

South Dakota Correctional Rehabilitation Task Force

Prison Program Assessment Findings & Recommendations

June 23, 2026

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Justice
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Solutions for complex justice challenges

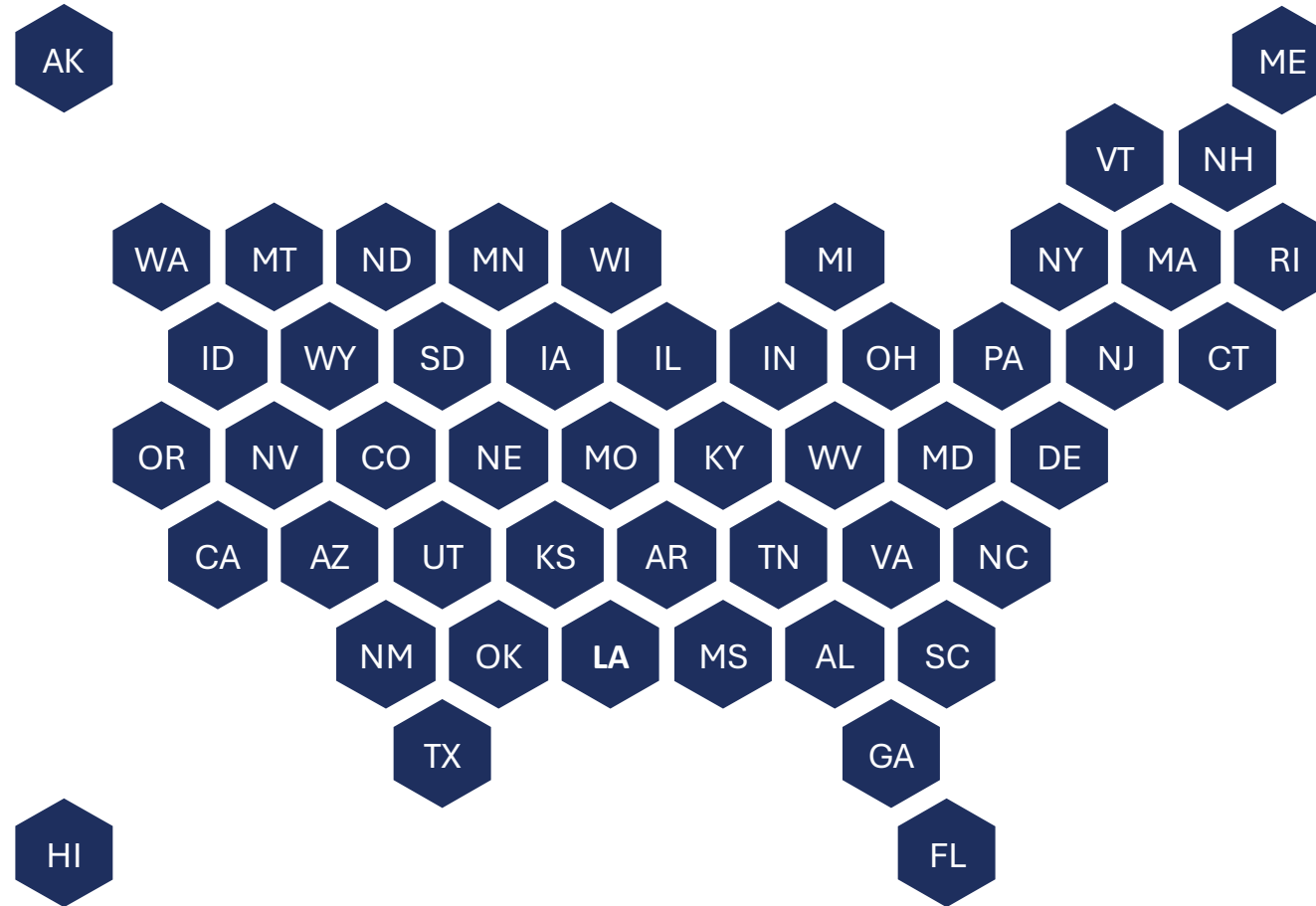
We help leaders in every state make communities safer and healthier.

- Trusted Data
 - Practical Solutions
 - Cross-systems collaboration
-



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The CSG Justice Center has helped all 50 states develop tailored improvements to their corrections, reentry, and community supervision systems.



Agenda

- I. Where We Are
- II. Updated Program Data
- III. Refined Findings
- IV. Recommendations
- V. Next Steps

Where We Are

2026 CRTF Roadmap

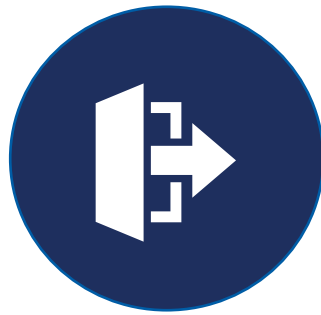
Institutional Programming



April 2026



Institutional Programming and Reentry Foundations



June 2026



Reentry Supports and Gaps



August 2026



Finalized Programming and Reentry Recommendations



October 2026

CSG Justice Center Deliverables:

- Programming assessment: preliminary findings

- Final programming assessment with refined recommendations
- National reentry models overview

- Reentry needs assessment findings
- Suggested policy options and implementation priorities

- All recommendations reviewed and finalized at meeting
- Written summary for implementation

Program Assessment Progress Since April Meeting

- ✓ More facility observations at the Hill, Jameson, and Mike Durfee State Prison
 - ✓ Brought in an additional CSG Justice Center assessor to independently confirm findings
- ✓ Two more focus groups with people in prison
- ✓ Additional staff conversations
- ✓ More data analysis

Bottom line: The April findings held, and several came into sharper focus.

What We Heard from You

1 Are the right programs available to meet current needs?

Literacy and ESL, tribally responsive programming, domestic violence and victim impact, short stays, women's health, and mental health

→ **Refined findings and program gap recommendations**

2 How is the system organized, and who ensures quality?

How the system works from intake through programming to release, who coaches people into the right programs, and shared oversight for decisions

→ **Visuals, the R&R Division, and the program committee + QA**

3 Can peer-led programs do more?

Peer mentors, counselors, and program facilitators, crediting peer-led work, and whether peer support is a low-cost legislative step

→ **Capacity recommendations; carried into the reentry work**

4 Do the programs work?

Recidivism and completion by program, progress (not just starts), and waitlist numbers

→ **Today's data and the measurement recommendations**

5 What will it take without overburdening DOC?

Staffing and budget, space limits, cost, and supporting rather than burdening DOC

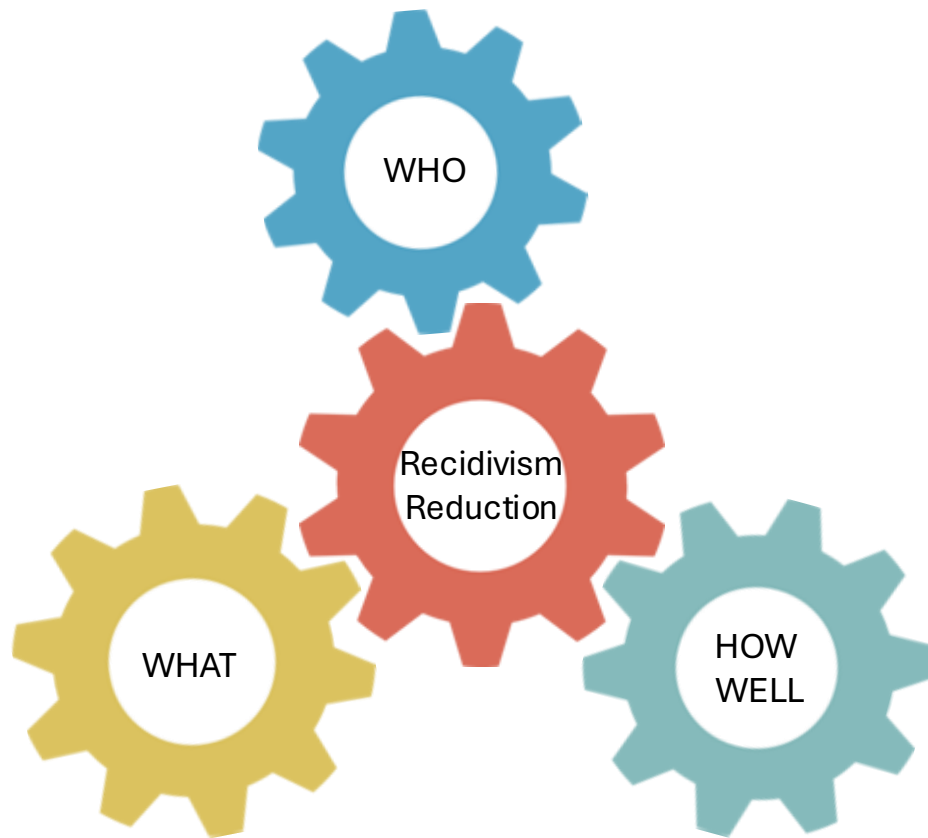
→ **Capacity recommendations and the next-steps runway**

6 Earned-discharge credits and accountability

Keeping credits tied to completion rather than the automatic accrual idea we floated, and a clear, consistent model

→ **EDC recommendations of operational fixes with DOC discretion**

Refresher: Three elements determine whether programs reduce recidivism.



Target the right people based on risk (Who)

Rely on effective programs (What)

Implement with quality and fidelity (How Well)

Reduce recidivism (Action)

Assessment Focus: Core Risk-Reducing Programs

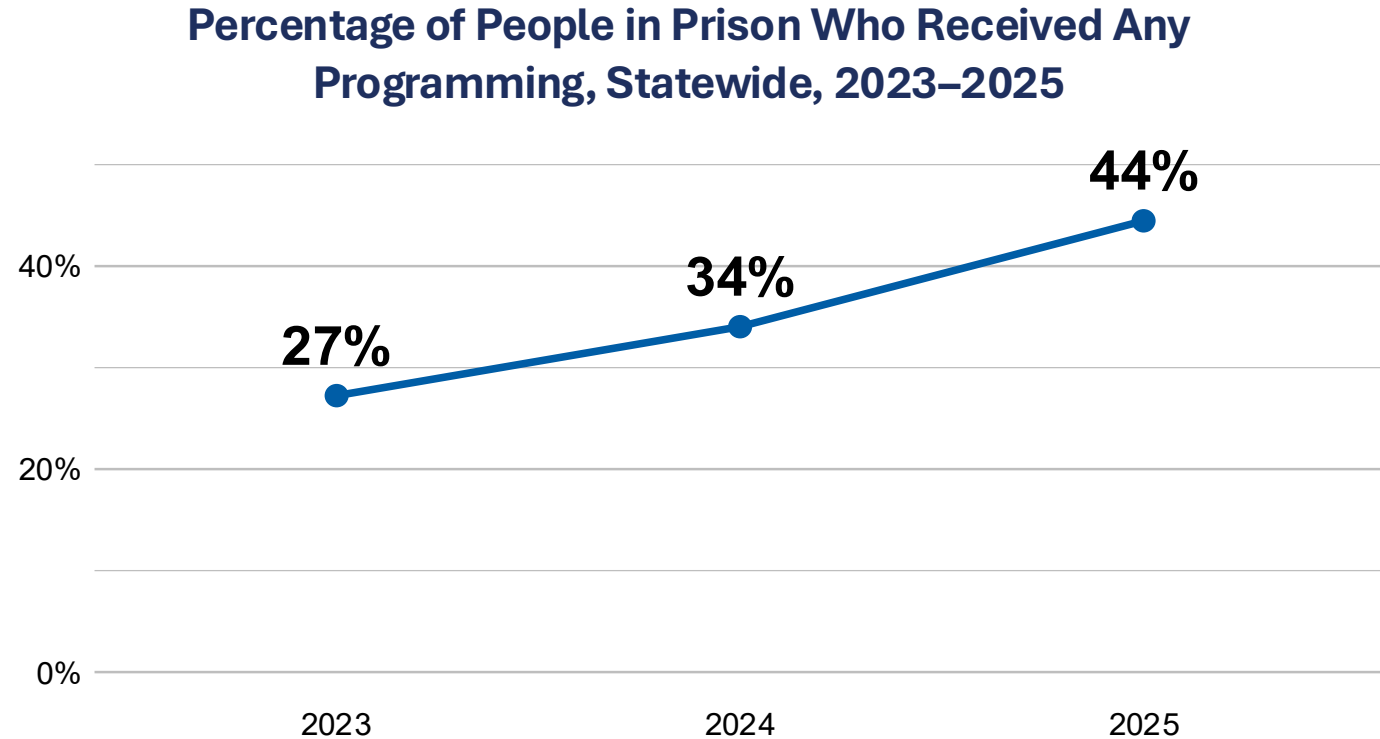
This assessment centers on programs facilitated by DOC staff, including educational, vocational, evidence-based, and behavioral health programs.

The assessment does not include work release, Pheasantland Industries, facility work assignments, or volunteer and religious programs.

Updated Program Data

Access to programming increased over the last 3 years.

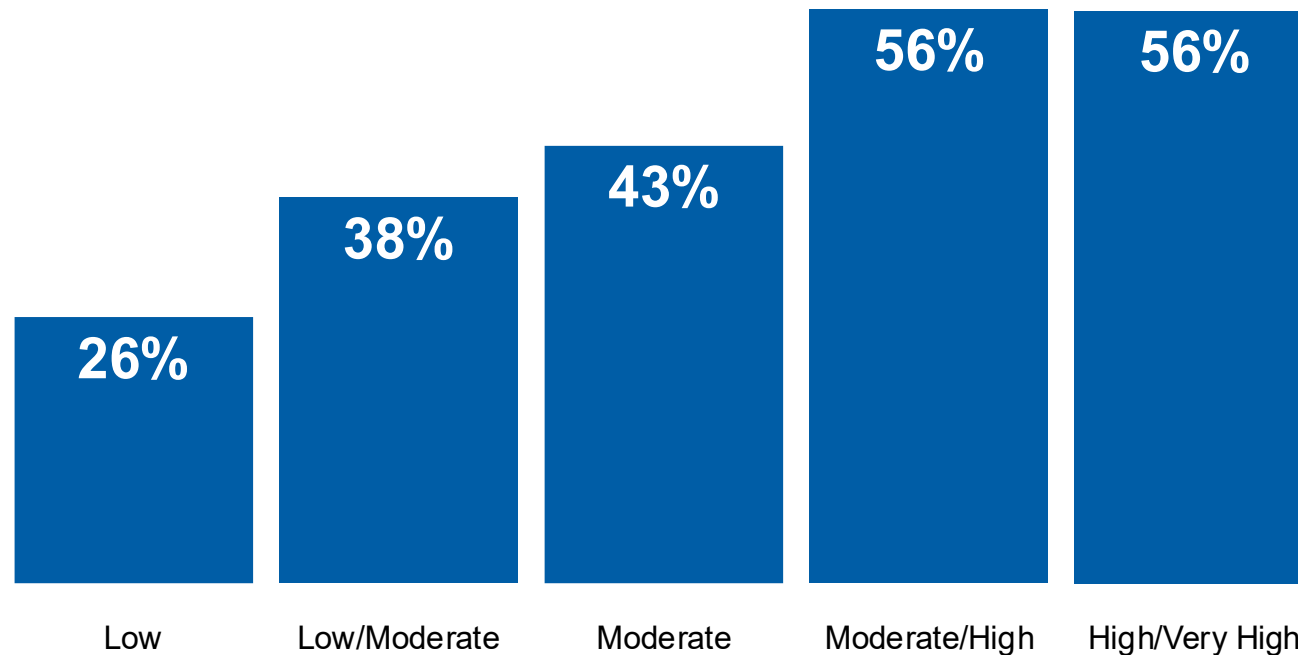
Programming reach grew from 27% to 44% of people in prison—real, recent progress.



Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

People assessed as having high/very high risk and needs have the most program access.

Percentage of People Receiving Any Programming by Risk Level, 2025



This demonstrates that DOC is prioritizing the right groups of people to maximize recidivism-reduction potential.

Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

Positive program completions are improving.

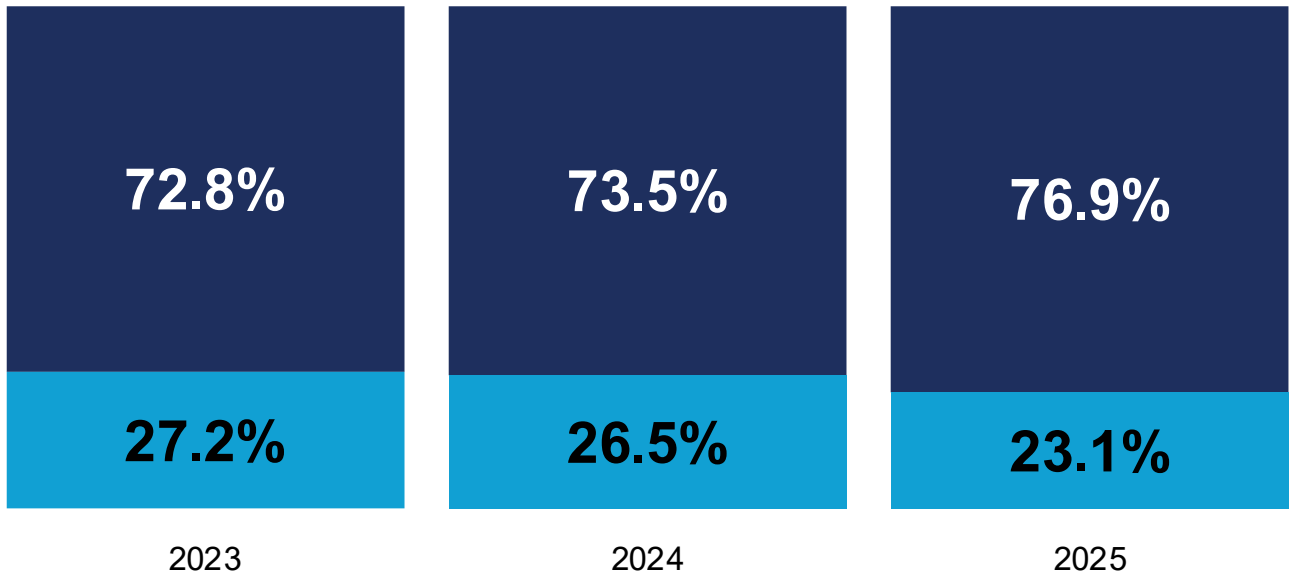
End-of-Year Program Status, 2025

■ Attending or Completed ■ Refused, Terminated, or Suspended

From 2023 to 2025:

The proportion of negative program outcomes decreased from 27% to 23%.

The proportion of positive program outcomes increased from 73% to 77%.

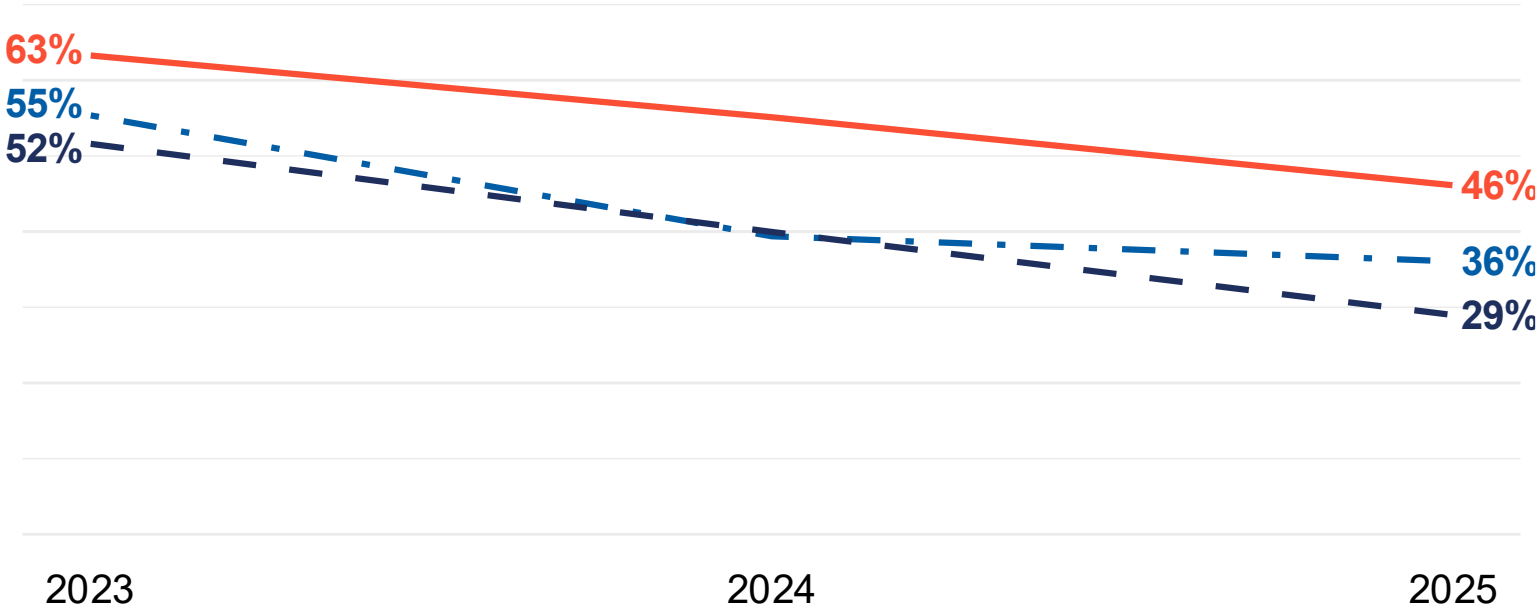


Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

36% of high-risk people released in 2025 did not access programming during their stay.

Percentage of People Released in 2025 Who Received No Programming, by Risk Level, 2025

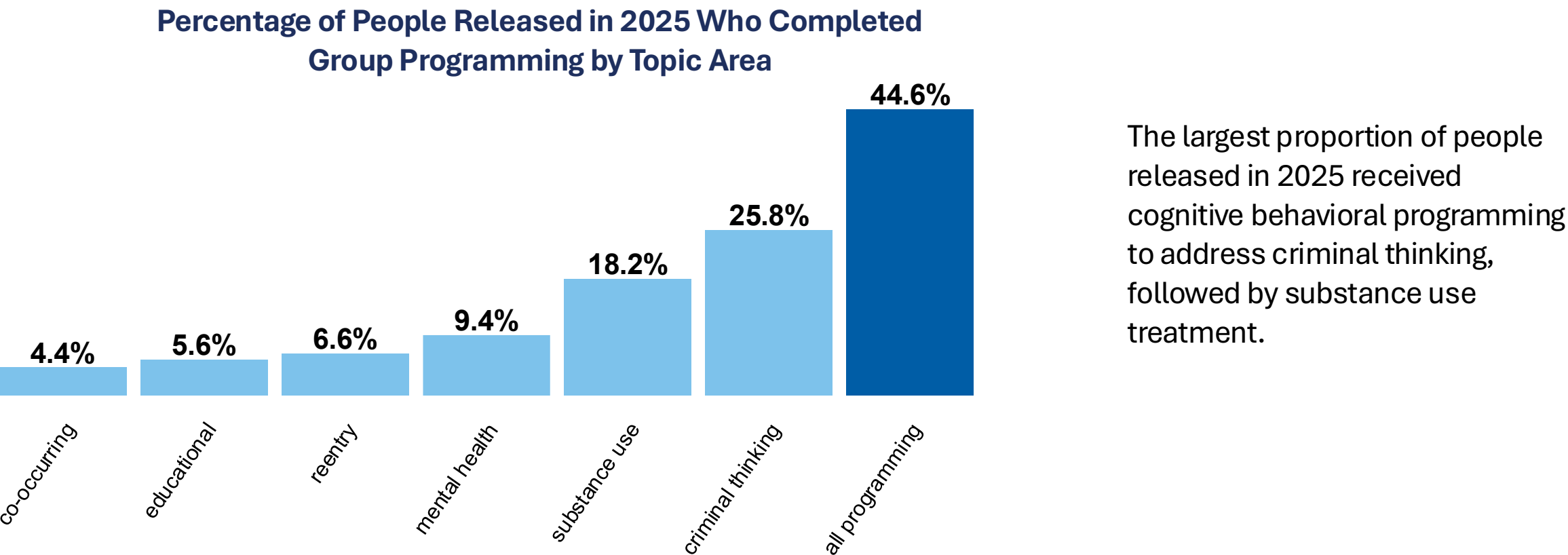
— Moderate/High - - High/Very High — All Risk Levels



The proportion of people who started or completed programming before release is improving, but there is still a significant gap.

Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

Despite real progress, only 45% of people who were released in 2025 completed DOC-facilitated programs.

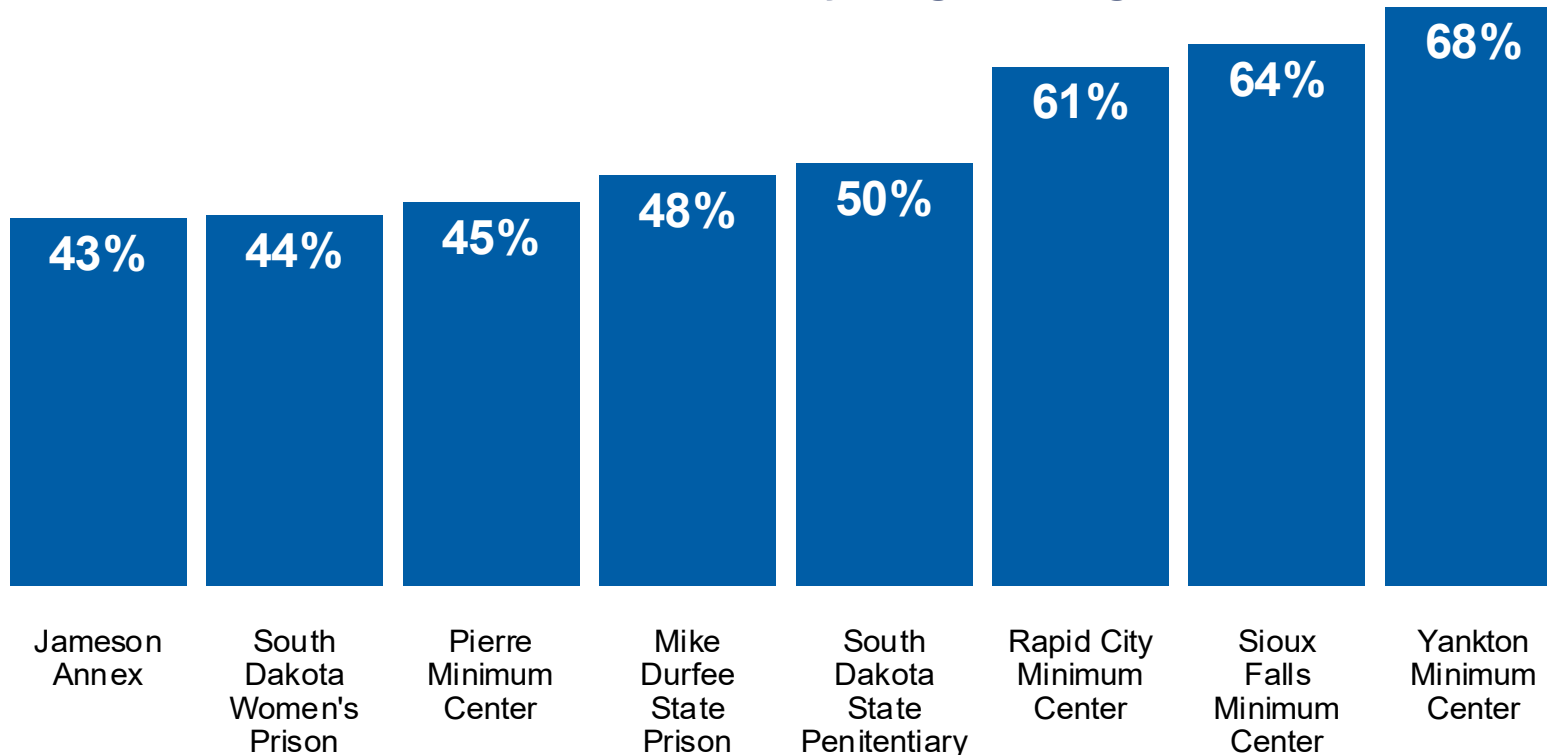


Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

Note: Individuals may be included in the release count multiple times because an individual can be released from prison more than once in a year.

People are more or less likely to receive programming depending on their facility.

Percentage of People in Prison with Stays Greater Than 6 Months Who Received Any Programming, 2025



Program constraints:

- Appropriate physical space
- Staffing levels and vacancies
- Security classification levels and population
- Typical length of stay

Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

Institutional Earned Discharge Credit (EDC) Explainer

People can earn up to 270 days off a year—180 from work alone. Credits are applied before the parole date is set, moving up both parole eligibility and release.

Ways to Accrue Credits



1. Institutional Labor

90 days / 360 hours of work

Credits require completing 360 hours of satisfactory facility work. Accumulation is **capped at 180 days** within any 12-month period.



2. Program Completion

Up to 90 days / program

Earned upon completion of an approved program. Accumulation is **capped at 270 days** within any 12-month period.



3. Heroic Act

Up to 365 days

Discretionary award reserved for documented, verified life-saving acts or emergency assistance, requiring warden and secretary review.

Exclusions and Limits



Required Treatment Compliance

Refusal or failure in priority programs disqualifies individuals from earning work or discretionary credits.



Ineligible Offense Categories

Excludes individuals serving life sentences, capital convictions, or offenses committed prior to July 1, 1996.



Strict 15% Cap for 11 Serious Crimes

For serious crimes like aggravated assault or felony child abuse, EDCS only reduce a maximum of 15% off the sentence. These individuals must still serve at least 85% of their term.



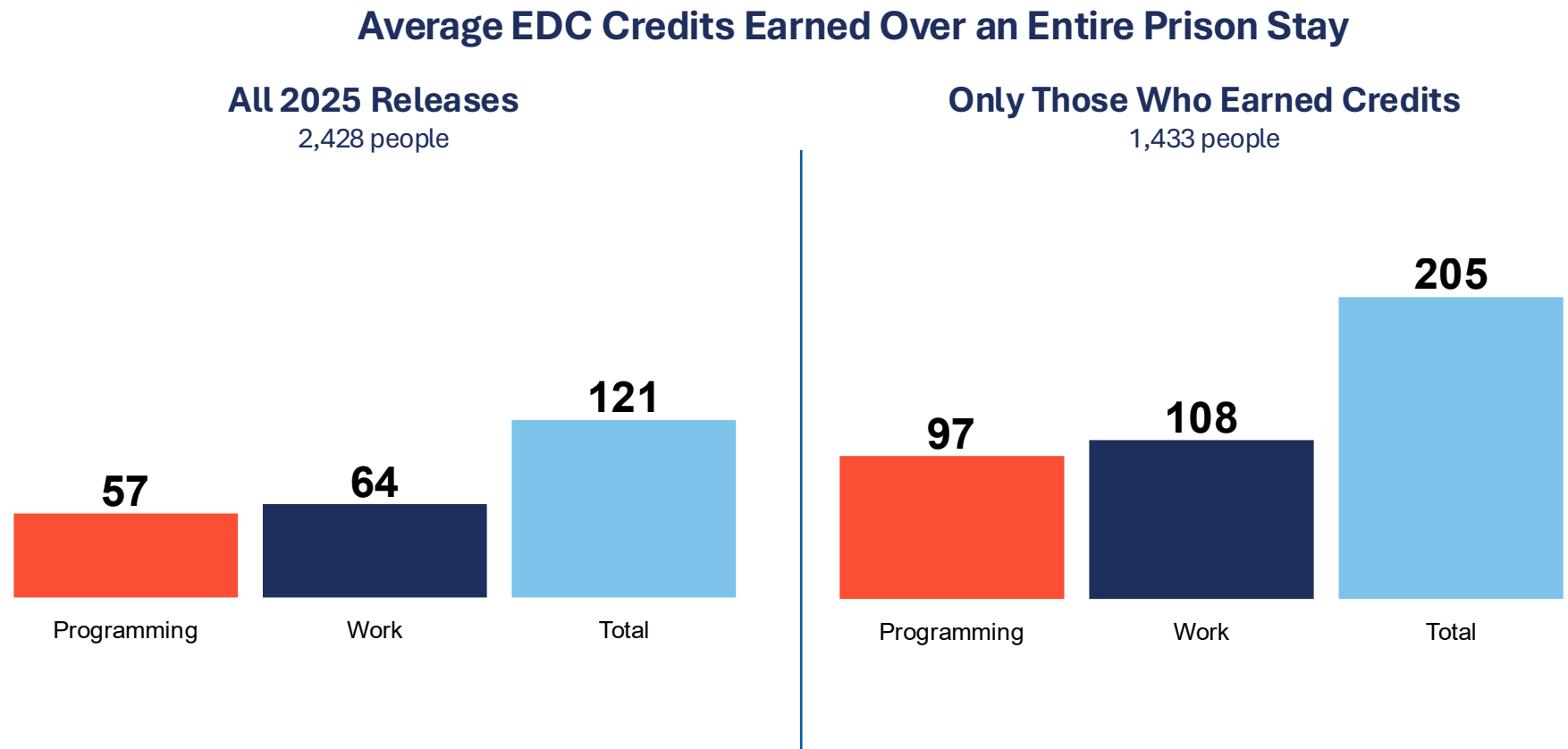
Annual Caps and No Accrual Rollover

Total combined work and programming credits cannot exceed 270 days in any 12-month period; uncompleted work accrual resets to 0 upon facility release and cannot roll over to community supervision credits.

People released in 2025 earned about 4 months off their stay in prison, on average.

Of 2,428 people released in 2025, **1,433 (59%)** earned EDCs; **995 (41%)** earned none.

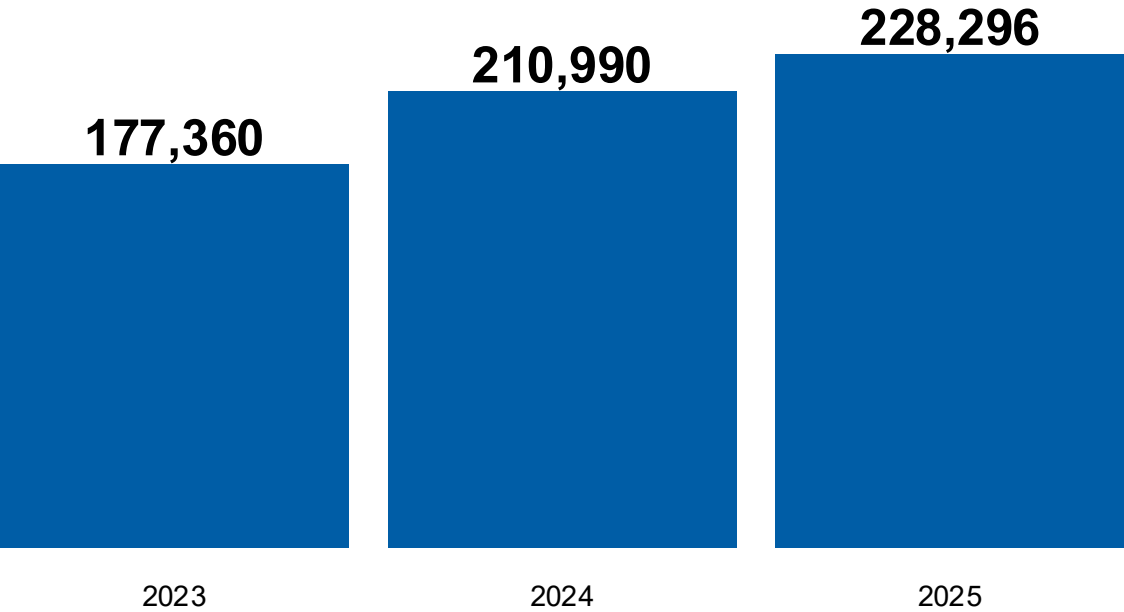
Those earned credits averaged nearly 7 months off their stay.



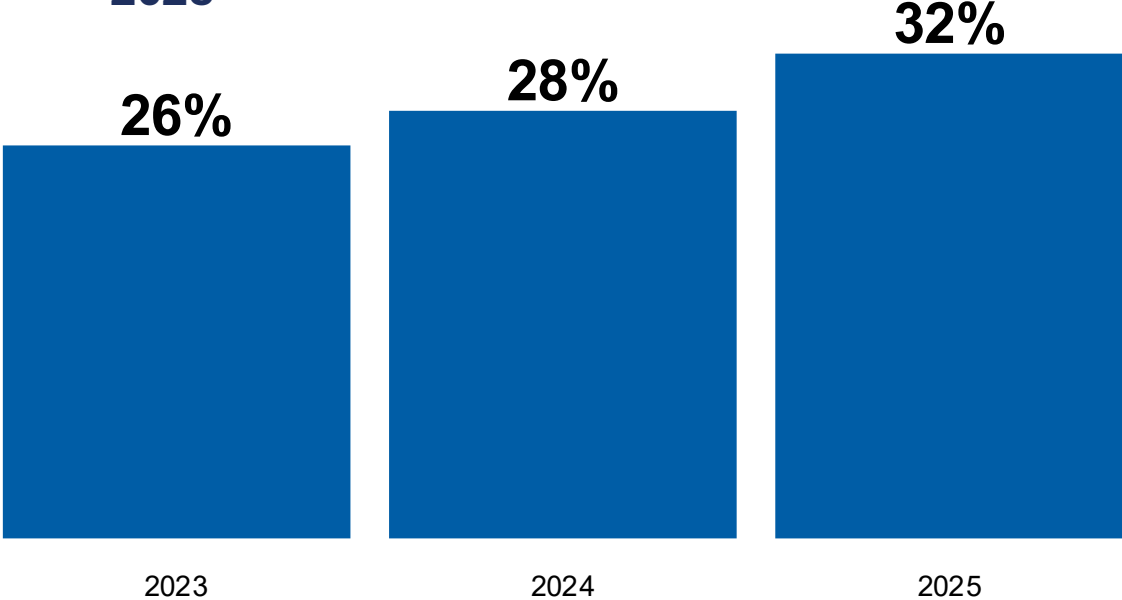
Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

Just as access to programming has increased, the number of earned credits for programming has increased.

EDCs Earned for Programming Across All Facilities, 2023–2025



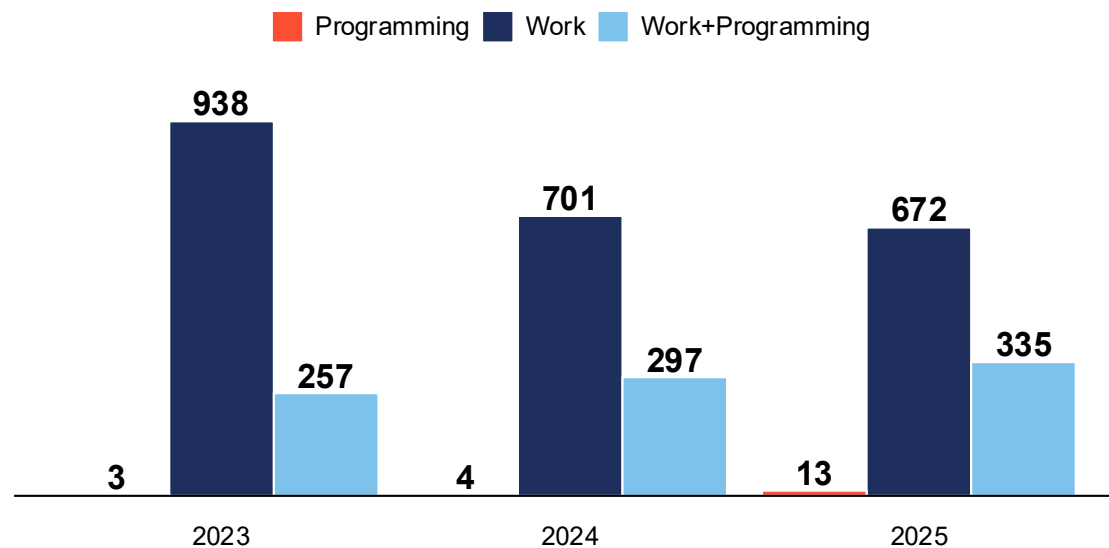
Percentage of People Earning EDCs for Programming Across All Facilities, 2023–2025



Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

A growing number of people are reaching the credit cap by adding programming to work.

Individuals Who Earned the Maximum Credits Allowed per Year, 2023–2025



Annual EDC caps

- 180 days for work
- 270 days for program completion
- 270 days for work + programming combined

Almost no one reaches the cap with programming alone.

Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

People with short stays earn EDCs that get them released even sooner.

In 2025, people with sentences under 1 year earned, on average:



Source: Analysis of South Dakota Department of Corrections data conducted by The Council of State Governments Justice Center, May 2026.

What We Can Measure Now and What Takes More Time

You asked whether current programs have data that show they are reducing recidivism.

A clean program-by-program answer is hard: Long-term outcomes aren't yet linked to individual programs in the data, and even with perfect data, isolating one program's causal effect is complex—people take several programs and aren't randomly assigned to easily study the impact.

Clearer proof it worked • More time & resources

Now • low cost

Completion & dosage

Are people finishing programs and getting the full intended dose?

Near-term

Pre- / post-change

Use results that staff already collect: Are behaviors changing based on what the program targets (e.g., criminal thinking)?

Mid-term

Linked outcomes

Connect program data to recidivism—descriptive patterns and matched comparisons (not yet causal).

Longer-term • resource intensive

Rigorous evaluation

Quasi-experimental or experimental study of priority programs—the gold standard, used selectively.

The path: Build the data foundation now, use feasible measures to manage and improve, and reserve rigorous evaluation for the highest-priority programs.

Refined Findings

WHO Are the right people in the right programs?

What's Working

- Intake screening identifies mental health and substance use needs at entry.
- Risk and needs assessment tools guide many program placements.
- People with high risk and high needs are prioritized for program access.

Current Challenges

- Who gets off the waitlist and into programs runs on unstructured staff discretion, not clear criteria.
- Demand outstrips supply; access is uneven for people with long sentences, and people returning for short stays can crowd out others.
- EDCs drive motivation to participate more than assessed need.

Are programs evidence based and aligned to need?

What's Working

- Nationally well-regarded, evidence-based catalog
- Strong GED program outcomes
- Vocational partnerships are producing industry-recognized credentials
- Peer- and volunteer-led programs extend the reach of stretched staff and build prosocial culture

Current Challenges

- Catalog has more distinct offerings than DOC can deliver consistently.
- Certain categories of programming are missing (e.g., literacy and education for all levels of learners, domestic violence, tribally responsive programming, options for people serving long sentences).
- There is limited data tracking for peer-led and volunteer programs, so it's hard to understand reach and outcomes.

Are programs set up to succeed?

What's Working

- Committed, skilled facilitators
- Pre- and post-assessment tools are used for most clinical groups.
- Precise GED tracking

Current Challenges

- Inadequate program and security staffing
- Inconsistent training and no systemic quality assurance/fidelity checks
- Operational disruptions reduce program time
- Programs operated in silos with limited coordination across program types and staff support

HOW WELL is the linchpin.

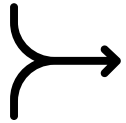
Improvements to WHO and WHAT won't stick without quality program delivery and the adoption of a rehabilitative culture across all divisions and levels.



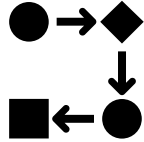
Three things are essential, not optional: (1) quality assurance, (2) staff training, and (3) enough staff to get people to programs and keep them running.

Recommendations

Four Moves to Improve Programs and Reduce Recidivism



Unify oversight
and coordination



Build logical
program pathways



Invest in capacity
and culture



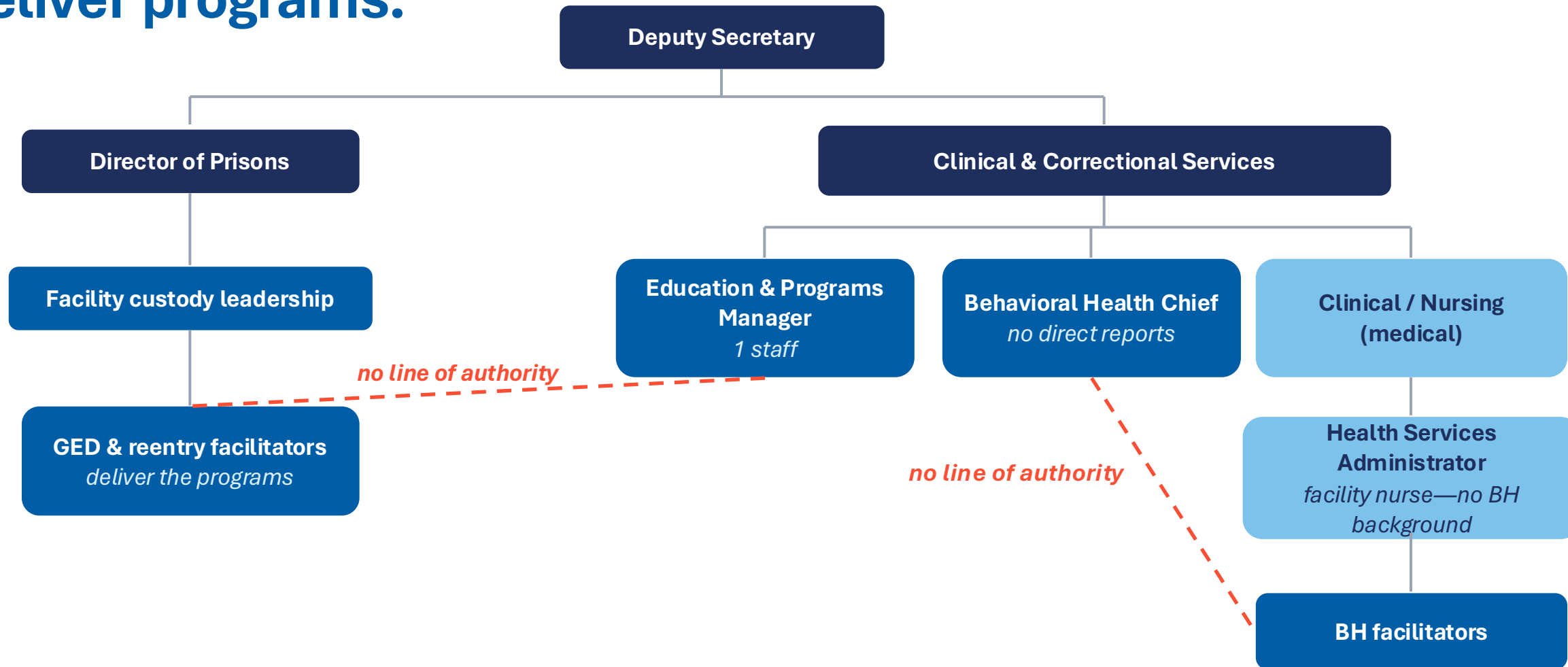
Empower DOC to
restructure EDCs

1: Unify oversight and coordination.



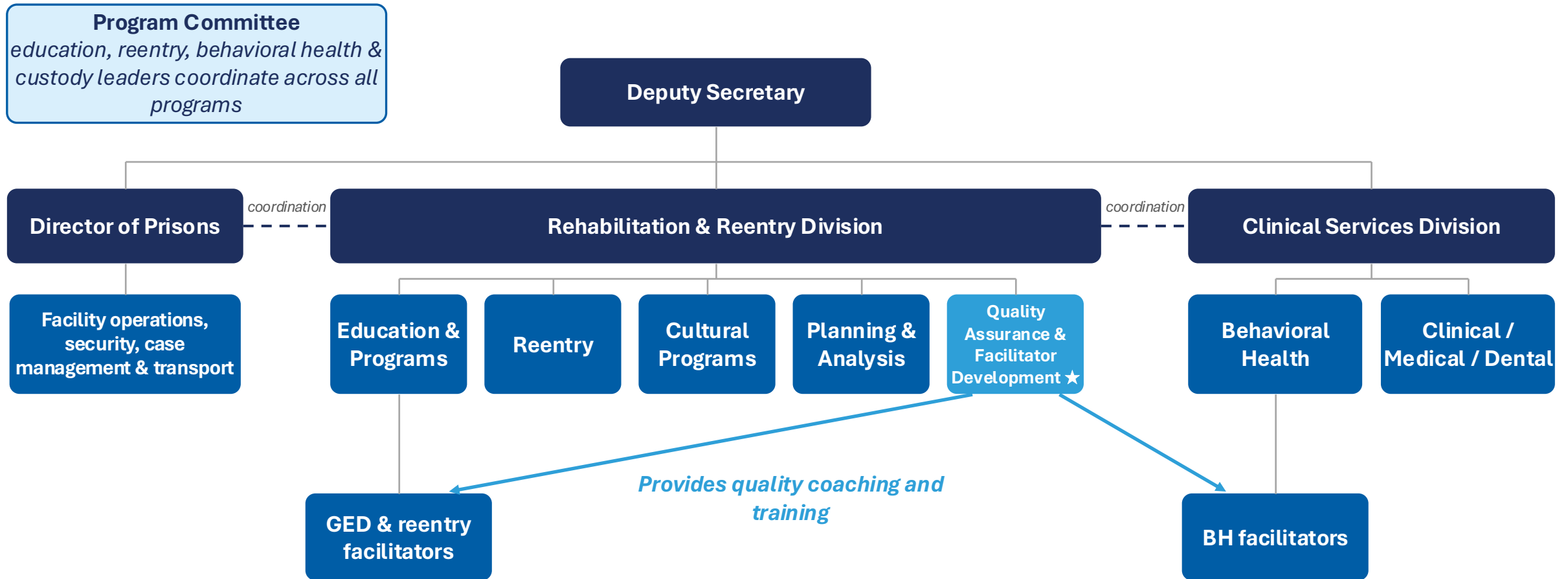
- **Establish a single Rehabilitation & Reentry division** to provide unified leadership and accountability for rehabilitation and reentry, with a designated owner for program quality and outcomes.
- **Strengthen DOC's internal program committee** as the cross-division coordination body responsible for the earned-credit structure, peer-led and volunteer programs, and curriculum pathways, and the evidence-based program catalog—coordinating across all types of programs, including education and behavioral health.
- **Establish a quality assurance and program facilitator development team** to support program fidelity and ensure consistent delivery across facilities.
- **Set shared data and reporting standards** so program participation and outcomes can be measured over time and programs are held accountable.

Today: Program leaders don't supervise the facilitators who deliver programs.



GED and reentry facilitators report through security; BH facilitators report through a facility nurse (HSA)—not through program or BH leadership.

Proposed: A Unified Division with a Coordinating Program Committee



Facilitators now report to the leaders responsible for program quality. The director of prisons coordinates operations, security, case management, and transport so programs can run, and the program committee aligns pathways across education, reentry, behavioral health, and custody.

★ Denotes the proposed creation of a new team

2: Build logical program pathways.



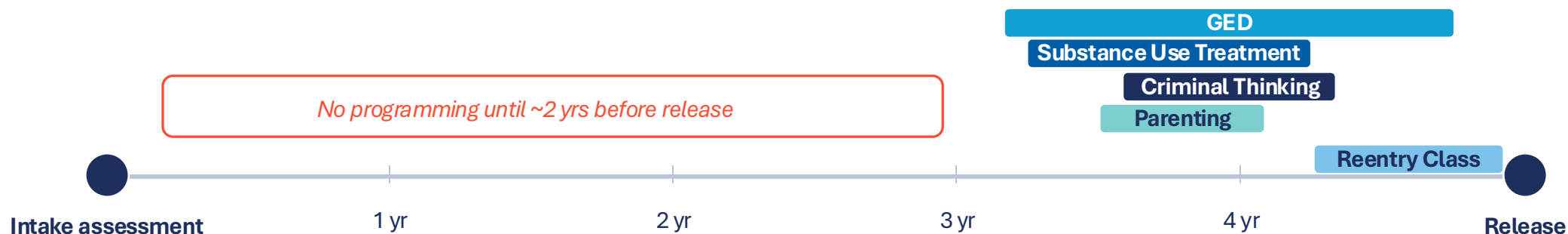
- **Sequence programming from intake to release**, driven by assessed risk and need, so programs build upon one another in a deliberate order.
- **Implement a centralized waitlist and placement management system** with clear, communicated referral criteria so people understand how placement works and what is available.
- **Streamline the catalog**—when multiple programs address the same need, prioritize the strongest.
- **Fill priority gaps** where current programming does not fully meet identified needs.
- **Coordinate each person's program plan across areas**, so programming is sequenced coherently rather than delivered in silos.
- **Address facility-specific scheduling and operational barriers** that limit attendance.

Sequencing Matters: Example of a 5-Year Stay

Profile: high risk for recidivism · substance use treatment need

Today

No core risk reducing programming for years, then several programs stacked together near release.



Proposed

Sequenced consecutively from intake—substance use first—each a realistic length.

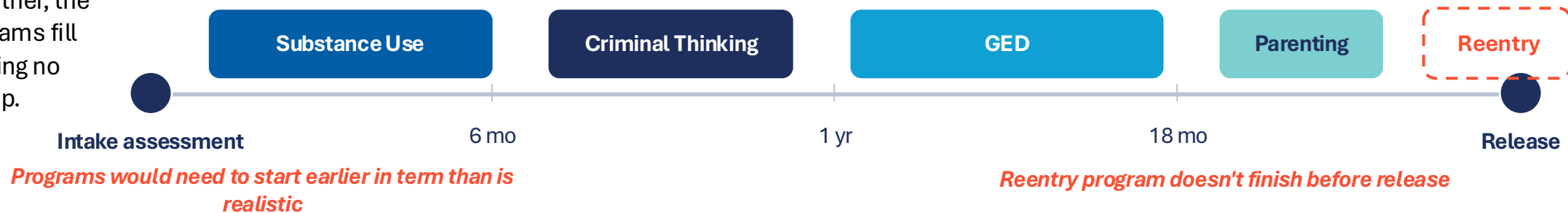


Sequencing Matters: A 2-Year Stay

Profile: A 2-year stay—not enough time to complete every program one after another

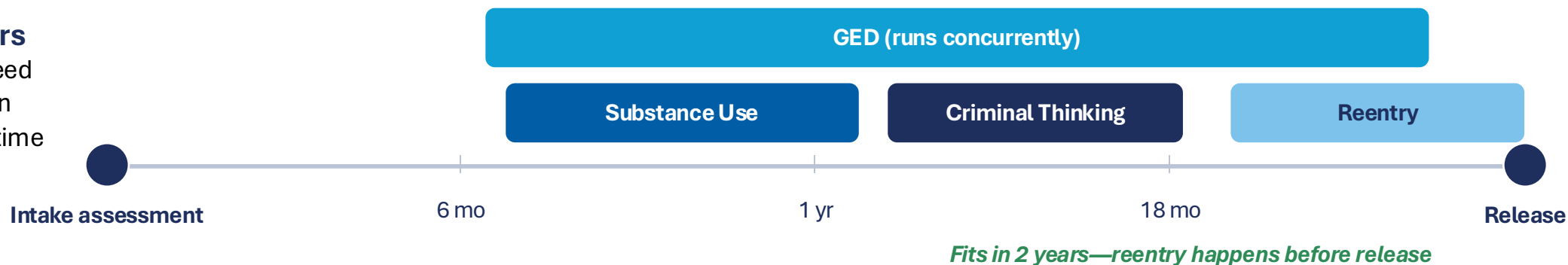
Strictly in sequence

Done one after another, the highest-need programs fill the two years, leaving no time for reentry prep.



Adapted to fit 2 years

Prioritize the highest-need programs, run education alongside, and protect time for reentry.

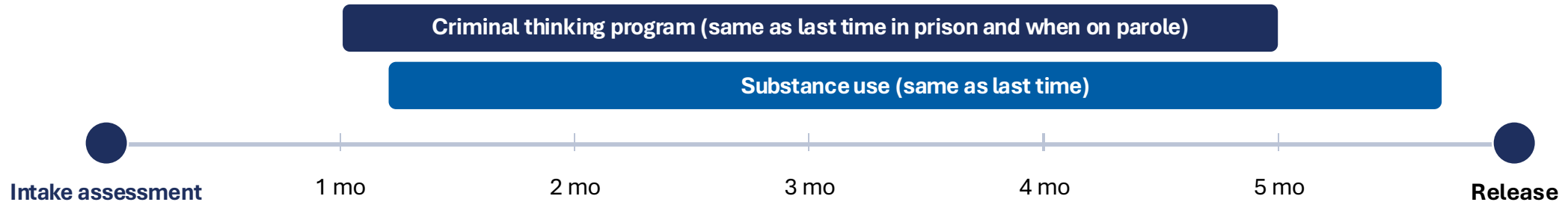


Specialized Pathways: Example of Someone Who Violated Parole with a 6-Month Return

Profile: High substance use and/or criminogenic need · already completed core programming on a prior term

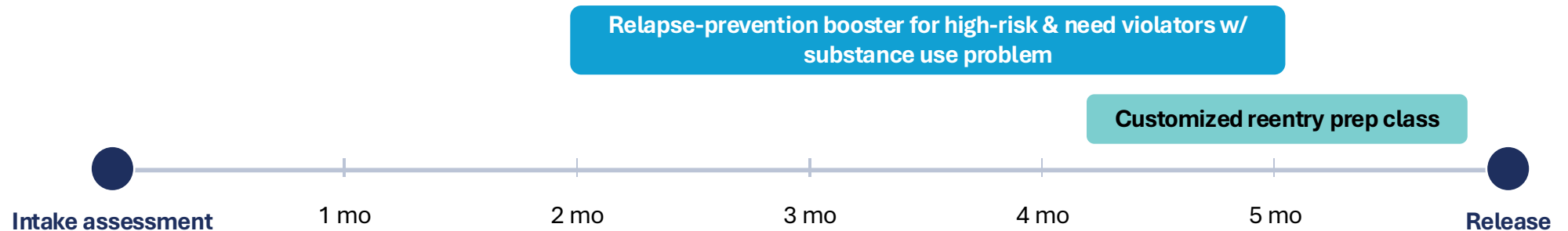
Today

Stacked into two full programs at once—both already completed during prior sentences.



Proposed

A dedicated parole-violator track: short, targeted, focused on what drove the return.



3: Invest in capacity and culture.



- **Add program facilitator and security/transport positions** to increase program participation and reduce class disruptions.
- **Add rehabilitation and reentry leadership and QA positions** to ensure that programs reduce recidivism over the long term and that money is not wasted.
- **Build a rehabilitative culture among custody staff** to support programming and reduce operational disruptions.
- **Build on existing peer-led programming**, such as peer mentors and peer tutors, to extend capacity and strengthen a rehabilitative culture, with training and oversight so it complements, rather than replaces, evidence-based programming.

4: Empower DOC to restructure EDCs.



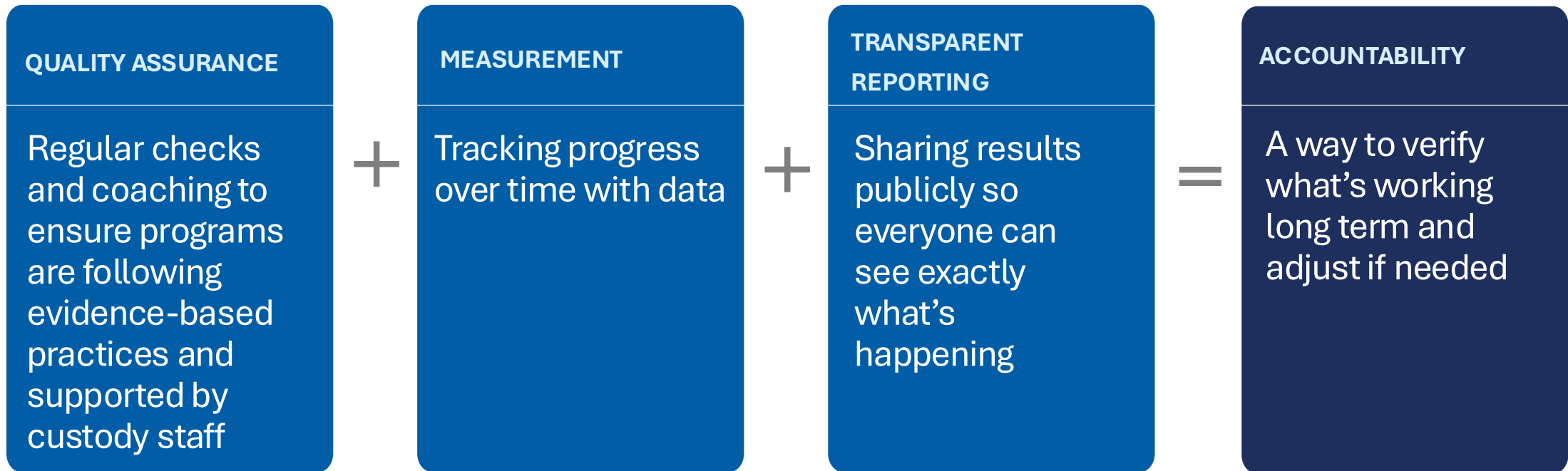
- **Move toward a credit-hour structure** so credits scale more consistently with program time and intensity, with appropriate DOC discretion.
- **Reduce operational disruption** caused by credits earned just before release or for people with very short stays, which can change sentence and release calculations at the last minute.
- **Reinvigorate DOC's programming committee** to adopt and monitor these changes.

What's Already in Motion

DOC has started several changes

- Centralized scheduling/waitlist pilot
- R&R division
- Program committee portfolio re-start
- Redundant data entry clean-up and new data system
- Applied to multiple federal funding opportunities to bring in new resources to support improvements

How We'll Know It's Working



Next Steps

Next Steps

- CSG Justice Center staff will help DOC with implementation planning for administrative changes.
- Reentry assessment findings in August
- Finalized CRTF recommendations in October; legislative options framed for the 2027 session

Thank You!

For more information, please contact Sara Friedman at sfriedman@csg.org.

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