder. Since all sex offenders with a diagnosed sexual disorder are eligible for department's non-tiered introductory treatment program, therefore, the utilization of actuarial instruments to assess risk level and allocate sex offender treatment is contraindicated.*