EVIDENCE-BASED INITIATIVES TO REDUCE RECIDIVISM:

A STUDY COMMISSIONED BY

ACT No. 41

2011-2012 LEGISLATIVE SESSION

STATE OF VERMONT

Submitted to:

The Vermont Senate Judiciary Committee
The Vermont House Judiciary Committee
The Vermont Joint Committee On Corrections Oversight

Submitted by:

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December, 2011
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December, 2011
# TABLE OF CONTENTS

EXECUTIVE SUMMARY ........................................................................................................ 1
INTRODUCTION ..................................................................................................................... 1
METHODOLOGY .................................................................................................................... 2
RECIDIVISM REDUCTION PROGRAMS ............................................................................. 5
(Arranged in alphabetical order by program areas) ............................................................. 5
  COGNITIVE-BEHAVIORAL PROGRAMS ................................................................ 5
    Cognitive-Behavioral Treatment Program – Promising ................................................ 5
  CRIME PREVENTION AND CONTROL .................................................................... 5
    San Diego (CA) Drug Abatement Response Team (DART) – Effective ................... 5
    Specialized Multi-Agency Response Team (SMART) - Effective ............................. 6
  DOMESTIC VIOLENCE ............................................................................................... 7
    Charlotte–Mecklenburg (NC) Police Department Domestic Violence Unit – Promising ................................. 7
    Domestic Violence Court (Lexington County, SC) – Promising ................................ 9
    Project Support – Promising ....................................................................................... 9
  DRUG COURTS .............................................................................................................. 11
    Jackson County (OR) Community Family Court – Effective ................................... 11
    Multnomah County (OR) Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program - Effective .............................................................................. 13
    New York Drug Treatment Courts - Effective ......................................................... 15
    Oregon Drug Courts – Promising ............................................................................. 15
  DUI/DWI ...................................................................................................................... 17
    Clarke County (GA) Victim Impact Panels – Promising .......................................... 17
    Checkpoint Tennessee (Inactive) - Effective ............................................................ 18
    DUII Intensive Supervision Program – Promising ................................................... 19
    Idaho DUI Courts and Misdemeanor/DUI Courts – Promising ................................ 20
    Ignition Interlock Devices – Effective ...................................................................... 20
    Ottawa County (MI) Sobriety Court Program – Promising ...................................... 21
    San Juan County (NM) DWI First Offenders Program – Promising ........................ 23
  EDUCATION AND VOCATIONAL PROGRAMS ................................................... 24
    General Equivalency Diploma (GED) – Promising .................................................. 24
    Offender Employment Continuum (OEC) – Promising ........................................... 25
  INNOVATIVE PROBATION PROGRAMS ................................................................ 25
    Hawaii Opportunity Probation with Enforcement (HOPE) – Promising ................. 25
    Strategic Training Initiative in Community Supervision (STICS) - Effective ......... 26
    Additional Programs Similar to Project HOPE ......................................................... 27
  MENTAL HEALTH ..................................................................................................... 27
    Modified Therapeutic Community for Offenders with Mental Illness and Chemical Abuse (MICA) Disorders – Promising ............................................................................. 27
    San Francisco (CA) Behavioral Health Court – Promising ........................................ 29
    Seattle Mental Health Court (MHC) – Promising .................................................... 30
  SEX OFFENDER TREATMENT ................................................................................. 31
New South Wales Department of Corrective Services Custody-Based Treatment Program for Adult Male Sex Offenders – Promising ................................................................. 31
The Phoenix Program – Effective .................................................................................. 31

SUBSTANCE ABUSE TREATMENT ........................................................................ 32
Amity Prison Therapeutic Community – Promising ...................................................... 32
Behavioral Couples Therapy for Substance Abuse – Promising ................................ 33
Delaware KEY/Crest Substance Abuse Programs – Promising .................................... 34
Drug Treatment Alternative to Prison (DTAP) – Promising ......................................... 35
Forever Free (Inactive) – Promising ............................................................................. 37
Minnesota Prison-based Chemical Dependency Treatment – Promising .................. 38
Node-Link Mapping Enhanced Counseling for Substance Users – Promising .......... 40
Prize-Based Incentive Contingency Management for Substance Abusers – Effective .......................................................................................................................... 41
Stay'n Out Therapeutic Community (Inactive) – Effective ........................................... 42

SUPERVISION STRATEGIES FOCUSING ON OFFENDER DEFICITS .................. 43
Auglaize County (OH) Transition (ACT) Program – Promising ................................ 43
Boston (MA) Reentry Initiative (BRI) – Promising ...................................................... 43
Community and Law Enforcement Resources Together (ComALERT) – Promising .... 45
Family Justice: La Bodega Model – Promising ............................................................. 46
Family Support Program for Ex-Offenders (Inactive) – Promising .............................. 47
New Jersey Community Resource Centers – Promising ............................................. 47
New Jersey Halfway Back Program – Promising ......................................................... 48
Philadelphia (PA) Low-Intensity Community Supervision Experiment (Inactive) – Promising ............................................................................................................ 50
Preventing Parolee Crime Program – Promising ............................................................ 51
Washington State Work Release – Promising .............................................................. 52

TRANSITIONAL HOUSING ..................................................................................... 53
Harriet’s House (NC) – Promising ................................................................................. 53
Transitional Housing Program (MA Parole Board Model) – Promising ................. 53

EIGHT EFFECTIVE PRINCIPLES OF RECIDIVISM REDUCTION PROGRAMS ... 54
RECIDIVISM RISK ASSESSMENT TOOLS ................................................................. 57

VERMONT CRIMINAL JUSTICE SERVICE PROVIDER SURVEY ..................... 61

APPENDIX A ................................................................................................................... 73
EXECUTIVE SUMMARY

This report was commissioned by the Vermont Legislature pursuant to Act 41 during the 2011-2012 Legislative Session. The study involved two parts: 1) a literature review of “innovative programs and initiatives, including local programs and prison-based initiatives, best practices, and contemporary research regarding assessments of programmatic alternatives and pilot projects relating to reducing recidivism in the criminal justice system;” (Act 41, Section 10); and 2) a survey of Vermont criminal justice service providers to identify innovative programs and assess the level of evidenced-based programming in the state. Although this report is not an exhaustive analysis of evidence-based initiatives which reduce recidivism it does suggest an effective strategy for the future collection and dissemination of information regarding evidence-based programs and practices at both the national and state level.

Literature Review

This segment of the project was generated after searching government and professional websites for effective recidivism reduction programs. Forty-seven programs were classified as either effective or promising. Programs classified as effective have demonstrated through evaluation research that they are successful in reducing recidivism. Promising programs included in this report have evaluation results that are encouraging. Individual programs were reviewed in twelve different programming areas. For each program the following information was provided: program summary, evaluation results, recidivism measure utilized in evaluation/program, cost information when available, project location, and target population. Appendix A contains an alphabetical list of the 47 programs that were reviewed along with brief descriptive information for each program.

One program included in this report, Project HOPE (Hawaii Opportunity Probation with Enforcement), has received a considerable amount of national attention. Some states are attempting to replicate Project HOPE and a brief discussion of those efforts is included. There appears to be no evidence-based evaluations currently available for replications of the Project Hope program.

In addition to the recidivism reduction programs, information for eleven validated risk assessment tools was researched and provided. Research has shown that to reduce recidivism it is imperative to accurately identify what needs and risks offenders have and target those areas with appropriate programs.

After reviewing the recidivism reduction programs, eight effective principles of recidivism reduction programs were identified.
Effective Principles of Recidivism Reduction

- **Treatment/programming should focus on offender risks and criminogenic needs**
  - This principle involves assessing the risks and needs of individual offenders and then providing offenders with treatment or programming that addresses/meets those risks and needs. A key element of this principle is the use of proper risk and needs assessment tools.

- **Individualized treatment/programming**
  - This principle is directly related to the previous principle. Providing offenders with individualized treatment and programming has been proven to reduce recidivism. While there might be, for example, a generic behavioral modification program in place at a correctional facility, this principle would require that offenders receive additional training or modules that address their specific needs.

- **Cognitive-behavioral approaches**
  - This principle focuses on thinking interventions that change behavior.

- **Therapeutic communities or separate living areas or units should be provided for those receiving treatment while incarcerated (especially mental health, substance abuse, etc.)**
  - Therapeutic communities involve group therapy where all participants live together and work through their issues in a community type setting.

- **Training provided to those assisting offenders**
  - This principle shows the important role of the individuals who are working with offenders. An untrained or ill-prepared parole officer could completely undermine an otherwise effective program. Unfortunately many program evaluations do not address the training of staff.

- **Multi-stage approaches -- services while incarcerated and after release with options for self-paced progression through treatment/program**
  - Programs that have reduced recidivism generally were provided to offenders in multiple settings/stages. Additionally offenders were able to move through programs at their own pace. For example, some individuals will need more time to adjust to living in society and being drug-free than others.

- **Use of positive incentives**
  - Research has shown that positive incentives and rewards are effective in changing behavior.
• Specialty courts (Drug, DUI, Mental Health, etc.)
  o Specialty courts try to address the needs of the offender from a holistic approach.

Vermont Criminal Justice Service Provider Survey

The second segment of this project involved a survey of Vermont criminal justice service providers to identify innovative programs and assess the level of evidenced-based programming in the state. An online survey was created and distributed to 167 individuals representing 137 Vermont agencies. A total of 66 individuals responded to the survey (40%), representing 62 different agencies. Forty-seven of the 62 agencies reported that they conducted innovative programs, initiatives, or pilot projects designed to reduce recidivism, and provided information on a total of 67 of those programs.

Innovative programs were reported in 11 different program categories including reentry/housing, substance abuse treatment, community justice, job training/education, diversion programs, domestic violence programming, mental health, female offenders, sexual violence, victim advocacy, and juvenile programs. Over 70% of the programs served adult offenders of either gender, with repeat and first time offenders, drug and alcohol dependent and non-violent offenders being the most frequently mentioned target populations. About half of the programs targeted violent and mentally ill offenders. A little more than a third of the programs served juveniles and sex offenders.

On average, the innovative programs discussed in the report had been in operation for five years. Program costs varied from $20 per individual to $22,500 per individual. Nearly 87% of innovative programs received funding from the State of Vermont, while 50% were supported by federal funds.

Over 50% of the programs were considered entirely or mostly evidence-based. About a third of the programs had some aspects that were evidence-based. About a third of the programs had been evaluated. For those programs that had been evaluated, recidivism percentages were reported for only four programs. Recidivism percentages ranged from 16%-20% to over 40%. Program completion rates were given for only about a third of the programs reported on in the survey. For those programs that did have completion rates reported, the percentages typically ranged from 50% to 90%. Almost half of the programs included in the survey reported that they routinely used risk assessment tools.
Evidence-Based Recidivism Reduction Study

INTRODUCTION

During its 2011 session the Vermont Legislature passed the War on Recidivism Act (Act #41) which provided for a recidivism reduction study to be conducted by the Vermont Center for Justice Research (VCJR). The charge to the VCJR was as follows:

The center shall evaluate innovative programs and initiatives, including local programs and prison-based initiatives, best practices, and contemporary research regarding assessments of programmatic alternatives and pilot projects relating to reducing recidivism in the criminal justice system. The center’s research shall focus on evidence-based initiatives related to swift and sure delivery of sanctions and effective interventions for offenders. (Act 41, Section 10)

In light of the legislative charge the study has two components: 1) a literature review of programs that effectively reduce recidivism; and 2) a survey of Vermont criminal justice service providers to identify innovative programs and assess the level of evidenced-based programming in the state.

The literature review contains: 1) reviews of 47 programs which were determined to be either effective or promising in terms of reducing recidivism; 2) eight effective principles of recidivism reduction programs which were gleaned from the program review; 3) information regarding eleven validated risk assessment tools; and 4) an appendix which contains an alphabetical list of the 47 programs that were reviewed along with brief descriptive information for each program.

The survey section of the report contains the results of an online survey which was emailed in October, 2011, to 137 Vermont agencies that provide criminal justice services. Topics in the survey report include: 1) information on program service areas with innovative programming; 2) target populations; 3) program costs; 4) funding sources; 5) evidenced-based programming; 6) program evaluation; 7) recidivism data; 8) program completion rates; and 9) use of risk assessment tools.

The methodology for the literature review and the survey of Vermont criminal justice agencies is described in the Methodology section below.
METHODOLOGY

Literature Review Methodology

Prior to conducting any research, the study team discussed what criteria and qualities would be used to determine which programs to include in the literature review. The team was looking for effective programs (strong evaluation evidence) and promising programs (some evaluation evidence). It was determined that the research would focus on programs that served adults and had been evaluated. Consistent with the principles of evidence-based practices (EBP), the study design aimed for quality evaluations that used true experimental research designs or quasi-experimental designs.

The research team also identified a list of program areas which had been designated by previous EBP studies as being effective or promising. After review by the Joint Legislative Corrections Oversight Committee the following program areas were designated to be the focus of the literature review: 1) Cognitive-Behavioral Programs; 2) Drug Courts; 3) DUI/DWI Programs; 4) Education and Vocational Programs; 5) Innovative Probation Programs similar to Project HOPE; 6) Mental Health Programs; 7) Sex Offender Treatment; 8) Substance Abuse Treatment; and 9) Supervision strategies focusing on offender deficits.

A study Advisory Group of stakeholders was convened to review the study plan and the list of program areas (See Appendix B for Advisory Group membership). The Advisory Group subsequently added two topics to the study list -- Domestic Violence Programs and Transitional Housing Programs. The study team subsequently added Crime Prevention & Control as a program area which served as a general program category for classifying some effective or promising projects that could not be readily classified under one of the other program areas.

Based on recommendations from the Advisory Group the following information was collected from each program: 1) program summary; 2) evaluation results; 3) recidivism measure utilized in evaluation/program; 4) cost information when available; 5) project location; and 6) target population. In addition to the analysis of recidivism reduction programs, the Advisory Group also requested information regarding validated risk assessment tools.

The Principle Investigator (PI) first searched federal government websites (Center for Program Evaluation, etc.) using the key words from the list of program areas under investigation. State government websites (Washington State Institute for Public Policy, etc.) were then searched. The next step was to search professional databases and academic journals (Academic Search Premier, etc.) for evaluated recidivism reduction programs. The last search technique employed was Google Scholar and Google. Programs were searched from June to October 2011.

The programs identified during the literature review were grouped by program area. Within program areas projects were labeled either effective or promising based on their
Evidence-Based Recidivism Reduction Study

evaluation outcomes. Effective “programs have strong evidence indicating they achieve their intended outcomes when implemented with fidelity.” Generally these programs were the subject of several evaluations. Promising “programs have some evidence indicating they achieve their intended outcomes.” Generally there was one positive evaluation for promising programs. All programs that met the following criteria were included in the report: 1) could be identified using the literature review methodology outlined above; 2) could be classified as promising or effective; 3) fell under one of the program search categories; and 4) served adults.

In the end, 47 programs met the inclusion standards. Some additional programs which could have been included under one of the study program areas were identified during the literature review, but they either had not been evaluated or they served juveniles and therefore were not included in this report. It is important to note that there are likely to be other effective or promising programs that are not included in this report because they could not be identified using the report’s literature review methodology which, though extensive, was not exhaustive.

Vermont Criminal Justice Service Provider Survey Methodology

The second segment of the recidivism reduction study involved a survey of Vermont agencies. The survey had three objectives: 1) to create a statewide directory of agencies providing criminal justice services; 2) to identify agencies which are providing innovative programs, initiatives, and pilot projects designed to reduce recidivism; and 3) to determine the extent to which innovative programming in Vermont is evidenced-based.

An online survey was created based on input from the Advisory Group. The survey was pretested with four members of the Advisory Group. After revisions suggested by the pre-testers were added, the survey was distributed in October, 2011, to 167 individuals representing 137 Vermont agencies. The list of respondents was developed from several sources including: 1) agencies identified in the Tri-Branch Task Force’s Sequential Intercept Model; 2) agencies that attended the statewide Offender Re-Entry Conference on September 9, 2011 in Montpelier; 3) agencies that contract with the Department of Corrections; 4) recommendations from the Court Administrator’s Office; 5) diversion programs; 6) transitional housing programs; 7) members of the Vermont Council of Developmental and Mental Health Services; and 8) members of the Community Justice Network of Vermont.

Respondents were asked to complete the survey within two weeks. After one email follow-up a total of 66 individuals responded to the survey (40%), representing 62 different agencies. Forty-seven of the 62 agencies reported that they conducted

1 http://crimesolutions.gov/about_starttofinish.aspx
2 http://crimesolutions.gov/about_starttofinish.aspx
innovative programs, initiatives, or pilot projects designed to reduce recidivism, and provided information on a total of 67 programs.
RECIDIVISM REDUCTION PROGRAMS

(Arranged in alphabetical order by program areas)

COGNITIVE-BEHAVIORAL PROGRAMS

Cognitive-Behavioral Treatment Program – Promising

- “The program is from Newfoundland, Canada. It is an intensive community supervision program that uses electronic monitoring (EM). The intensive part of the program was the ‘Learning Resources Program’ which provided treatment to individuals “four mornings a week for a total of 9 hours.” It included topics like: “anger management, criminal thinking, and substance abuse groups.” Additional “relapse prevention plans were also developed.”

- “The evaluation of the program involved three groups: “(1) treated offenders under EM supervision, (2) treated probationers, and (3) released inmates.” Treatment was effective in reducing recidivism for higher risk offenders. Overall “recidivism rates were 31.5% for the [first group], 35.3% for the probationers, and 31% for the inmates.” While it appears that there wasn’t a difference between the groups, the authors did additional calculations using the risk principle and found that there was a difference between the groups.” Evaluation done by Bonta, J., Wallace-Capretta, S. and Rooney, J. (2000) “A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program,” Criminal Justice and Behavior, 27:312.

- Recidivism Measure: Reconviction within 1 year of completion of treatment or release from prison
- No cost information available.
- Tried with adults


CRIME PREVENTION AND CONTROL

San Diego (CA) Drug Abatement Response Team (DART) – Effective

- “The San Diego Drug Abatement Response Team (DART) in California was designed to reduce drug dealing at residential rental properties by encouraging improved property management practices. It leveraged the authority of civil law to pressure landlords into addressing problems at
Evidence-Based Recidivism Reduction Study

rental properties where drug problems had been identified. San Diego DART targeted private rental properties that had been subjected to some form of drug enforcement. In more than half of the cases, this enforcement activity was a search warrant–based raid. Other actions included knock-and-talk events (police requested permission to search the premises for drugs); buy–bust events (an undercover office made a buy, which led to an arrest); parole searches; and Fourth Amendment waiver actions. The targeted behaviors included increased evictions of drug offenders and reduced drug-related criminal activity. One hundred and twenty one properties were selected for this program. Most properties were owned by individuals or partnerships (94.9 percent), and most owners indicated that they could spend little or nothing to improve the property.”

Eck and Wartell (1998) “found that properties that received the full intervention (letter from police department, meeting with police and code enforcement, and threatened nuisance abatement) experienced a significant reduction in crime (60 percent) when compared to the control group. Over the entire 30 month period, the full intervention group had 1.85 crimes fewer than the average control group place, after pretreatment crimes were controlled. Properties that had received only the letter also had a reduction in crime, but this reduction was not statistically significant. In all five of the 6-month periods after the intervention, both treatment groups had fewer crimes than the control group. The biggest declines occurred in the first 6 months after treatment. There were significantly more evictions for the full intervention group compared to control group. There were also more evictions for letter group compared to the control group, but the difference was not statistically significant.”

Recidivism Measure: Reported felonies to police

No cost information available.

Tried with males and females.

Tried in suburban and urban areas.

Target Population: alcohol and other drug offenders

http://www.crimesolutions.gov/ProgramDetails.aspx?ID=88


Specialized Multi-Agency Response Team (SMART) - Effective

“Specialized Multi Agency Response Teams (SMARTs) are part of a team-based approach to reduce drug-related problems and improve habitation conditions at targeted problem sites. As part of the Oakland Beat Health program, target sites were identified by police according to the number of emergency calls from an area, the number of narcotic arrests there, or special requests for police assistance from community-based groups. Sites could be residential or commercial, and they often experience multiple problems. Once a site was identified, the police visit the area and meet with various stakeholders to establish working
relationships. Police attempt to communicate to the stakeholders that they (the police) are invested in cleaning up the area. The police suggest simple crime prevention measures and explain landlords’ rights and tenants’ responsibilities. Activities can vary by site and include alternative, problem-solving tactics (e.g., inspecting drug-nuisance properties, posting “no trespassing” signs) and traditional law enforcement tactics (e.g., the arrest of drug dealers, increased police patrols at targeted sites).”

- Green (1995) “found that almost half of the treatment sites (45.8 percent) experienced improvements in rates of contact or arrest; only 13 percent (42 sites) grew worse. About 75 percent of catchment areas showed improvements in contact and arrest rates; roughly 20 percent (66 sites) grew worse. Forty percent of sites showed improvement both at the target site and in the surrounding area.” Green “found a statistically significant relationship between what happened at the target site and what happened in the surrounding border area. This relationship suggested that when police efforts succeeded in affecting target sites the benefits often then spilled over into the boundary areas (diffusion of benefits). When such efforts failed, catchment areas sometimes worsened. There was a significant decrease in the mean number of people contacted at the SMART sites: from 3.7 in the year before SMART implementation to 1.5 in the year following, a 59 percent decrease. In the catchment areas, there was a decrease from 42 persons to 32 contacted/arrested—a decrease of 24 percent. There were statistically significant reductions in the number in individuals contacted or arrested at the same SMART site (64 percent), in number of persons displaced from a SMART site to a catchment area address (35 percent), and in the number of new individuals attracted to a SMART site (76 percent).”

- Recidivism Measure: (1) Contacts with police, (2) Arrests
- No cost information available.
- Tried with males and females.
- Tried in an urban area.


**DOMESTIC VIOLENCE**

**Charlotte–Mecklenburg (NC) Police Department Domestic Violence Unit – Promising**

- “The Domestic Violence Unit (DV Unit) was implemented as part of the Special Victims Unit in 1995. The goals of the unit are to reduce recidivism of serious domestic violence offenders and to assist victims of
domestic violence through the process of prosecution and recovery. As such, the DV Unit is designed to assist with particularly chronic or violent cases of domestic violence. All domestic violence cases in the county are forwarded to the police sergeant, who decides if the case should be assigned to standard patrol or the DV Unit. Reports of cases are reviewed, and decisions are made based on the offender’s history and the severity of the case. Most of the cases involve intimate partner violence, as opposed to family violence. The two main components of the DV Unit are 1) intensive investigation and 2) victim assistance. In the investigation component, domestic violence cases are assessed and, based on their seriousness, are determined if they are eligible for processing in the DV Unit. For those cases chosen for processing by the unit, the police department conducts follow-up interviews with witnesses, identifies and corrects missing information from reports, and prepares case materials for the district attorney. A lead detective is assigned to each case to conduct a thorough investigation, and the suspect is charged based on the evidence collected during the investigation. Aggressive measures are taken to ensure that the offender is prosecuted to the full extent of the law. This specialized and focused attention is one of the main factors that differentiate the DV Unit from standard police processing.”

- Exum and colleagues (2010) “found that across the 18- to 30-month follow-up, suspects assigned to the Charlotte–Mecklenburg Police Department’s Domestic Violence Unit (DV Unit) in Charlotte, N.C., were approximately 50 percent less likely to recidivate than suspects assigned to standard patrol. This was the net effect when taking into account offenders’ demographics, prior history of domestic violence, case severity, arrest, and jail time. When victim injury levels were included in the analysis, the odds ratio indicated that offenders assigned to the DV Unit are still less likely to recidivate compared to the control group offenders. Similar results were found when case features from police narratives were included. All results were found to be statistically significant. It was found that assignment to the DV Unit had a significant negative effect on the frequency of future offending. Offenders assigned to the unit had significantly lower recidivism frequency rates in comparison to offenders assigned to standard patrol. This finding remained the same when indicators of severity (severity of the triggering offense and of victim injury level) were taken into account in the analysis.”

- Recidivism Measure: New domestic violence incident (police incident reports used)
- No cost information available.
- Tried with adults, males and females.
- Used with African American, Hispanic, White, and Other individuals.
- Tried in an urban area.
- Target Population: serious/violent offender, victims of crime
Domestic Violence Court (Lexington County, SC) – Promising

- “The Domestic Violence Court…was established in November 1999.”
  (Gover et al., 2006, p.114) “The separate domestic violence court was designed to hold perpetrators of domestic violence accountable through increasing fines and time spent in jail, as well as placing a strong emphasis on mandatory batterer treatment.” (p.113-114) In addition to the creation of the domestic violence court, “the Lexington County Sheriff’s Office established a multi-agency collaborative approach to processing domestic violence cases.” (p.114) “The focus of the court was a therapeutic model of jurisprudence to processing domestic violence cases. Specifically, the prosecutor, investigators, judges, advocates, and mental health officials worked together in a coordinated approach that placed the primary emphasis on treatment options for defendants convicted of domestic violence.” (p.114)

- An analysis done by Gover, MacDonald, and Alpert (2006) examined the “recidivism rates of 189 defendants arrested for domestic violence before the implementation of the domestic violence court were compared with 197 defendants arrested after the court's implementation.” They found that “being processed through the domestic violence court decreased the odds of recidivism by 50%.” (p.122). The authors also conducted a logistic regression and found “additional strong evidence for the effectiveness of the court in reducing recidivism for domestic violence.” (p.122)

- Recidivism Measure: Rearrests for domestic violence, simple assaults, and aggravated assaults
- Court started with funds from a “Violence Against Women’s Act grant” (p.113)
- Tried with adults, males and females
- Used with White individuals.
- Tried in a rural area.


Project Support – Promising

- “Project Support addresses the issues that family violence causes for children of abused mothers and children who have been maltreated. Since these children are at a high risk for conduct problems, the objective of the program is to reduce conduct problems in these children, reduce harsh parenting, and improve the mother’s relationship with her children. The program also aims to provide support for battered mothers during their
transition away from an abusive partner. The program is targeted at families (mothers and children) who have sought refuge at a domestic violence shelter. To receive services through the program, at least one child between the ages of 4 and 9 must exhibit clinical levels of conduct problems, as defined by the Diagnostic and Statistical Manual of Mental Disorders, and the mother must be trying to establish a household separate from the violent partner. The intervention comprises two main components: 1) providing emotional support to the mother and 2) teaching her child management and nurturing strategies to reduce misconduct in her child. The program addresses the first component by helping mothers obtain physical resources and social support to help them become self-sufficient, and by offering training in decision making and problem solving. The second component involves teaching the mother positive ways to respond to behavior problems, communication skills, and ways to facilitate a positive relationship with her child.”

O “At the 24-month follow-up, McDonald and colleagues (2006) found that children in the Project Support group were less likely to exhibit clinical levels of conduct problems compared to children in the comparison group. Fifteen percent of children involved in the treatment group exhibited clinical levels of conduct problems, compared to 53 percent of those in the comparison group. According to mothers’ reports, children in the Project Support group were happier and had better social relationships compared to children in the comparison group. The mean score for the Children’s Happiness/Social Relationships Scale was 3.9 for the treatment group, compared to a mean score of 3.5 for the comparison group. This difference was found to be statistically significant. Mothers in the Project Support group were less likely to use aggressive child-management strategies; they also reported improvement in parenting skills. Of the mothers in the treatment group, 31 percent reported using an aggressive child-management strategy during the follow-up period, compared to 71 percent of mothers in the comparison group. Mothers in the Project Support program were less likely to have returned to their abusive partners during the follow-up period. Twenty-three percent of mothers in the treatment group reported having returned to their partner during the follow-up period, compared to 53 percent of the mothers in the comparison group. Mothers in the Project Support program were less likely to have experienced physical violence during the follow-up period. Thirty-eight percent of mothers in the treatment group reported a recurrence of violence, compared to 47 percent of mothers in the control group.”

O Measure: (1) children’s conduct, (2) maternal aggression toward children, (3) mother’s decision to return to partner, & (4) reoccurrence of physical violence

O No cost information available.

O For females.

O Used with African American, Asian/Pacific Islander, Hispanic, White, and Other individuals.
Promising results in suburban and urban areas.

Target Population: females, victims of crimes, children exposed to violence, families

http://www.crimesolutions.gov/ProgramDetails.aspx?ID=60


**DRUG COURTS**

**Jackson County (OR) Community Family Court – Effective**

“The Jackson County Community Family Court (CFC) is a family drug court program for parents with admitted substance abuse allegations whose children are wards of the State of Oregon and are in the custody of the Department of Human Services (DHS). The CFC was designed to coordinate services and interventions that help to rehabilitate court-involved parents and their families. The goal of the program is to work toward parental sobriety, family reunification, and child safety. The CFC is a family drug court (FDC), a type of problem-solving court that encompasses essential components of the adult drug court model. The program is implemented using the ‘Ten Key Components of Drug Courts,’ established by the National Association of Drug Court Professionals (1997). The components of FDCs include regular (usually weekly) court hearings, intensive judicial supervision, timely referral to a substance abuse treatment program, frequent drug testing, rewards and sanctions linked to program compliance, and wraparound services. FDC teams always include the child welfare system along with the judicial and treatment systems. The program is designed to last a minimum of 12 months, from entry into the program until graduation. The CFC program consists of three phases. As participants demonstrate compliance with program requirements, they progress to the next phase of treatment. The phases differ on length, treatment requirements, and submission of drug tests. For example, the minimum length of the first phase is 4 to 6 weeks. Program participants are required to submit to drug tests 3 times per week, attend group treatment 4 or more times per week, and attend drug court sessions once per week. Participants are also required to attend self-help groups or 12-step meetings, and attend individual treatment sessions at least once per month. By the final phase of treatment, there is no minimum length of treatment. Participants are required to submit to drug tests at least once per month and usually several times during the final month prior to graduating. Participants attend group treatment once per month, and there are no specific requirements for individual treatment attendance.
Participants are still required to attend self-help groups or 12-step meetings.”

- Carey and colleagues (2010) “found that significantly more parents in Oregon’s Jackson County Community Family Court (CFC) were enrolled in drug treatment in the year after the petition date than non–CFC parents. Almost 85 percent of CFC parents had treatment sessions during the year after their child welfare petition, compared to fewer than 71 percent of non–CFC parents during this same time. The results also showed that CFC parents spent nearly twice as long in treatment than parents who did not participate in the program. CFC parents spent an average of 112 days in outpatient treatment, compared to an average of 67 days in treatment for non–CFC parents. CFC graduates spent even longer time in outpatient treatment (an average of 126 days). CFC parents also spent more time in residential treatment (an average of 35 days, compared to 13 days on average for non–CFC parents). Finally, parents in CFC completed treatment more often than non–CFC parents. Over a 2-year period following entry into the program, 73 percent of CFC parents had completed treatment, compared to 44 percent of the comparison group. Parents who successfully graduated from CFC had the highest treatment completion rate (87 percent). Parents who participated in CFC were significantly less often rearrested over the 4 years from program entry, compared to non–CFC parents. In the first year following entry to the program, 10 percent of CFC graduates and 25 percent of all CFC participants were rearrested, compared to 30 percent of non–CFC parents. By the fourth year, 20 percent of CFC graduates and 40 percent of all CFC participants were rearrested, compared to 63 percent of non–CFC parents. CFC parents also had significantly fewer rearrests for felony, misdemeanor, and drug charges. CFC parents were rearrested nearly half as often for any charge (felony or misdemeanor) and had 33 percent fewer rearrests with drug charges over 4 years.”

- Recidivism Measure: (1) completed treatment, (2) graduated from CFC, (3) re-arrests

- “In addition to evaluating the outcomes of participating in the Jackson County Community Family Court (CFC), Carey and colleagues (2010) also conducted a cost–benefit analysis using an approach called Transactional and Institutional Cost Analysis (TICA). This approach views an individual’s interaction with agencies that receive public funding as a set of transactions in which the individual uses resources contributed from multiple agencies. Transactions are those points in a system where resources are consumed and/or change hands. In this analysis, outcome costs were calculated for various factors, such as re-arrests, jail time, probation/parole time, outpatient drug treatment days, residential treatment days, and foster care days. Only costs to taxpayers were calculated. The cost analysis found that the average cost of the CFC program was $12,147 per participant. After 4 years, the criminal justice system outcome costs were $35,287 for the comparison group, $29,694 for...
Evidence-Based Recidivism Reduction Study

all members of the CFC group, and $22,286 for CFC graduates. This results in a total average costs savings of $5,593 per CFC participant, or $1,398 per participant per year, regardless of whether the participant graduates from the program, which is 15.85 percent less per participant than members of the comparison group. CFC graduates had the greatest cost savings after 4 years; graduates cost savings per participant is $1,852 per year compared to all CFC participants and $3,250 per year compared to non–CFC participants. If the program continues to run at its current capacity of serving a cohort of 50 new participants a year, this could result in a yearly savings of $69,900 per cohort year. The CFC program has a cost–benefit ratio of 1:1.06. This means for every dollar spent on the program, $1.06 is saved in public costs.”

- For all ages and sexes.
- Used with African American, Hispanic, and White individuals.
- Effective results in rural and suburban areas.
- Target Population: children exposed to violence, alcohol and other drug offenders, families


Multnomah County (OR) Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program - Effective

- “The Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program is a drug court program that was designed to reduce the increasing backlog of cases involving drug offenders in Oregon’s Multnomah County. The program focuses on providing treatment services for offenders facing first-offense drug charges. Implemented in 1991, the STOP Drug Diversion Program is the second-oldest drug court in the country. The Multnomah County District Attorney’s Office determines if a defendant is eligible for participation based on arrest charge, criminal history, probation status, additional charges, status at other jurisdictions (holds or retainers), and previous participation in the program. The STOP Program targets defendants charged with possession of a controlled substance and possession of more than an ounce of marijuana as well as other drug-related charges, such as tampering with drug records (i.e., forging prescriptions for pharmaceutical drugs). A defendant may still be eligible for the program if they face additional, non–drug related criminal charges, as long as participation in the diversion program does not interfere with conditions of probation for those other charges.”
- Finigan (1998) “found statistically significant differences between the treatment group that participated in the Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program and the comparison group that were eligible for the program but did not participate. STOP Program
participants (graduates and non-graduates) had 61 percent fewer total subsequent arrests compared to the matched defendants. Compared to non-graduates, program graduates had 49 percent fewer total new arrests over the 2-year period and had 76 percent fewer arrests than comparison group members. The analysis found a significant 57 percent difference between the treatment group and comparison group in total convictions over a 2-year period. There was a 51 percent difference between program graduates and non-graduates in total subsequent convictions and a 74 percent difference between graduates and comparison group members. There was a significant 72 percent difference in total subsequent drug-related arrests between STOP Program participants and comparison defendants. There was also a 56 percent difference in total drug arrests between program graduates and non-graduates, and an 85 percent difference between program graduates and comparison group members."

Recidivism Measure: (1) arrest, (2) conviction, (3) drug arrests

“There have been several cost analyses of the Multnomah County Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program. The most recent analysis, by Finigan, Carey, and Cox (2007), looked at the impact of the drug court program over 10 years of operation (from 1991 to 2001). The study used a modified Transaction Cost Analysis Approach to conduct a cost–benefit analysis. This approach views an individual’s interaction with agencies that receive public funding as a set of transactions in which the individual uses resources contributed from multiple agencies. Transactions are those points in a system where resources are consumed and/or change hands. The analysis compared the outcome costs of STOP Program participants (n=6,502) and comparison group of defendants who were eligible but did not participate in the program (n=4,600). The analysis found that over a 5-year period, the outcome cost per program participant was $38,537 while the outcome cost per comparison group member was $50,755. This resulted in a difference of $12,218. Over a 10-year period, this would result in an outcome program savings of nearly $79.5 million. This translates into a cost–benefit ratio of 1:2.63, which means for every $1 invested in the STOP Program, the criminal justice system experiences a return of $2.63. The analysis also looked at the total costs of STOP Program participants and comparison group members. Over a 5-year period, the total cost per program participant was $43,705, while the total cost per comparison group member was $57,315, a difference of more than $13,000. Over a 10-year period, this would result in a total program savings of almost $88.5 million.”

For adults, males and females.

Used with African American, White, and Other individuals.

Effective results in suburban and urban areas.

Target Population: first time offenders, alcohol and other drug offenders

http://www.crimesolutions.gov/ProgramDetails.aspx?ID=128

New York Drug Treatment Courts - Effective

- Effective examples in Queens, NY; Suffolk County, NY; and Bronx, NY.
- “For first-time adult nonviolent felony drug offenders, court seeks to reduce recidivism among persistent drug offenders with a history of substance abuse by providing them with drug or alcohol treatment services.”
- “After one year, only 10 percent of Queens Treatment Court (QTC) participants had a new arrest that led to a conviction, versus 31 percent of the comparison group. After two years, the difference was 18 percent, compared to 42 percent for the comparison group; after three years, the difference grew to 29 percent versus 55 percent. The results show that after one year, the recidivism rate of QTC participants was less than one third as high as the recidivism rate of comparison group members, and by three years, QTC still reduced the recidivism rate of participants by near half, reducing it by 47 percent from the initial comparison group level.”
- Recidivism Measure: New arrest that led to conviction
- No cost information available.
- For adults, males and females.
- Used with African American, Hispanic, White, and Other individuals.
- Effective in urban and suburban areas.
- Target Population: first time offenders, alcohol and other drug offenders


Oregon Drug Courts – Promising

- “The Oregon Drug Courts offer an alternative to a traditional court by providing intensive and comprehensive management of drug offenders, through increased treatment, monitoring and interaction with the Drug Court Judge, to achieve reductions in reoffending and better drug treatment outcomes for substance users. Reduced recidivism and improved treatment outcomes also help to achieve significant reductions in future costs to the criminal justice system and the health care system while increasing public safety. Drug courts differ from the traditional criminal justice process by including a strong treatment and supervisory component to the offender’s sanction. The objective is to treat the underlying substance abuse issues, which are related to continued criminal activity. By acting upon offenders’ addiction problems, the drug courts aim to prevent future offending and reduce recidivism.”
Carey and Waller (2010) “found a statistically significant difference in new arrests within three years between the treatment and comparison groups. Of the Oregon Drug Court participants, 48 percent recidivated, while 60 percent of the comparison group recidivated. In addition, the average number of rearrests for the comparison group was 2.02, compared to 1.14 for the treatment group. These results mean that participation in the program (across programs) led to an average of 44 percent reduction in number of rearrests and an average of 23 percent reduction in recidivism rate. The researchers noted that variations in program practices resulted in differential recidivism rates at individual sites. The effect size of recidivism rates over a 3-year time period were shown to decrease, signifying that the differences in recidivism rates of drug court participants and the comparison group faded over time. This may be due to the waning effects of the treatment program or the increasing desistance of the comparison group, for example, by aging out. The study also found, however, that the difference in the number of rearrests between the groups was maintained, and even increased slightly, over three years. This is indicative that the treatment group is engaged in relatively less criminal activity over time than the comparison group. Despite the study showing significantly less recidivism for drug court participants, results varied considerably between different drug courts across Oregon. Thirty-eight practices were identified as showing the most promise in achieving higher graduation rates, lowering recidivism rates, and/or producing cost savings. These best practices ranged from how drug courts integrated alcohol and other drug treatment services into the justice system case processing to how abstinence was monitored. For example, the researchers found that drug courts where the judge, coordinator, both attorneys, probation, treatment, and law enforcement attended court sessions had less than half the recidivism and achieved 25 percent higher cost savings.”

Recidivism Measure: Re-arrest

“The analysis of costs was calculated using budget information from fiscal year 2010. Carey and Waller (2010) used Transactional Institutional Cost Analysis (TICA) to calculate cost per transaction; costs associated with the drug court program (in seven drug court sites); costs associated with outcomes, that is, costs for transactions other than, and subsequent to, those associated with the drug court program (in all 20 drug court sites); and cost savings related to lower recidivism. The average initial cost of the drug court program was $18,696 per participant. The average cost for processing an offender in the traditional criminal justice system (“business as usual”) was $9,389, about half the drug court program cost. This latter calculation underestimated the total cost, since it did not include any treatment expenses. The results of the study showed average 3-year cost savings to the state of $6,812 per person relative to the cost of doing “business as usual.” This figure increased to savings of $16,933 per person when victimization costs were included. The study also concluded that cost savings occurred from the beginning of participation in the program.
Factoring in the initial costs, taxpayer, and victimization costs, savings of $1.84 accrued in the public safety system for every $1 invested in the drug court program. After five years, the net savings of only the cohorts in this study throughout the 20 Oregon Drug Courts was estimated at nearly $57 million.”

- Tried with adults, males and females.
- Used with African American, Hispanic, and White individuals.
- Tried in rural, suburban, and urban areas.
- Target Population: alcohol and other drug offenders


DUI/DWI

Clarke County (GA) Victim Impact Panels – Promising

- “The Clarke County Victim Impact Panels (VIPs) is a restorative justice program operated through the courts. The main goal of VIPs is to keep offenders convicted of driving under the influence (DUI) from drinking and driving in the future. VIPs also allow DUI victims to express their personal trauma and share their story with convicted drunk drivers. Lastly, like other restorative justice programs, VIPs work to repair the harm done by the offense, both to the victim and the offender. Thus, offenders are not specifically condemned and punished, and victims play a role in the proceedings, rather than the state stepping in for them. This program targets offenders with a DUI conviction. Since 1994, all individuals convicted of DUI in Clarke County have been required to attend VIPs as part of their sentence. While other counties have VIPs, there is a great deal of variation in the implementation of the program. Clarke County VIPs are tightly monitored and scripted. Sessions are held at the county courthouse and range from 60- to 90-minutes; program participants must attend once a month. The panel consists of four to five victims of drunk driving. Each victim gives a 10- to 15-minute presentation of how a drunk driver had an impact on his or her life. Presenters range from those that simply tell their story to others who give dramatic presentations that incorporate photos, items, and memorabilia from the family members they lost due to drunk driving. Failure to attend a session is equal to violating probation.”
- Rojek, Coverdill, and Fors (2003) “found that after five years, 15.8 percent of the offenders who attended victim impact panels (VIPs) were rearrested, compared to 33.5 percent of the offenders who did not attend. Further analyses revealed that the deterrent effect of the VIPs was strongest during the first two years and waned in the remaining three
Evidence-Based Recidivism Reduction Study

years. These results are strong even when statistical controls are introduced to account for the initial differences between the groups. The researchers investigated whether VIPs might affect some individuals more than others. According to their analyses, there is no evidence that the impact of the treatment varies by age, gender, race, or prior DUI conviction. It appears that this VIP showed a significant reduction in re-arrest for DUI conviction across all of these variables.”

- Recidivism Measure: Re-arrest for DUI
- No cost information available.
- Tried with individuals age 16 and older, males and females.
- Used with African American and White individuals.
- Tried in suburban and urban areas.
- Target Population: alcohol and other drug offenders


Checkpoint Tennessee (Inactive) - Effective

- “In the early 1990s, nearly half of all traffic fatalities in Tennessee each year were alcohol-related. Checkpoint Tennessee was a year-long statewide sobriety checkpoint program intended to deter impaired driving and reduce alcohol-related crashes. It was a joint effort between the Tennessee Department of Transportation, the Governor's Highway Safety Office (GHSO), the Department of Safety, the Tennessee Highway Patrol, and the U.S. Department of Transportation’s National Highway Traffic Safety Administration. The goal was to arrest impaired drivers at checkpoints to get them off the streets, and to spread the message of zero tolerance for drunk driving in Tennessee. Many concerns over implementing sobriety checkpoints are about resources and cost, so another goal of Checkpoint Tennessee was to prove that it could be effective at reducing drunk-driving fatalities, while using existing personnel resources. Checkpoints were conducted on weekends in all 95 counties of Tennessee. There were approximately 900 checkpoints within the program year, compared to only about 15 in the preceding year.”

- Lacey, Jones, and Smith (1999) “observed a 20.4 percent reduction over the projected number of drunk-driving fatal crashes that would have occurred with no intervention. They estimated that this prevented approximately nine fatal crashes per month. The reductions were sustained for at least 21 months after the Checkpoint Tennessee program ended in March 1995. The model showed a slight insignificant increase in drunk-driving fatal crashes in the five surrounding states of Kentucky, Georgia, Alabama, Mississippi, and Louisiana. There was a statistically significant reduction of 5.5 percent in nighttime single-vehicle injury crashes after the start of the Checkpoint Tennessee program. Nine out of 10 survey
respondents showed support for the program, and awareness of the program over the course of the year increased as the program gained publicity. Eighty-five percent of respondents of the mail comment cards had positive comments about the program.”

- Recidivism Measure: Drunk driving fatal crash
- “The total cost of Checkpoint Tennessee came out to $927,594. The National Highway Traffic Safety Association provided federal funds of $452,255, and the State provided funds of $475,339. Federal funding covered public information, training and education materials, equipment, and program evaluation. State funding covered police salaries, publicity costs, and various other program expenses. The program did not use federal funding to hire new personnel or pay salaries of staff for the checkpoints, and instead used existing personnel resources. The reallocation of existing state resources demonstrated the feasibility of implementing this type of program in other police departments.”
- Tried with males and females.
- Tried in rural, suburban, and urban areas.
- Target Population: alcohol and other drug offenders


**DUII Intensive Supervision Program – Promising**

- “Three-year program that includes swift sanctions, intensive probation, close monitoring, and mandatory treatment for repeat impaired-driving offenders. Its main goal is to change offenders’ thinking about the use of alcohol and drugs, to initiate behavioral changes that reduce recidivism, enhance public safety, and increase offenders’ quality of life.”
- “The various analyses completed on the outcome data showed that recidivism of the program participants was significantly lower than for the comparison group. Program participants had a 9.8 percent recidivism rate, while the comparison group had an 18.3 percent recidivism rate. Program participation is associated with a 48 percent reduction in rearrests for impaired driving.”
- Recidivism Measure: (1) Re-arrests for impaired driving, (2) Re-arrests for driving with a revoked or suspended license, (3) Arrest for a traffic violation that led to a conviction
- No cost information available.
- For adults, males and females.
- Promising results in urban and suburban areas.
- Target Population: alcohol and other drug offenders
Evidence-Based Recidivism Reduction Study


Idaho DUI Courts and Misdemeanor/DUI Courts – Promising

- “Idaho’s Driving Under the Influence (DUI) Courts and Misdemeanor/DUI Courts use a comprehensive approach to address the underlying causes of driving under the influence. The approach involves a collaboration of various criminal justice actors, including judges, probation officers, and community-based service providers. DUI Courts focus primarily on altering the behavior of alcohol and/or drug-dependent offenders arrested for DUI or driving while impaired (DWI). Misdemeanor/DUI Courts are similar to DUI courts, but allow offenders with misdemeanor charges other than DUI or DWI to participate. Sample components of the program: random weekly drug testing, twice-monthly appearances before the judge, attendance at 30 self-help (Alcoholics Anonymous [AA]/Narcotics Anonymous [NA]) meetings in the first month, meetings with a probation officer at least four times a month, attendance at three group sessions per week while also attending individual sessions with a primary counselor, installation of an Ignition Interlock device for a minimum of 60 days, and a minimum of two days on the Sheriff’s Labor Program.”
- “The results of the analysis by Ronan, Collins, and Rosky (2009) found a statistically significant difference in new court filing charges between the treatment and comparison groups. Of the DUI and Misdemeanor/DUI Court participants, 23 percent recidivated, while 37 percent of the comparison group recidivated. In addition, 19 percent of the comparison group had multiple charges filed against them in court, while only 8 percent of the treatment group had multiple charges”
- Recidivism Measure: any felony or misdemeanor court filing charge resulting in a guilty disposition
- No cost information available
- Tried with adults, males and females
- Tried in a rural and suburban area.
- Target Population: Alcohol and Other Drug Offenders


Ignition Interlock Devices – Effective

- “Alcohol ignition interlocks require the driver to provide a breath sample every time the individual attempts to start the automobile. If the driver has a measured blood alcohol content above a specified threshold value, the
Evidence-Based Recidivism Reduction Study

ignition is locked, thereby preventing operation of the vehicle.” (Coben & Larkin, 1999, p.82)

○ Research conducted by Coben and Larkin (1999) “thoroughly reviewed six research studies on the effectiveness of ignition interlock devices in reducing DWI/DUI recidivism. They found that “five of the six studies found interlocks were effective in reducing DWI recidivism while the interlock was installed in the car. In the five studies demonstrating a significant effect, participants in the interlock program were 15-69% less likely than controls to be re-arrested for DWI.”

○ Recidivism Measure: Re-arrest for DUI/DWI
○ No cost information available
○ For DUI/DWI offenders
○ Programs were in California, Maryland, North Carolina, Ohio, Oregon, and Alberta, Canada


Ottawa County (MI) Sobriety Court Program – Promising

○ “The Ottawa County Sobriety Court Program is a driving under the influence (DUI) court located in Ottawa County in western Michigan. The court program has three main goals: diverting offenders from jail, eliminating substance use, and reducing the recidivism of offenders that live within the court’s jurisdiction. The program targets offenders with their second DUI charge or criminal charges that involve substance abuse. Potential program participants may be referred by a number of agencies, including the police, defense counsel, or prosecutor’s office. Once a potential participant is identified, the Sobriety Court case manager administers an initial screening. If an offender is found to be eligible for the program and shows a desire to participate, he or she enters a post-plea agreement and begins treatment. The Sobriety Court Program has four phases. Participants must spend a minimum of 17.5 months in the program but cannot take longer than 24 months. Phase One lasts a minimum of 15 weeks. Participants are required to attend biweekly court sessions, as well as individual and group therapy according to their individualized treatment plan. Participants are also required to attend Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings five to seven times a week, and obtain a sponsor within the first 60 days of entering the program. Weekly drug testing and daily alcohol testing occurs in conjunction with random home visits from the police or probation officers. Participants are also required to seek and maintain employment during this phase or attend the program “Michigan Works!” for job assistance. If participants cannot find a job after four weeks, they must complete a minimum of 20 hours of community service per week until they are employed. In order to advance to the next phase, payments for fines, costs,
and treatments must be made. Participants must also have 90 continuous days of sobriety. During Phase Two, which also lasts a minimum of 15 weeks, participants still attend biweekly court sessions and must meet with their case managers at least twice a week. They must also attend four to seven AA/NA meetings each week and maintain a relationship with their sponsor. Drug and alcohol testing as well as home visits are random, and participants must maintain employment and keep to the payment schedule. Participants advance to Phase Three only after having a minimum of 90 days of continuous sobriety. Phase Three of the program lasts a minimum of 20 weeks. Program participants attend court sessions and meetings with their case managers at least once a month. They also must attend AA/NA meetings at least three times a week, as well as family counseling, a life skills course, and an English as a second language course (or begin a General Educational Development [or GED] process). Drug and alcohol testing still occurs randomly, while employment and payments must still be maintained. Participants must maintain 90 days of continuous sobriety before progressing to the final phase. During Phase Four, which is also a minimum of 20 weeks, participants continue to attend monthly court sessions and case managers meetings, in addition to at least three AA/NA meetings each week. Any previous trainings or counseling must be completed, and participants must attend a bimonthly “Give-and-Take” group session. Drug and alcohol testing is still administered randomly, and employment must still be maintained. Participants must also complete a narrative describing their lifestyle change during their time in the program.”

Carey, Fuller, and Kissick (2008) “found significant differences between the group of offenders that participated in the Ottawa County Sobriety Court Program and the comparison group participants who were on traditional probation. In the year after starting probation for the driving under the influence (DUI) charge, comparison offenders on traditional probation were rearrested nearly six times more often than court program participants. In the second year, they were rearrested four times more often. Multivariate analysis, which controlled for other factors that could affect the chances of being rearrested, confirmed the statistically significant results and indicated that participating in the program resulted in a lower number of rearrests. The number of individuals that were rearrested was also significantly different between the two groups. In the first year, 4.2 percent of program participants were rearrested, versus 15.2 percent of the comparison group. In the second year, 7.7 percent of participants were rearrested, versus 24.2 percent of comparison offenders. In a 2-year period, offenders on traditional probation were more than 3 times more likely to be rearrested for any charge and were 19 times more likely to be rearrested for a DUI charge than Sobriety Court Program participants. In addition, survival analysis found that the rearrests occurred significantly earlier for comparison group members than for program participants. The average number of days until court program
Evidence-Based Recidivism Reduction Study

participants were rearrested during year one was 135 days, while the average for the comparison group was 74.5 days. When controlling for other factors that may affect the time interval before re-arrest, the significant differences between the groups remained. The comparison group was rearrested earlier than program participants, even accounting for any differences that may have existed between the two groups. Finally, participants spent significantly less time in jail following entry into the program. Participants spent an average of 37.6 days in jail post–program entry, while comparison offenders spent an average of 70.1 days in jail post–probation entry.”

- Recidivism Measure: re-arrest
- No cost information available.
- For adults, males and females.
- Promising results in suburban areas.
- Target Population: alcohol and other drug offenders


San Juan County (NM) DWI First Offenders Program – Promising

- “The San Juan County DWI First Offender Program is designed to work with court-defined first-time offenders convicted of driving while intoxicated (DWI). The goal of the program is reduce DWI re-arrest rates. The program is run by San Juan County, which is in northwestern New Mexico. The program was introduced to counter high rates of alcohol-related motor vehicle crashes. First-time offenders are incarcerated in a minimum-security facility for 28 days. While incarcerated, program recipients receive a multicomponent treatment that is culturally appropriate (for example, Native Americans have access to a sweat lodge and talking circles). There are nine specific treatment components: Alcohol use, abuse, and dependence, Health and nutrition, Psychological effects of alcohol abuse, Drinking-and-driving awareness, Stress management, Goal-setting for the immediate future, Family issues and alcohol, Domestic violence, and HIV/AIDS prevention. There is a work release program for clients who are employed. Participants receive individual counseling, group programs, and post-discharge monitoring for 3 to 12 months. The post-discharge monitoring program includes personal action plan implementation, weekly monitor meetings, alcohol breath tests, attendance at Alcoholics Anonymous meetings attendance, job referrals, and vocational education.”
- Wood and colleagues (2007) “found that for all three measures of alcohol use (total standard ethyl-alcohol consumption [SEC], drinking days, and average blood–alcohol content [BAC]) the treatment group improved more than the participants in the control group did. The effect size ranged from small to medium. For SECs, the treatment group improved by 110.3
drinks over the 90 days, compared with the control participants, who improved by 26.9 drinks over the 90 days. Drinking days declined by 3.3 for control participants but by 11.6 for treatment individuals. Control participants had a decline of .005 for average BAC, while treatment individuals showed a decline of .018. Contrary to expectations, antisocial personality disorder (ASPD) participants showed greater improvement over time than non–ASPD participants. However, these changes were not statistically significant. The probability of ASPD participants in the treatment group being rearrested was only .56 as large as that for ASPD participants in the control group. While this finding is suggestive, it is not statistically significant. This finding also contrasts with the hazard ratio for non–ASPD participants, where the ratio was 1.19 compared with the controls. This effect was also statistically non-significant.”

- Recidivism Measure: (1) Self-report data on drinking and driving (2) DWI re-arrest data
- No cost information is available.
- Tried with adults, males and females.
- Used with American Indians/Alaska Natives, Hispanic and White individuals.
- Promising results in rural and tribal areas.
- Target Population: first time offenders, alcohol and drug offenders


### EDUCATION AND VOCATIONAL PROGRAMS

#### General Equivalency Diploma (GED) – Promising

- “Overall there has been a lot of research on the significance of obtaining a GED and lowering recidivism. The specific research examined for this report came from an examination of GED programs inside the Oklahoma Department of Corrections. Research conducted by Brewster and Sharp found that obtaining a GED was positively and “statistically significant, indicating that those who completed a GED program while in custody were more likely to have longer survival times [longer before recidivating].” (p.322)
- Recidivism Measure: reincarceration
- No cost information available
- Tried with adults, males and females.
o Target Population: Prisoners


**Offender Employment Continuum (OEC) – Promising**

- “Program in California where participants receive an Employment Transition Portfolio. Each participant is assessed using the Test of Adult Basic Education and another assessment tool. OEC attempts to address participant’s education and vocational deficits. It uses cognitive behavioral methods in its curriculum.”
- No cost information available.
- All staff members of OEC have undergraduate degrees.

**INNOVATIVE PROBATION PROGRAMS**

**Hawaii Opportunity Probation with Enforcement (HOPE) – Promising**

- “Hawaii Opportunity Probation with Enforcement (HOPE) is a community supervision strategy for substance-abusing probationers. The main goals of HOPE are to reduce drug use, recidivism, and incarceration. HOPE targets probationers who generally have long histories of drug use and involvement with the criminal justice system and who are considered at high risk of failing probation or returning to prison. HOPE begins with a warning/notification hearing in front of a judge, who makes expectations of compliance clear to the probationer: violation of probation conditions will not be tolerated, and each violation will result in an immediate brief stay in jail.”
- Hawken and Kleiman (2009) “found statistically significant differences between participants in Hawaii Opportunity Probation with Enforcement (HOPE) and in the comparison group. In terms of the primary outcomes, HOPE participants were 61 percent less likely to skip or miss appointments with probation officers than the comparison group. The HOPE group had an average of only 9 percent no-shows for probation appointments, while the comparison group had 23 percent. In addition, HOPE participants were 72 percent less likely to have a positive urine test compared to the comparison group. Comparison group members had an average of 46 percent positive urinalyses versus 13 percent of HOPE
participants. Finally, HOPE participants were 55 percent less likely to be arrested for a new crime. Of comparison group members, 47 percent were arrested, compared to only 21 percent of HOPE participants. Even with secondary outcomes, HOPE participants showed significantly better outcomes than the comparison group. HOPE participants were 55 percent less likely to have their probation revoked. The revocation rate for HOPE participants was 7 percent; the comparison group had twice that rate (15 percent). HOPE participants also spent an average of 48 percent fewer days incarcerated. They were sentenced on average to 138 days of incarceration while the comparison group had an average of 267 days’ incarceration.”

- Recidivism Measure: (1) Arrested for new crime, (2) Probation revoked
- No cost information available.
- Tried with adults, males and females.
- Used with African American, Asian/Pacific Islander, Hispanic, White, and Other individuals.
- Tried in rural, urban and suburban areas.
- Target Population: alcohol and other drug offenders


### Strategic Training Initiative in Community Supervision (STICS) - Effective

- “Job training program for probation officers to help them apply the risk–need–responsivity (RNR) model with probationers to reduce recidivism. The objectives of the training include changing how probation officers interact with offenders and adjusting the focus of sessions with clients. Research shows that probation officers often focus on non-criminogenic needs and infrequently use pro-social modeling, role playing, or other cognitive–behavioral techniques with probationers (Bonta et al. 2004, 2008). By training probation officers to implement RNR principles into their interactions with probationers, they may reduce recidivism rates in their probationers. The training program includes a three-day training based on 10 modules. These modules are designed to explain the overview and rationale for STICS; introduce RNR model principles; teach how to implement those principles when working with probationers; encourage the use of pro-social modeling, reinforcement, and other cognitive–behavioral techniques; and explain the benefits of using a strategic supervision structure in individual sessions. The training is followed by monthly meetings designed for skill maintenance. In these meetings, groups of 3 to 12 officers are encouraged to discuss and practice their skills. Prior to the meetings, officers receive themed exercises with audiotaped examples. Trainers are present via teleconference to guide the
sessions and provide feedback. Also, formal clinical feedback is given to the officers based on their officer–client sessions, which are audiotaped and submitted for review. A one-day refresher course is delivered approximately one year after the initial training.”

- “The results for offender survival rates and recidivism rates were encouraging. The offenders recruited by the officers assigned to the experimental group had the longest survival rate compared to both the control offenders and the “retrospective” probationer samples. Similarly, the offenders recruited by the officers assigned to the experimental group had lower recidivism rates than the offenders recruited by the officers assigned to the control group. Though the difference was statistically non-significant, it represented a 15 percent reduction (40.5 percent for the control clients; 25.3 percent for the experimental clients).”

- Recidivism Measure: Any new conviction within two years following participation/supervision.
- No cost information available.
- For adults, males and females.
- Effective results in urban, suburban, and rural areas.


Additional Programs Similar to Project HOPE

Project HOPE has received considerable attention in the press and many states have started to replicate it. For example, there is a pilot program similar to Project HOPE in Anchorage, Alaska. Unfortunately there is no evidence-based evaluation of that pilot program yet. Additionally the federal government had the Honest Opportunity Probation with Enforcement (HOPE) Demonstration Field Experiment where four states were selected and given federal funds to pilot/replicate Project HOPE. Massachusetts is one state where a HOPE demonstration experiment is being conducted. Again there are not any evaluations of these demonstration sites yet.

MENTAL HEALTH

Modified Therapeutic Community for Offenders with Mental Illness and Chemical Abuse (MICA) Disorders – Promising

- “Modified Therapeutic Communities (MTCs) focus on offenders with mental illness and chemical abuse (MICA) disorders. They adapt existing models of therapeutic community (TC) programs for substance users for
the growing population of offenders who present co-occurring disorders—that is, individuals with one or more mental health disorders combined with one or more disorders pertaining to alcohol or substance use. Key to the treatment of MICA patients in MTCs is the community method of treatment and the use of peer self-help. The program is adapted for offenders with mental health disorders by making it more flexible, more personalized, and less intensive. This adaptation is accomplished by acknowledging achievements and special developmental needs; increasing rewards, orientation, and instruction; and diminishing sanctions and confrontation within the treatment program. Individual treatment plans set out the goals, objectives, and targets within the requirements for each stage. Rewards grant the patient greater freedoms and responsibilities.”

- Sullivan and colleagues (2007) “found that there were significantly better outcomes for all substance use variables (any substance, any illegal drug, and alcohol to intoxication) for the modified therapeutic community (MTC) participants compared to the control group. After 12 months, 69 percent of MTC participants had not used any substance, compared to 44 percent for the control group; 75 percent of MTC participants had not used an illegal drug, compared to 56 percent of control group; and 81 percent of MTC participants had not used alcohol to intoxication, compared to 61 percent of the control group. The survival analysis also indicated that those in the MTC group began using substances later than the control group (3.7 months, versus 2.6 months). The MTC group also had a greater reduction in the severity of drug use as well as in the frequency of alcohol consumption compared to the control group.”

- Recidivism Measure: (1) any substance use, (2) any illegal drug use, (3) alcohol use to intoxication

- “Sacks and colleagues (2004) identified the per diem cost of a Modified Therapeutic Community (MTC) for inmates with mental illness and chemical abuse (MICA) disorder in Colorado’s San Carlos Correctional Facility at $155.56 per inmate. This includes the cost of incarceration ($148.19) and MTC treatment ($7.37). The total costs of MICA services were lower than the cost of delivering the same services in the general prison population.”

- Tried on adult males.
- Used with African American, Hispanic, White, and Other individuals.
- Tried in rural, suburban, and urban areas.
- Target Population: mentally ill offenders, alcohol and other drug offenders, prisoners

San Francisco (CA) Behavioral Health Court – Promising

- “The San Francisco Behavioral Health Court (BHC) is a mental health court established in early 2003 in response to the increasing numbers of mentally ill defendants cycling through the jails and courts. The court aims to intensely monitor a subset of mentally ill offenders whose criminal behavior is directly linked to their mental illness. The mission of the BHC is to: connect criminal defendants who have serious mental illness to treatment services, find disposition to their criminal charges that take mental illness into consideration, ensure public safety by decreasing recidivism through appropriate mental health treatment and intensive supervision. Participation in BHC is voluntary, and in many instances, the defendant does not have to enter a guilty plea to criminal charges in order to enter the program. To qualify for participation in the BHC, defendants must be diagnosed as having an axis I mental disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM–IV) or, in some circumstances, developmental disabilities. Defendants must also be amenable to treatment in the community mental health system. The gravity of the criminal charges against a defendant is also considered, although BHC does accept a substantial proportion of defendants who are charged with felony offenses.”

- “The outcome results from the McNiel and Binder (2007) study showed participation (even if a participant did not complete the entire program and graduate) was associated with positive results. Time until a new charge: participation in the Behavioral Health Court (BHC) predicted a longer time to any new charge. At 18 months, the treatment group was 26 percent less likely to be charged with a new offense compared to the treatment-as-usual group. Time until a new violent charge: participation in BHC also resulted in a longer time to a new violent charge. The treatment group was 55 percent less likely to be charged with a new violent offense compared to the treatment-as-usual group. Positive outcomes were also associated with completion and graduation from the mental health court program. Looking at individuals that graduated from the mental health court compared to individuals who received treatment-as-usual: Time until a new charge: BHC graduates continued to show longer time before any new charges after graduating. At 18 months, BHC graduates were 39 percent less likely to have been charged with a new offense compared to the treatment-as-usual group. Time until a new violent charge: BHC graduates also showed a longer time before any new violent charges after graduating from the program. BHC graduates were 54 percent less likely to have been charged with a new violent offense compared to the treatment-as-usual group.”

- Recidivism Measure: Re-arrest for two categories of new charges (1) any offense and (2) violent crimes

- “A 2009 cost–benefit analysis of BHC found that in the third year after participants entered the BHC, criminal justice and mental health treatment
savings completely offset annual BHC operating costs, resulting in a net benefit of $277,000. Using an average annual BHC caseload of 206 clients, the study estimated that operating costs per person was approximately $12,101” (Lindberg 2009).

- Tried with adults, males and females.
- Tried in an urban area.
- Target Population: mentally ill offenders

Seattle Mental Health Court (MHC) – Promising

- Seattle MHC started in 1999. Some of the stated goals of the MHC are: reduce “jail time by using the optimal community placement strategy consistent with public safety, and [include] linkage to treatment and [foster] success in treatment.” (Trupin & Richards, 2003, p.37). Participation in the court was voluntary. The MHC “received referrals from defense attorneys and other courts in the same jurisdiction.” (p.37) “Referred defendants were approached by the court monitor, who would describe the nature of the MHC and the requirements and benefits of participation. Defendants who expressed interest in considering participation were scheduled for an initial hearing, wherein the judge would evaluate the basis for their eligibility and confirm the defendant’s understanding of the MHC.” (p.37) The MHC “used a dedicated team approach…[which consisted of a] judge, clinical social worker (referred to as the court monitor), prosecuting attorney, probation counselors, defense attorney supported by a part-time social worker, and a program manager/coordinator.” (p.37)
- Trupin and Richards studied the effectiveness of the MHC using both qualitative and quantitative data. Their results in 2003. They found statistically significant evidence that MHC had “impacts on relevant criminal justice and mental health indicators of effectiveness.” (pg.50) Specifically they found that participating in MHC decreased reincarceration.
- Recidivism Measure: reincarceration
- The MHC “used a small amount of grant money to get started, [but] the bulk of resources consisted of internal reallocations.” (p.38).
- Tried with adults, males and females.
- Used with African American, Asian, and White individuals.
- Tried in an urban area.
- Target population: mentally ill offenders

SEX OFFENDER TREATMENT

New South Wales Department of Corrective Services Custody-Based Treatment Program for Adult Male Sex Offenders – Promising

- Treatment program in Australia that “provides cognitive-behavioral treatment at two levels of intensity: Custody-Based Intensive Treatment (CUBIT) and CUBIT Outreach CORE. CUBIT provides treatment for moderate to high risk offenders who typically spend 8 to 12 months receiving between 416 to 624 contact hours in group-based treatment. CORE provides group-based treatment to low-risk offenders, and individuals in the CORE program typically receive approximately 144 hours of treatment during a 6 month period.” (Woodrow & Bright, 2011, p.46)

- Research conducted by Woodrow & Bright found that “the overall observed sexual recidivism rate for treated offenders was lower.” (p.50) They also found that “violent (including any sexual) recidivism was also lower than predicted, suggesting that sexual offender treatment is also having a broader effect on criminality.” (p.50)

- Recidivism Measure: reconviction and reincarceration

- No cost information available

- Tried with adult males.

- Target Population: Sex Offenders and Prisoners


The Phoenix Program – Effective

- “The Phoenix Program, a treatment program located in Edmonton run by the Alberta Mental Health Board, is a perfect example of such a comprehensive treatment philosophy. It is a 19 bed minimum to medium security unit that features private bedrooms, visiting areas, laundry facilities, kitchenettes, a dining area, chapel, canteen, barber shop, open aired courtyard, swimming pool and a gymnasium. The Phoenix Program mainly treats convicted sex offenders who volunteer for treatment from the federal and provincial correctional systems; very few of the program participants are referred to the program directly from the community (for other admission requirements, see Studer & Reddon, 1998). Offenders are required to stay for a minimum of six months, but they progress through treatment at varying rates, with the average stay being 10 months. Although the program has numerous amenities, intensive treatment and a strict schedule are the main elements of the program. Offenders are required to attend 32-35 hours of therapy per week. The therapy is delivered in many forms, including: psychotherapy, victim empathy, cognitive restructuring, anger management, human sexuality, recreation,
Evidence-Based Recidivism Reduction Study

substance abuse, relapse prevention, life planning, goal attainment and more (for more information, see Studer, Reddon, Roper & Estrada, 1996). Psychotropic medication used to decrease the sex drive of offenders is rarely used in the program, and anti-androgens have only been used with a small proportion of program participants.3”

“The Phoenix Program has been recognized as one of the most effective sex offender treatment programs in much of the academic research (Aylwin, Clelland, Kirkby, Reddon, Studer & Johnston, 2000; Alwin et. al., in press; Clelland et. al., 1998; Studer et. al., 1996; Studer & Reddon, 1998; Studer et. al., 2000; Studer et. al., in press). It has gained international recognition as a reputable sex offender treatment program, having presented research findings in many European countries. The Phoenix Program is at the forefront of sex offender treatment, and has reported sexual recidivism rates as low as 3.3% for 120 treatment completing offenders, over an average follow up period of 38.8 months (Studer et. al., 1996). This remarkably low sexual recidivism rate has afforded the program a great deal of respect in the treatment arena.4”

Recidivism Measure: conviction for another sexual offense
No cost information available.
Tried with adult males.
Tried in an urban area.
http://www.johnhoward.ab.ca/pub/respaper/treatm02.pdf

SUBSTANCE ABUSE TREATMENT

Amity Prison Therapeutic Community – Promising

“Provides counseling/decision-making skills to inmates with drug problems, to prepare them for re-entry into the community. Separate in-prison housing unit for male inmates with drug problems who are 9 to 12 months from being released, and who volunteer to participate in the program. The Community houses approximately 200 inmates, and provides them with counseling and instruction to help them stay off of drugs and succeed outside of prison (e.g., teaching decision-making skills, self-discipline, and respect for authority). These services are provided four hours per day during weekdays.”

“Randomized controlled trial shows reduction in reincarceration rate and increase in average time to reincarceration.

3 “Sex Offender Treatment Programs” by John Howard Society of Alberta (2002), pg. 9 http://www.johnhoward.ab.ca/pub/respaper/treatm02.pdf; accessed on 12 August 2011
- 9% lower reincarceration rate (75.7% of the Community group had been reincarcerated at least once, versus 83.4% of the controls)
- 28% increase in average time to reincarceration (809 days versus 634 days)"

- Recidivism Measure: Reincarceration
- “The program costs approximately $7,000 per inmate (averaging those who complete all treatment and those who do not).”
- [http://evidencebasedprograms.org/wordpress/?page_id=126](http://evidencebasedprograms.org/wordpress/?page_id=126)

**Behavioral Couples Therapy for Substance Abuse – Promising**

- “Behavioral Couples Therapy for Substance (BCT) is a family-based treatment approach for substance- and alcohol-abusing couples and their families. Involvement of family and of significant others plays an important role in continued use and in the success of treatment. Patients are required to remain abstinent from drugs and alcohol through a sobriety contract, which is verbally agreed to and is reinforced with the help of the patient’s significant other. Patients are taught communication skills such as active listening and expressing feelings directly. They are also taught Cognitive Behavioral Therapy skills to: cope with exposure to drugs, identify high-risk situations, deal with cravings, and confront thoughts of use. Couples are encouraged to find positive behaviors and enjoyable activities that can be shared together to increase relationship satisfaction. The primary treatment phase lasts 12 weeks. Couples therapy sessions are added to the ongoing individual and group sessions. Couples are also asked to complete a Marriage Happiness Scale each week to measure the general happiness of partners in the relationship. Throughout treatment, patients are required to submit urine or blood–alcohol breath samples at each session, though only one urine sample is tested a week.”

- “At pretreatment and immediately post-treatment both intervention groups had no significant difference in percentage of days abstinent (PDA). But at the 3- and 6-month follow-up periods the Behavioral Couples Therapy for Substance Abuse (BCT) group showed a significantly greater PDA than the individual-based treatment (IBT) group showed. Over the entire follow-up period, the BCT group showed a significantly larger proportion of patients reporting significant reductions in substance use, when compared to those in the IBT group. At pretreatment there were no differences between interventions on the Drinker Inventory of Consequences (DrInC) or the Conflict Tactics Scale of the Timeline Followback Interview–Spousal Violence (TLFB–SV). The 12-month follow-up revealed significantly greater reductions on the Interpersonal, Intrapersonal, and Social Responsibility subscales of the DrInC and in the Days Any Violence (Male to Female and Female to Male) subscales of the TLFB–SV for the BCT couples.”

- Measure: substance use and violence
- No cost information is available.
Evidence-Based Recidivism Reduction Study

- For 20-60 year olds, males and females.
- Used with African American, Hispanic, White, and Other individuals.
- Promising results in rural, suburban, and urban areas.
- Target Population: alcohol and other drug offenders, families


**Delaware KEY/Crest Substance Abuse Programs – Promising**

- “KEY/Crest is a corrections- and community-based multistage substance abuse treatment program for drug-involved offenders. The Delaware Department of Correction (DOC) provides a continuum of primary (in prison), secondary (work release), and tertiary (aftercare) therapeutic community (TC) treatment for drug-involved offenders. Each stage in the continuum corresponds to the offender’s changing correctional status: incarceration, work release, and parole or community supervision. KEY is the first component of the substance abuse treatment continuum. The prison-based TC program is designed as a total treatment environment and is discipline-based and isolated from the rest of the prison population. The treatment perspective of the KEY program is that drug abuse is a disorder; addiction is the symptom, not the essence of the disorder. Therefore, the primary goal of KEY is to change negative patterns of behavior, thinking, and feelings that predispose an offender toward drug abuse. Inmates receive behavioral, cognitive, and emotional therapy that focuses on changing behavior first and emotion last.”
- “Three studies have examined KEY/Crest. One study (Martin et al. 1995) found that the KEY–Crest and Crest–only groups were significantly more likely to be drug-free and arrest-free at follow-up than the KEY–only and the no-treatment groups. The second study (Martin et al. 1999) found that the KEY group was not significantly different from the comparison group in measures of arrest-free and drug-free status. For arrest-free status, there is a small but insignificant benefit of TC (therapeutic community)
treatment versus the comparison group. The third study by Inciardi, Martin, and Butzin (2004) found that participation in the transitional treatment program more than quadrupled the odds of remaining drug-free at 42 months. Treatment participation was also a significant predictor of criminal recidivism. There was a 70 percent reduction in the odds of a new arrest for those assigned to treatment.”

- Recidivism Measure: Study 1=self-reported data on arrests and drug use, Study 2=new arrest (self-report and official police data), Study 3= new arrest (self-report and official police data)
- No cost information available.
- Tried on adults, males and females.
- Used with African American, Hispanic, White, and Other individuals.
- Tried in suburban and urban areas.
- Target Population: alcohol and other drug offenders, prisoners


**Drug Treatment Alternative to Prison (DTAP) – Promising**

- “The Drug Treatment Alternative to Prison (DTAP) program was developed by the Kings County District Attorney’s Office in Brooklyn, N.Y., and is the first prosecution-led residential drug treatment diversion program in the country. The program’s objective is to reduce recidivism and drug use by diverting nonviolent felony drug offenders to community-based residential treatment. The program attempts to incorporate three fundamental components of effective treatment: a high level of structure, a long period of intervention, and flexibility. DTAP targets all drug-addicted, nonviolent repeat felony offenders arrested in Brooklyn that face mandatory sentencing under New York State’s second felony offender law (the Rockefeller Drug Laws in New York State were revised in April 2009 to remove mandatory minimum sentences). To be eligible to participate, defendants must be 18 years or older, currently charged with a felony, and have at least one prior felony. Defendants must also be addicted to drugs and in need of substance abuse treatment; the addiction should be a contributing factor in their criminal activities.”
Evidence-Based Recidivism Reduction Study

- “Drug Treatment Alternative to Prison (DTAP) program participants (completers and failures) had a significantly lower re-arrest rate compared to nonparticipants during the first time period examined by Dynia and Sung (2000). Of the 272 program participants, 12 were rearrested: 3 were rearrested during the treatment period, 7 failures were rearrested during the at-large period, and 2 failures were rearrested after sentencing. Of the 215 nonparticipants, 28 were rearrested: 26 were rearrested during the pretrial period and 2 rearrested during the sentencing period. Across the various outcome measures and analyses, Belenko, Foltz, Lang, and Sung (2004) found that overall participation in the DTAP program led to reduction in the prevalence and rate of recidivism and delayed time to first re-arrest. The analysis compared the prospective sample of DTAP participants to the comparison group (the retrospective sample of DTAP participants was not included). Participating in DTAP reduced the odds of a new re-arrest by 56 percent, a new reconviction by 60 percent, a new jail sentence by 59 percent, and a new prison sentence by 65 percent. The analysis showed that 23 percent of prospective DTAP participants (completers and dropouts) were rearrested in the first year after release from treatment or prison, compared with 45 percent of comparison group members. Among those with at least four years in the community, 55 percent of DTAP participants had at least one re-arrest during this period, compared with 80 percent of those in the comparison group. Significant group differences were also found at two and three years in the community, suggesting that treatment effects remained over time. The analysis also included retrospective and prospective DTAP participants (completers and dropouts). The results of the survival analysis showed that, with the exception of the retrospective dropout sample, participation in DTAP led to a significant delay in the time to first re-arrest, with the strongest effect shown among DTAP completers. The odds of being re-arrested were reduced by 47 percent for the prospective DTAP completers, by 53 percent for the retrospective completers, and by 40 percent for the prospective dropouts in relation to the comparison group.”

- Recidivism Measure: Re-arrest

- An analysis by Zarkin, Dunlap, Belenko, and Dynia (2005) “focused on the benefits and costs of the Drug Treatment Alternative to Prison (DTAP) program from the perspective of the criminal justice system. The analysis relied on the outcome results of re-arrest and reconviictions rates from the longitudinal, quasi-experimental study described in the Evaluation Methodology and Evaluation Outcomes sections (Belenko, Foltz, Lang, and Sung, 2004). The benefit–cost analysis looked at the costs of operating the DTAP program (incurred by participants only), such as treatment costs and program monitoring and administration. The analysis also looked at other criminal justice costs (incurred by arrested offenders as they progressed through the traditional judicial process), such as pretrial detention and prison costs. The analysis found that the DTAP program costs $40,718 per participant, which covers an average length of stay in
Evidence-Based Recidivism Reduction Study

treatment (487 days) plus costs for screening, pretreatment detention, and program monitoring and administration. Not surprisingly, costs were higher for participants who completed the program ($50,886) than for participants who did not complete the program ($26,451) because completers remained in the program longer. However, the other criminal justice costs for DTAP participants was lower for completers ($9,952) compared to non-completers ($73,611), mostly due to the prison costs incurred by DTAP non-completers after they were incarcerated for leaving the program. Due to longer prison sentences and higher re-arrest rates, the comparison group incurred $124,995 in criminal justice costs compared to $36,441 incurred by all DTAP participants (completers and non-completers). This translates into DTAP benefits (or cost savings) of $88,554. Across all six years, the DTAP program benefits exceeded the costs, and saved $47,836 in criminal justice costs per participants, or $7.13 million over six years for the cohort of 149 DTAP participants who were studied.”

- Tried on adults, males and females.
- Used with African American, Hispanic, and White individuals.
- Tried in an urban area.
- Target Population: alcohol and other drug offenders, high risk offenders


Forever Free (Inactive) – Promising

- “The Forever Free program at the California Institution for Women (CIW) began as the first comprehensive prison-based substance abuse treatment program in the United States for incarcerated women. The program works to reduce the incidence of substance abuse, the number of in-prison disciplinary actions, and recidivism following release to parole by providing a range of treatment services to meet the needs of participants. Forever Free consists of two parts: An intensive 6-month program provided to women inmates near the end of their incarceration period & Community-based residential treatment for women who graduated from the program and volunteer to continue treatment while on parole. While incarcerated, women inmates in the Forever Free program are housed in a 120-bed residential unit and participate in program services four hours per day, five days per week. The time spent in treatment is in addition to a participant’s eight-hour-per-day work or education assignment. In-prison services include individual substance abuse counseling, special
workshops, educational seminars, 12-step programs, parole planning and urine testing. In addition, individual and group sessions cover a number of subjects believed to be crucial to women’s recovery, including self-esteem, anger management, assertiveness training, healthy versus disordered relationships, abuse, posttraumatic stress disorder, codependency, parenting, and sex and health.”

- Hall and colleagues (2004) “found that for measures of crime and recidivism, the bivariate analyses showed that significantly fewer Forever Free participants reported having been arrested or convicted during parole compared to the comparison group. About half of the Forever Free group had been arrested since their release from CIW and half had been convicted since release. By comparison, 75 percent of women in the comparison group reported arrests since release and 71 percent reported convictions. Although a smaller percentage of Forever Free participants reported being reincarcerated in jail or prison than the comparison group (50 percent versus 62 percent), the difference was not statistically significant. Separate analysis looking at the effect of increasing increments of treatment exposure on reincarceration found that as treatment exposure increased from no treatment in prison or on parole to treatment both in prison and during parole, reincarceration significantly decreased. The multivariate analysis showed that at six months after release, approximately 33 percent of the comparison group had been reincarcerated, whereas only 13 percent of the Forever Free participants had been reincarcerated. At one year post-release, the rate for comparison women was 44 percent in contrast to approximately 33 percent of Forever Free women.”

- Recidivism Measure: (1) arrests, (2) convictions, (3) reincarceration
- No cost information available.
- For adult females.
- Used with African American, Hispanic, White, and Other individuals.
- Promising results in suburban and urban areas.
- Target Population: females, alcohol and other drug offenders, prisoners


**Minnesota Prison-based Chemical Dependency Treatment – Promising**

- “The Minnesota Department of Corrections (MNDOC) provides prison-based chemical dependency (CD) treatment for offenders who are chemically abusive or dependent. The primary goal of in-prison treatment programs is to reduce the recidivism rates of offenders with CD issues once they reenter the community. CD treatment offered by the MNDOC is available in seven of the 11 State facilities that house female and male adult offenders. Offenders undergo a brief 20- to 40-minute CD
assessment shortly after they’re admitted to prison in Minnesota. On average, about 85 percent of newly admitted prisoners are directed to get CD treatment based on the assessment that shows they are chemically abusive or dependent. The licensed assessors, who determine the CD diagnoses of prisoners, use Diagnostic and Statistical Manual of Mental Disorders (or DSM–IV) criteria for substance abuse. The criteria for abuse include experiencing problems at work or school, having financial problems, having legal problems, and engaging in dangerous behavior while intoxicated. The criteria for dependence include increased tolerance, withdrawal symptoms, inability to cut down or quit, and a lot of time spent acquiring, using, or recovering from use. The prison-based CD treatment is based on the therapeutic community model. Inmates in treatment are housed separately from the rest of the prison population. There are typically 15–25 hours of treatment programming per week, and the programs maintain a staff-to-inmate ratio of 1:15. The treatment programs also emphasize to inmates that it is their personal responsibility to identify and acknowledge their criminal and addictive thinking and behavior. CD programming includes educational materials that provide information on the signs and symptoms of CD, as well as the dangers and effects that drug use can have on the body and on family and relationships.”

- “The analyses by Duwe (2010) found that, compared to untreated offenders, those offenders who received prison-based chemical dependency (CD) treatment provided by the Minnesota Department of Corrections (MNDOC) had significantly lower rates of reoffending across all three recidivism measures (re-arrest, reconviction, and reincarceration). Among offenders that received CD treatment, program completers had lower recidivism rates compared to program dropouts across all three measures. In addition, offenders who participated in medium-term programs had the lowest recidivism rates, followed by long-term program participants. The Cox regression analysis, which can control for other factors that may impact the outcome results, showed the same result: participation in prison-based CD treatment significantly reduced the hazard ratio for all three recidivism measures. Treated offenders recidivated less often and more slowly compared to non-treated offenders. CD treatment decreased the hazard by 17 percent for re-arrest, 21 percent for reconvictions, and 25 percent for reincarceration of a new crime.”

- Recidivism Measure: (1) re-arrest, (2) reconviction, (3) reincarceration
- No cost information available.
- For adults, males and females.
- Promising results in a suburban area.
- Target Population: alcohol and other drug offenders, prisoners

Node-Link Mapping Enhanced Counseling for Substance Users – Promising

- “Node-Link Mapping Enhanced Counseling is a type of counseling used in drug treatment to improve substance use outcomes. It aims to develop clarity and reasoning for clients by using visual representations of substance use issues and solutions. The counselor and client collaborate to develop a node-link map, a pictorial display of critical issues and potential solutions in the substance use treatment process. The map helps ensure that the counselor and client avoid communication gaps during treatment. Node-link mapping draws on theories developed by the psychology of problem-solving and cognitive theory, where visual representation is used to establish clarity and reasoning in the treatment process. Flow charts and other diagrams help offset sequential thinking and thus promote problem-solving and decision-making. By mapping thoughts and emotions, they become visible concrete objects that can be discussed. In the substance treatment field, node-link mapping helps identify and anticipate issues with treatment and drug relapse; it also supports logical responses and reasoning to find solutions to potential obstacles. The visual representation aids used in Node-Link Mapping Enhanced Counseling are particularly recommended for substance users who have attention deficit or developmental issues.”

- Joe and colleagues (1997) “found that, for participants with less than six months treatment, 44 percent of the mapping group had urine samples that tested positive for opiates at the follow-up, compared with 63 percent for the comparison group. For the presence of cocaine in urine samples, only the time in treatment appeared significant, with 33 percent of participants staying longer than six months in treatment testing positive for cocaine, compared to 48 percent for those spending under six months in treatment. The mapping group reported significantly lower levels of criminality than the comparison group in all three measures used: (1) Fifteen percent of the mapping group reported illegal activity in the month before the follow-up interview, compared to 30 percent of the comparison group (2) Three percent of the mapping group reported being arrested in the month before the follow-up interview, compared to 22 percent of the comparison group, (3) Six percent of the mapping group reported being jailed in the month before the follow-up interview, compared to 23 percent of the comparison group.”

- Measure: self-reported data on illegal activity, arrests, and incarceration
- No cost information available.
- For adults, males and females.
- Used with African American, Hispanic, and White individuals.
- Promising results in rural, suburban, and urban areas.
- Target Population: alcohol and other drug offenders
Evidence-Based Recidivism Reduction Study


Prize-Based Incentive Contingency Management for Substance Abusers - Effective

- “Prize-based Incentives Contingency Management for Substance Abusers is a version of contingency management (CM) that provides adult substance abusers in community-based treatment with an opportunity to win prizes if they remain drug free. The intervention is based on the psychological theory of operant conditioning, which relies on the use of consequences to modify the occurrence and form of specific behavior. In this instance, the intervention provides reinforcement of positive behaviors that will lead to behavioral change (mainly, abstinence from drug use). Participation lasts anywhere from two to four weeks for the intensive outpatient therapy to 12 months or longer with aftercare services. CM interventions attempt to increase positive behavior in substance abusers by offering vouchers that are redeemable for retail goods and services but are contingent on behavior change. Prize-based CM reinforces positive abstinent behavior in substance-abusing clients in treatment by providing them an opportunity to win various prizes when they provide negative urine and breath samples or complete treatment-related activities.”

- Petry and colleagues (2005) “found non-significant differences between the incentive group and usual care group in terms of urine samples free of the primary and secondary target drugs. General estimating equation analysis (which coded missing samples as positive) showed a significantly higher proportion of stimulant-free samples in the incentive group. Most urine samples were stimulant free in both conditions. The rates of negative alcohol breath samples were also extremely high for both groups. Rates did not differ by condition, except when missing data was treated as positive. Analysis of LDA measures showed that the usual care group had an average number of 5.2 visits with confirmed abstinence (± 6.9 visits) and the incentive group had an average number of 8.6 visits with confirmed abstinence (± 9.2 visits). This translated into roughly 2.6 weeks of consecutive abstinence for the usual care group and 4.4 weeks for the incentive group. The incentive group had about twice as many participants with at least four weeks and eight weeks of documented sustained abstinence. The percentage of participants with 12 weeks of documented abstinence was nearly four times as great for the incentive group as for the usual care participants.”

- Measure: abstinence (no substance use)

- “The outcome results from the Petry and colleagues (2005) study found that patients in the treatment group who received prize incentives earned..."
an average of 76.5 draws. The average total cost of the incentive procedure was $203 per participant, or $2.42 per participant per day.”

- For adults, males and females.
- Used with African American, Hispanic, White, and Other individuals.
- Effective results in rural, suburban, and urban areas.
- Target Population: alcohol and other drug offenders


**Stay'n Out Therapeutic Community (Inactive) – Effective**

- “The Stay'n Out model (NY) used a modified version of the therapeutic community (TC) model. Participants lived on separate units from the general prison population, and participated in group settings, individual counseling and special topic workshops. Each person was responsible for his or her own recovery, but also participates in the life of the whole community, taking on job functions and challenging her or his peers to fulfill their own potential. Participants moved through three major phases as they grew in self-awareness and maturity. After completion, some would become assistants to program staff. Upon release from prison, graduates were strongly encouraged to participate in programs like Serendipity to further facilitate their return to family and society.”

- “The Stay'n Out model has a proven 77% success rate based upon a five-year follow-up study conducted by National Development and Research Institutes, Inc. (Wexler et al., 1992).”

- Recidivism Measure: Re-arrest, reincarceration, and success/failure on parole
- No cost information available
- Tried with adults, males and females.
- Target Population: Alcohol and Other Drug Offenders, Prisoners


SUPERVISION STRATEGIES FOCUSING ON OFFENDER DEFICITS

Auglaize County (OH) Transition (ACT) Program – Promising

  o “The Auglaize County Transition (ACT) Program is one of the nation’s first jail reentry programs. The goal of the program is to reduce recidivism of jail inmates once they reenter the community, and thus the program addresses the numerous problems faced by inmates during reentry, such as medical and mental health issues, job placement, or drug and alcohol addiction. The ACT Program relies on case managers that link inmates to resources that can appropriately deal with these issues, both in the community and in jail.”

  o Miller and Miller (2010) “found the Auglaize County (Ohio) Transition (ACT) Program was successful in reducing recidivism rates among program participants. Bivariate analysis showed that only 12.3 percent of program participants were rearrested during the 12-month follow-up period compared to 82 percent of the control group. Logistic regression confirmed these findings, and showed a strong, significant link between ACT participants and lower recidivism rates. Re-arrest was calculated using a multivariable logistic equation and the results showed program participation reduced the odds of re-arrest to 35 percent (compared to a raw difference of 70 percent). Only program participation and criminal history had a significant impact on the likelihood of recidivism. Only 43.8 percent of participants successfully completed the program. Chi-square analysis found there was no significant bivariate relationship between program completion and recidivism.”

    o Recidivism Measure: Re-arrest
    o No cost information available.
    o Tried on adults, males and females.
    o Used with Other individuals.
    o Tried in a rural area.
    o Target Population: prisoners


Boston (MA) Reentry Initiative (BRI) – Promising

  o “The Boston Reentry Initiative (BRI) is an interagency public safety initiative that helps adult offenders who pose the greatest risks of committing violent crime when released from jail transition back to their neighborhoods. The goal of BRI is to reduce recidivism among recently released high-risk violent offenders by providing mentoring services, case
management, social service assistance, and vocational development to program participants. Each month, the Boston Police Department (BPD) selects 15 to 20 high-risk inmates committed to Suffolk County House of Correction (the local jail) to participate in the BRI. The initiative targets male inmates between the ages of 17 and 30 who reside in Boston and are considered by law enforcement to be at high risk for continuing their involvement in violent crime following release from jail. Within 45 days of entering the House of Correction, program participants attend a BRI panel session. The session includes representatives from criminal justice agencies, social service providers, and faith-based organizations who present inmates with information about the program from the unique perspective of his or her organization. Representatives from social service providers and faith-based organizations educate BRI participants about the institutional programs and community resources available both in prison and post-release that can help their reintegration back into the community. Representatives from prosecution, probation, and parole departments also inform participants that they will be held accountable for staying away from further criminal activity upon release or they will face serious consequences if they are caught committing crime upon their return to their neighborhoods.”

“The first analysis by Braga, Piehl, and Hureau (2009) found consistently and significantly lower failure rates for the participants of the Boston Reentry Initiative (BRI) relative to the control group, though the differences between the two groups narrowed somewhat over time: (1) At one year post-release, 36.1 percent of BRI participants had been arrested for a new crime, compared to 51.1 percent of the control group. (2) After two years, 67.6 percent of BRI participants had been arrested for a new crime, while 78 percent of the comparison group had been arrested. (3) After three years, 77.8 percent of BRI participants had been arrested compared to 87.7 percent of the control group. Arrests for violent crimes presented a similar pattern over the study time period. The second analysis that looked at the effects of treatment on time to failure also found statistically significant differences between the treatment and control groups. The BRI treatment was associated with a statistically significant 32.1 percent reduction in the subsequent overall arrest hazard rate. The BRI treatment was also associated with a significant 37.1 percent reduction in subsequent violent arrest hazard rate.”

Recidivism Measure: (1) any arrests, (2) arrests for violent crimes

“The annual budget for the Boston Reentry Initiative (BRI) is approximately $1.8 million. This includes significant in-kind resources as well as federal and state grant funds.”

For males age 18-32.

Promising results in an urban area.

Target Population: serious/violent offender, alcohol and other drug offenders, high risk offenders

http://www.crimesolutions.gov/ProgramDetails.aspx?ID=42

**Community and Law Enforcement Resources Together (ComALERT) – Promising**

- “Community and Law Enforcement Resources Together (ComALERT) is a reentry program in Brooklyn, N.Y., that provides substance abuse treatment, employment, and housing services for parolees transitioning from prison back into the community. The goal of the program is to reduce recidivism of parolees by providing them with the tools and support they need to remain drug-free, crime-free, and employed. ComALERT services begin for parolees almost immediately upon release from prison. An inmate released from prison has 24 to 48 hours from release to report to the New York State Division of Parole, which is the primary source of program referrals. The parole officer may decide to refer a parolee to the division’s Access Center, based on a prerelease assessment need for treatment. At the center, a ComALERT–certified alcohol and substance abuse counselor (CASAC) works on site to streamline the referral process. The CASAC administers a psychological assessment that asks about parolees’ past activities and future goals. After the assessment, parolees are directed to the ComALERT Reentry Center in downtown Brooklyn, where they go through program orientation and are assigned to a social worker. Social workers are primarily responsible for helping participants to comply with conditional release requirements, which include substance abuse treatment and employment. All ComALERT participants receive non-intensive, outpatient substance abuse treatment. Program participants are required to attend individual therapy sessions with their primary counselor once per week, as well as weekly group treatment sessions. For most participants, the program last between three and six months.”

- Jacobs and Western (2007) “examined the recidivism rates between Community and Law Enforcement Resources Together (ComALERT) participants and a matched control group, and found statistically significant and non-significant treatment effects on several outcome measures. The results of the life tables showed that ComALERT attendees were less likely to be rearrested than the matched control group members. During the first two years after release from prison, 29.3 percent of ComALERT graduates and 39.2 percent of ComALERT attendees were rearrested, compared to 47.6 percent of control group members, a significant difference. Attendees were 18 percent less likely to be rearrested and graduates were 39 percent less likely to be rearrested than controls. ComALERT attendees and graduates were also less likely to be reconvicted. After 2 years, 27.8 percent of ComALERT attendees had been reconvicted, compared to 34.2 percent of control group members. Attendees were 19 percent less likely to be reconvicted than controls,
although this difference did not reach statistical significance. About 19 percent of ComALERT graduates were reconvicted, compared to 34.2 percent of control group members. Compared to controls, graduates were 45 percent less likely to be reconvicted within two years. The reincarceration rates of ComALERT attendees for parole violations did not differ significantly from matched control group members throughout the 2-year period. However, ComALERT graduates were significantly less likely than attendees and controls to return to prison due to a parole violation. After two years, 15.7 percent of ComALERT graduates had been reincarcerated, compared to 24.5 percent of all ComALERT attendees and 23.8 percent of control group members.”

- Recidivism Measure: (1) Re-arrest, (2) Reconviction, (3) Reincarceration
- No cost information available.
- Tried with adults, males and females.
- Used with African American, Hispanic, White, and Other individuals.
- Promising results in urban areas.
- Target Population: alcohol and other drug offenders


**Family Justice: La Bodega Model – Promising**

- “The Family Justice Program’s principles and strategies were developed and tested at the direct-service center La Bodega de la Familia, which was a Vera [Institute] demonstration project. The program values the input of people involved in the justice system, members of their families and social networks, and agency staff at every level of responsibility. This participation ensures that the program’s tools and methods are informed by families’ experiences and relevant to their lives.” “The Family Justice Program provides training to staff at prisons and probation/parole offices, as well as technical assistance and evaluation to help sustain changes in practices and institutional policies that reinforce a family focused approach.”
- “Vera’s 2002 evaluation showed that Family Justice’s strength-based approach to family case management helps reduce drug use and rates of new arrests among participants—and also improves the well-being of families living in poverty. (Participating family members were more likely to resolve their medical and social-service needs than people in a comparison group did.) These findings are consistent with other research demonstrating that strong family support helps people succeed after they leave jail or prison.”
- Recidivism Measure: Arrest
- “$800,000 a year to serve approximately 140 families” (Thalberg & Petersilia, 2005, p. 22)
Evidence-Based Recidivism Reduction Study

- Target Population: Families and Prisoners
- [http://www.law.stanford.edu/program/centers/scjc/workingpapers/RThalberg_05.pdf](http://www.law.stanford.edu/program/centers/scjc/workingpapers/RThalberg_05.pdf)

Family Support Program for Ex-Offenders (Inactive) – Promising

- “The Family Support Program for Ex-Offenders (FSP) operated in Texas for approximately 8 years starting in 1991. “Using an undergraduate and graduate student intern unit, FSP provided counseling, case management, and ongoing support groups for ex-offenders, their families, and school based groups for children of incarcerated and paroled parents. FSP objectives were to strengthen the relationship between recently released inmates and their families, link the family with community resources, and increase community responsiveness to the needs of parolees and their families thereby decreasing recidivism and increasing parole success. Research indicates that inmates with strong family connections and support are more likely to reintegrate successfully into the larger community. FSP social work staff and interns worked to engage family members prior to an inmate’s release and to assist both the released inmate and the family members in the difficult transition to success throughout free-world living after release.” (Van Soest & Kretzschmar) Services are provided to offenders and their families anywhere from three to nine months.” (Thalberg & Petersilia, 2005).
- “Several studies on the FSP have been conducted. One found that “four to five years later…67% of those who completed the FSP programs had not violated the terms of their parole and had successfully transitioned by into society.” (Thalberg & Petersilia, 2005, p.29)
- Recidivism Measure: Success on parole
- No cost information available
- Tried with adults, males and females.
- [http://www.law.stanford.edu/program/centers/scjc/workingpapers/RThalberg_05.pdf](http://www.law.stanford.edu/program/centers/scjc/workingpapers/RThalberg_05.pdf)

New Jersey Community Resource Centers – Promising

- “Community Resource Centers (CRCs), also known as Day Reporting Centers, are nonresidential multiservice centers that facilitate parolees’ successful reintegration back into the community by offering a combination of services and supervision. They serve as community-based alternative sanctions for technical parole violators or as a condition of parole on release from prison. The New Jersey State Parole Board (NJSBP) uses CRCs as one approach to parole supervision. The centers are open 7 days a week and offer educational services; assistance in obtaining a GED; vocational and skills training, employment preparation
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and job placement; substance use education and programming; family counseling; and life skills training. Typical participation in the CRCs is 90 days.”

Osterrmann (2009) “found that 65 percent of the total sample was re-arrested, 45 percent were reconvicted, and 32 percent were reincarcerated. Chi-square tests revealed significant differences for all measure of recidivism among all groups. While 58 percent of the CRCs participants were rearrested, 62 percent of parolees who did not participate in community program and 79 percent of parolees who maxed out their prison sentence and received no community supervision were re-arrested. Participants in CRCs had the lowest reconviction rates. Thirty-two percent of CRC participants were reconvicted for one of their charges, compared to 62 percent of parolees who did not participate in a community program, and 61 percent of parolees who maxed out their sentence. Although CRC participants did not have the lowest reincarceration rates, they did have significantly lower rates than parolees who either did not receive community programming or maxed out their prison sentence (20 percent for CRC participants, 39 percent of parolees with no community programming, and 46 percent for max-outs).”

Recidivism Measure: (1) re-arrest, (2) reconviction, (3) reincarceration

No cost information available.

Tried on adults, males and females

Used with African American, Hispanic, and White individuals.

Tried in urban and suburban areas.

Target Population: serious/violent offender, alcohol and other drug offender, high risk offender


New Jersey Halfway Back Program – Promising

“Halfway Back (HWB) is a highly structured program that serves as an alternative to incarceration for technical parole violators or as a special condition of parole on release from prison in New Jersey. HWB programs are run at nine different secure residential facilities in the State and provide parolees with an environment that is halfway between prison and ordinary parole release. The program is run by the New Jersey State Parole Board (NJSPB) and targets technical parole violators who have failed to meet supervision conditions, relapsed, or demonstrated some other form of poor behavior (excluding new criminal charges). HWB participants spend several months at a residential facility, receiving necessary treatment services, and are released back to their communities to finish the remainder of their sentence under parole supervision once they complete the program. The program-review committee, which
includes treatment and parole staff, determines the length of stay as well as program conditions—that is, lockdown versus work release—for each participant. HWB participants typically remain in the program for 90–180 days. When parolees first enter the program, they undergo an orientation and assessment process that identifies and determines appropriate services to address their individual needs.”

- Ostermann (2009) “found that 65 percent of the total sample was rearrested, 45 percent were reconvicted, and 32 percent were reincarcerated. Chi-square tests revealed significant differences for all measures of recidivism among all four groups. Fifty-nine percent of Halfway Back (HWB) program participants were rearrested following release from prison, compared with 58 percent of parolees released to a Day Reporting Center (DRC), 62 percent of parolees who did not participate in a community program, and 79 percent of parolees who maxed out their prison sentence and received no community supervision. Survival tests indicated that parolees who maxed out their sentence were the soonest to be rearrested; they were arrested for a new crime on average 315.21 days after their 2004 release. Parolees who received no community programming were rearrested on average 347.23 days after release. DRC participants lasted longer, with an average time to re-arrest of 360.53 days, and HWB participants lasted considerably longer with an average of 455.81 days to re-arrest. Fifty-nine percent of HWB participants were reconvicted for one of their charges. Participants in DRCs had the lowest reconviction rates; 32 percent were reconvicted for one of their charges. Sixty-two percent of parolees who did not participate in a community program were reconvicted, and 61 percent of parolees who maxed out their sentence were reconvicted. Multivariate analysis showed that HWB program participants were 68 percent less likely to be reconvicted than the max-out group, while DRC participants were 73 percent less likely than the max-out group to be reconvicted. HWB participants had the lowest rate of reincarceration (17 percent), compared with 20 percent of DRC participants, 39 percent of parolees with no community programming, and 46 percent of max-outs.”

- Recidivism Measure: (1) re-arrest, (2) reconviction, (3) reincarceration

- “A cost analysis by White and colleagues (2010) compared the costs of participating in the Halfway Back (HWB) program with the costs of returning to prison in New Jersey. The comparison group included 392 technical parole violators who returned to prison. The HWB program included 227 participants. The comparison group spent a total of 73,338 days in State prison as a result of technical parole violations. The number of days incarcerated was multiplied by the cost per day for a State prison stay ($107 per prisoner), totaling $7.85 million. To control for differences in sample size, the cost was standardized as a rate per 100 individuals by dividing the total amount by the number of comparison group members and then multiplying by 100. This resulted in a cost of more than $2 million for every 100 comparison group members. HWB participants
spent 23,103 days in the program. This was multiplied by the daily costs of the program ($68 per participant), which totaled about $1.57 million. At the standardized rate, the program costs $692,072 for every 100 HWB participants. By sending technical parole violators to the HWB program instead of returning them to prison, the State of New Jersey generates a potential savings of about $1.31 million for every 100 program participants. This analysis does not take into account marginal costs, and arguably the savings are generated only if the prison beds that are freed up by HWB participants remain unused or prison units are closed as a result.”

- For adults, males and females.
- Used with African American, Hispanic, and White individuals.
- Promising results in suburban and urban areas.
- Target Population: serious/violent offender, alcohol and other drug offenders, high risk offenders


**Philadelphia (PA) Low-Intensity Community Supervision Experiment (Inactive) – Promising**

- “The Philadelphia Low-Intensity Community Supervision Experiment was conducted to examine the effects of lowering the intensity of community supervision with low-risk offenders in an urban community. The purpose of the experiment was to test an alternative to the regional supervision model used by the Philadelphia Adult Probation and Parole Department (APPD), for which caseloads per officer had increased steadily for decades. The goal was to test whether no- or low-risk offenders could be supervised in large caseloads without increasing recidivism and risk to the public.”
- “The aim of the experiment was to test the effects of reducing the intensity of community supervision for offenders who would be at low risk of committing serious offenses such as murder, attempted murder, aggravated assault, robbery, or sex crimes. Low risk was defined as ‘a forecast of no charges for serious crimes within two years of the probation or parole case start date’ (Barnes et al. 2010, 168).”
- “Low-risk offenders were identified using a modified version of a random forests model, which was originally designed to forecast homicide or attempted homicide (Berk et al. 2009). The basic method involved using information on each offender (prior criminal record and other baseline data) to forecast risk at the beginning of supervision, based on the recent 2-year outcomes of offenders with similar characteristics under the supervision of the APPD.”
- Barnes and colleagues (2010) “found that the results of the Philadelphia Low-Intensity Community Supervision Experiment showed no evidence
that reducing the intensity of supervision had any effect on the subsequent criminal behavior of low-risk offenders. There were no significant differences, in any offense category, in the prevalence of one or more new criminal charges between low-risk offenders assigned to low-intensity supervision and those assigned to the control group who received standard regional supervision. There also were no significant differences in the frequency and prevalence of offenses committed during the one-year observation period between the groups. In addition, neither group was more likely to end up incarcerated locally than the other. Finally, there was no significant difference between the experimental and control group in the time to the first new offense post-assignment.”

- **Recidivism Measure**: Any charges that occurred after the start of the experiment
- **No cost information available**
- **Tried with adults, males and females**
- **Used with African American and White individuals.**
- **Promising results in an urban area**


**Preventing Parolee Crime Program – Promising**

- “Multidimensional, parole-based reintegration program which aims to reduce crime and reincarceration of parolees by providing them with services that can facilitate a successful reintegration into society following release from prison. The program was created to address the many problems that cause a high rate of return to prison among parolees reentering the community, including substance abuse, unemployment, illiteracy, and homelessness.”
- “Participants of the Preventing Parolee Crime Program (PPCP), as a whole, had a recidivism rate that was 8 percentage points lower than non–PPCP parolees (44.8 percent versus 52.8 percent, respectively). In addition, increasing levels of participation in PPCP services was associated with an even lower recidivism rate. Only 32.7 percent of PPCP participants met at least one program’s treatment goal, but they had a recidivism rate that was 20.1 percent lower than non–PPCP parolees. Although only 13.8 percent of PPCP participants met more than one treatment goal, they had a recidivism rate that was 47.1 percent below non–PPCP participants”
- **Recidivism Measure**: Reincarceration
- Additionally, Zhang, Roberts, and Callanan (2006b) “conducted a statewide cost–benefit analysis of the Preventing Parolee Crime Program (PPCP). Program effectiveness was assessed by comparing program costs
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to costs of incarceration that were avoided (owing to decreases in recidivism rates after participation in PPCP). The cost–benefit analysis relied on the outcome results from the program evaluation of PPCP (Zhang, Roberts, and Callanan 2006). The results from that study showed that PPCP participants on average remained out of prison during the study period for 446.7 days, compared to 393.1 days among non–PPCP parolees. The study looked at the average two-year costs. The cost–benefit was found by subtracting the program offsets (i.e., total program expenditures including administration, evaluation, and parole supervision costs) from the gross savings achieved from the days of reincarceration avoided by the PPCP participants compared to non–PPCP participants. The results showed a net savings of more than $21 million from the incarceration days avoided by the PPCP participants. In other words, for each $1 invested in PPCP, the net return was $0.47, after subtracting program expenses and regular parole supervision costs. The cost–benefit evaluation also used a survival analysis approach that could adjust for the effects of censoring certain cases and control for group differences. This approach resulted in an adjusted savings estimate of $26.6 million (versus the estimated $21.1 million).”

- For adults, males and females.
- Promising in urban, suburban, and rural areas.


**Washington State Work Release – Promising**

- “Work release is operated by the Washington Department of Corrections and private contractors. The work release program started in 1967. Offenders who are eligible can spend the last six months of their sentence living in a residential facility and work in the community. The offender is responsible for finding their own job and transportation to and from work. The offender must work 40 hours a week.”
- “Research done by the Washington State Institute for Public Policy found that the work release program ‘lowered total recidivism by 2.8’ and it ‘lowered felony recidivism by 1.8%;’ however it didn’t have any effect on violent felony recidivism.”
- Recidivism Measure: Any new offense after release
- “There was a cost benefit analysis preformed. It was determined that “$3.82 of benefits per dollar of cost.”
- Tried with adults, males and females.
- Used with African American and White individuals.
- Target population: prisoners.

http://www.crimesolutions.gov/ProgramDetails.aspx?ID=72

TRANSITIONAL HOUSING

Harriet’s House (NC) – Promising

- “Harriet’s House is a 24-month program that offers women leaving prison the opportunity to successfully re-enter the community.” Women are provided with “comprehensive services including intensive wrap-around case management, family reunification, budgeting (credit, debit, savings), peer support, parenting classes, substance abuse counseling (AA/NA), employment planning & support, and permanent affordable housing.”
- Harriet’s House has received many awards. Research has found that participating women have “80-85% success rate or a 15-20% recidivism rate.”
- No cost information available
- Tried with females
- [http://www.passagehome.org/programs/housing/reentry.aspx](http://www.passagehome.org/programs/housing/reentry.aspx)

Transitional Housing Program (MA Parole Board Model) – Promising

- “The Transitional Housing Program (THP) involves contracts with two private providers: Sober Houses and Long Term Residential Programs. At the Long Term Residential Programs facility, ‘residents live in the house, receive group and individual counseling there, attend other sobriety maintenance programming and primarily focus on regaining wellness that will support their ultimate reentry into community life.” “The Sober House model is typically focused on assisting residents find meaningful employment and stabilize this specific aspect of their reentry.”
- Research by Dunn & Coughlin (2008) found that “after two years of operation, THP report[ed] recidivism figures that are well below national averages.”
- Recidivism Measure: (1) re-arrest and (2) re-incarceration
- Average 4 month THP cycle costs $7,300 (Dunn & Coughlin, 2008)
- Tried with adults, males and females.
- Used with African American, Hispanic, White and Other individuals.

There additionally were a handful of programs identified as ineffective. Several of those programs could be classified as reentry programs and focused on assisting offenders with multiple aspects of life (Center for Employment Opportunities, Project Greenlight, Serious and Violent Offender Reentry Initiative). Two of those programs were for specific offenders: a customized probation management for drug offending females (Probation Case Management) and sex offender treatment inside prisons (Sex Offender Treatment and Evaluation Project California). Some of the programs identified as ineffective were thought to be good/quality programs until they were evaluated.
EIGHT EFFECTIVE PRINCIPLES OF RECIDIVISM REDUCTION PROGRAMS

- Treatment/programming should focus on offender risks and criminogenic needs
  - This principle involves assessing the risks and needs of individual offenders and then providing offenders with treatment or programming that addresses/meets those risks and needs. A key element of this principle is the use of proper risk and needs assessment tools.

- Individualized treatment/programming
  - This principle is directly related to the previous principle. Providing offenders with individualized treatment and programming has been proven to reduce recidivism. While there might be a generic behavioral modification program in place at a correctional facility, this principle would require that offenders receive additional training or modules that address their specific needs.

- Cognitive-behavioral approaches
  - This principle focuses on thinking interventions that change behavior.

- Therapeutic communities or separate living areas or units should be provided for those receiving treatment while incarcerated (especially mental health, substance abuse, etc.)
  - Therapeutic communities are group therapy where all participants live together and work through their issues in a community type setting.

- Training provided to those assisting offenders
  - This principle shows the important role of the individuals who are working with offenders. An untrained or ill-prepared parole officer could completely undermine an otherwise effective program. Unfortunately many program evaluations do not address the training of staff.

- Multi-stage approaches -- services while incarcerated and after release, option for self-paced progression through treatment/program
  - Programs that have reduced recidivism generally were provided to offenders in multiple settings/stages. Additionally offenders were able to move through programs at their own pace. For example, some individuals will need more time to adjust to living in society and being drug-free than others.

- Use of positive incentives
  - Research has shown that positive incentives and rewards are effective in changing behavior.

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5 This list of principles was gleaned from the literature review performed for this report.
• Specialty courts (Drug, DUI, Mental Health, etc.)
  o Specialty courts try to address the needs of the offender from a holistic approach.

All eight of these principles have previously been identified as key principles of recidivism reduction efforts. Citations for the other studies that found similar results are provided below:

• Treatment/programming focus on offender risks and criminogenic needs
  o Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative
  o Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention, Crime & Justice Institute
  o Evidence-based Practices in Corrections: A Training Manual for the California Program Assessment Process, Office of Research California Department of Corrections and Rehabilitation & Center for Evidence Based Corrections University of California, Irvine

• Individualized treatment/programming (referred to as responsivity in other documents)
  o Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative
  o Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention, Crime & Justice Institute
  o Evidence-based Practices in Corrections: A Training Manual for the California Program Assessment Process

• Cognitive-behavioral approaches
  o Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative
  o Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention, Crime & Justice Institute

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Evidence-Based Recidivism Reduction Study


- Therapeutic communities/Separate living areas or units for those receiving treatment while incarcerated (especially mental health, substance abuse, etc.)
  - Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative

- Training provided to those assisting offenders
  - Evidence-based Practices in Corrections: A Training Manual for the California Program Assessment Process, Office of Research California Department of Corrections and Rehabilitation & Center for Evidence Based Corrections University of California, Irvine

- Multi-stage approaches (services while incarcerated and after release, option for self-paced progression through treatment/program)
  - State of Recidivism: The Revolving Door of America’s Prisons, PEW Center, April 2011

- Use of positive incentives

- Specialty courts (Drug, DUI, Mental Health, etc.)

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RECIDIVISM RISK ASSESSMENT TOOLS

One of the identified effective principles was treatment/programming focusing on offender risks and criminogenic needs. An obvious element of that effective principle is the use of proper risk & need assessment tools. Below is a summary of 11 recidivism risk assessment tools that appear to be able to be administered by correctional or other personnel.

General Recidivism Risk Tools

- General Statistical Index of Recidivism (GSIR)
  “The GSIR is an assessment tool that reviews an individual’s criminal record for 15 risk related items. The 15 items are a combination of demographic characteristics and criminal history which are scored and summed to provide five probabilities of risk for recidivism ranging from poor to very good. A report on its use among day parolees in Canada found that the instrument valid for predicting outcomes among parolees, but the instrument does not predict violent or sexual recidivism.” It was developed by J. Nuffield, Canada Department of Justice. More information is available at the Canada Department of Justice, Research and Statistics Division here: rsd.drs@justice.gc.ca.

- LSI-R
  The LSI-R™ assessment is a quantitative survey of offender attributes and offender situations relevant for making decisions about levels of supervision and treatment. The instrument’s applications include assisting in the allocation of resources, helping to make probation and placement decisions, making appropriate security level classifications, and assessing treatment progress. The 54 LSI–R items are based on legal requirements and include relevant factors for making decisions about risk level and treatment. Probation officers, parole officers, and correctional workers at jails, detention facilities, and correctional facilities complete the semi-structured interview with offenders. They then use the interview together with collateral information to complete a QuikScore™ form. The results are converted to cumulative frequencies on a ColorPlot™ Profile. Users have the option of profiling the Total LSI–R score against the Canadian norms or the U.S. norms. LSI–R scores are proven to help predict parole outcome, success in correctional halfway houses, institutional misconduct, and recidivism. This predictive validity is partly a result of the method of its construction. The item content was developed to reflect three primary sources: recidivism literature, the professional opinions of probation officers, and the social learning perspective of social behavior. Scores can then be used in conjunction with professional judgment to arrive at valid placement decisions. An 8-item screening version (LSI–R:SV) and a youth version (YLS/CMI) are also available from MHS. More information is available at: http://www.assessments.com/catalog/LSI_R.htm
The Risk Management System (RMS)

“The RMS is a computerized tool for evaluating recidivism risk and programmatic needs. The system uses modeling software to generate reports that compare an individual’s scores in a number of domains with that of the general population. Corrections, community corrections, treatment program, and judicial personnel can use these reports to inform treatment, programming, and supervision decisions. By using web-based software, RMS enables agencies seeking advanced risk assessment to receive reports on individuals’ risks and needs while being able to continue to use their existing data management systems.” It was developed by Modeling Solutions, Inc. Additional information is available at: http://www.modelingsolutions.net/rms_ver2/services.html.

The Self-Appraisal Questionnaire (SAQ)

“The SAQ is a multidimensional, self-administered questionnaire designed to predict violent and nonviolent recidivism. This 72 item tool measures criminogenic risk / need and generates a total score and seven subscale scores. The subscales measure Criminal Tendencies, Antisocial Personality Problems, Conduct Problems, Criminal History, Alcohol/Drug Abuse, Antisocial Associates, and Anger. The SAQ can be used by parole officers, case managers, and corrections officers in determining correctional programming and institutional security levels. Researchers report that the instrument has high reliability and validity with male prisoners. The instrument can be administered by corrections staff and takes approximately 15 minutes to complete. Its short administration time makes it appropriate for use in jail settings.” It was developed by Wagdy Loza, PhD. Additional information is available at: https://www.mhs.com/ecom/(ephky1bxoliqof55p1oteci3)/product.aspx?RptGrpID=SAQ.

The Salient Factor Score (SFS)

“The SFS is a device that assesses an individual’s risk of violating parole if he or she is released to community supervision. It was developed for the United States Parole Commission and is a component of the Commission’s guidelines for making parole release decisions. The Salient Factor Score comprises six criminal history items which are added together to produce a score of 0-10 points. A higher score indicates that an individual is less likely to violate parole. The Salient Factor Score provides a guideline for the amount of time an individual should serve before being released to community supervision.” It was developed by the United States Parole Commission. More information is available at: http://www.usdoj.gov/uspc/rules_procedures/rulesmanual.htm, (the SFS and administration instructions begin on page 58).
**Sex Offender Recidivism Tools**

- **The Minnesota Sex Offender Screening Tool-Revised (MnSOST-R)**

“The MnSOST-R is currently being used by the Minnesota Department of Corrections as an assessment tool to predict the risk of arrest for a new sexual offense among individuals convicted for rape and intra-familial child molestation. The tool comprises 12 historical variables (such as number and type of sexual offenses), and 4 institutional variables (including disciplinary history, participation in drug treatment, participation in sex offender treatment, and age at release). The test produces scores that are divided into six levels of risk. In a comparative study of five sex offender risk assessments, the MnSOST-R predicted general recidivism but did not significantly predict serious or sexual recidivism. This could have been due to its inclusion of institutional factors, or the complexity of its use. The assessment requires trained staff to administer, and can be used at the time of release from a correctional facility or the beginning of a period of community supervision.” It was developed by Douglas L. Epperson, Ph.D.; James D. Kaul, Ph.D.; Stephen J. Huot, M.Eq.; Denise Hesselton, M.A.; Will Alexander, Ph.D. Candidate; and Robin Goldman, M. A. More information is available at: [http://www.psychology.iastate.edu/~dle/mnsost_download.htm](http://www.psychology.iastate.edu/~dle/mnsost_download.htm).

- **The Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)**

“The RRASOR is a brief 4-item actuarial instrument to predict sexual recidivism among males who have been convicted of at least one sexual offense. This instrument focuses on measuring static factors and relies on information obtained in administrative files. The predictor variables that the instrument assesses are extra-familial victims, male victims, prior sexual offenses, and age of release. Test scores range from 0-6. The instrument’s validity in predicting sexual recidivism has been established by research, but it does not predict nonviolent or general recidivism as well as other instruments. It must be administered by trained corrections staff.” It was developed by Dr. R.K. Hanson. To receive additional information, please contact Dr. Hanson at: Dr. R.K. Hanson, Senior Research Officer 340 Laurier Avenue West, 11th Floor Ottawa, ON K1A 0P8 Canada

- **The Sex Offender Needs Assessment Rating (SONAR)**

“The SONAR is an instrument that measures change in risk level for individuals convicted of sex offenses. SONAR measures five dynamic variables that change slowly over time: intimacy deficits; negative social influences; tolerant attitudes toward sexual offending; self-regulation of sexual urges; and general self-regulation. It also measures four dynamic risk factors that can change quickly: substance abuse; negative mood; anger; and opportunities for access to victims. The tool requires community supervision personnel to track these factors over time to identify changes in risk level and make treatment and supervision decisions based on these findings. Researchers report that the tool improves upon other formal risk assessments (e.g., the VRAG), but that the tool has...
only moderate validity and reliability on its own.” It was developed by R.K. Hanson and Andrew Harris. For additional information please contact, Dr. Bonta at:
James Bonta, Ph.D.
Public Safety and Emergency Preparedness Canada
340 Laurier Avenue West
Ottawa, Ontario
K1A 0P8
Canada

➢ The Sex Offender Risk Appraisal Guide (SORAG)

“The SORAG is an actuarial tool designed to predict sexual recidivism among males convicted of sex offenses. It is a modified version of the VRAG, and is focused on measuring 14 static risk factors. The tool enables corrections personnel to calculate the probability that a convicted individual will commit a new offense (including sex offenses) within a specific period of time in which the person under correctional supervision has community access. Research has shown that the SORAG predicts sexual recidivism at a significantly higher rate than other sexual risk assessment tools, and has also been shown to predict violent recidivism. It is a static tool and cannot be used to tailor treatment or measure progress.” It was developed by Vernon L. Quinsey, Ph.D. More information is available at: http://books.apa.org/books.cfm?id=4316068.

➢ STATIC 99

“The Static 99 is a 10-item risk prediction instrument designed to estimate the probability of sexual and violent recidivism for adult males who have already been either charged with or convicted of at least one sexual offense against a child or non-consenting adult. The instrument measures static factors using question sets that cover three different areas: demographics, criminal history, and victim information. The Static 99 was created by combining items from two older risk assessment instruments: the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) and the Structured Anchored Clinical Judgment-Minimum (SACJ-Min). In a comparison of the Static-99 and its successor, the Static-2002, the instruments were found to predict general, violent, and sexual recidivism. However, little evaluation data is available for the Static-2002.” It was developed by R. Karl Hanson, Ph.D. and David Thornton, Ph.D. More information is available at: http://www.apaintl.org/PublicationsConf2003.html.

➢ The Sexual Violence Risk-20 (SVR-20)

“The SVR-20 is an instrument used to assess for the presence of risk factors for sexual violence and to develop risk management plans. The 20 factors featured in the risk assessment were identified through a review of sexual recidivism literature, and fall into three main categories: Psychosocial Adjustment, Sexual Offenses, and Future Plans. The SVR-20 manual provides information for administrators on its use. Little validity or reliability data are available; its utility lies in its ability to help structure clinical assessments.” It was developed by Douglas R. Boer, Ph.D, Stephen D. Hart, Ph.D, P.
VERMONT CRIMINAL JUSTICE SERVICE PROVIDER SURVEY

Introduction

The second segment of this project involved a survey of Vermont criminal justice service providers in October, 2011, to identify innovative programs and assess the level of evidence-based programming in the state. An online survey was created and distributed to 167 individuals representing 137 Vermont agencies. A total of 66 individuals responded to the survey (40%), representing 62 different agencies. Forty-seven of the 62 agencies reported that they conducted innovative programs, initiatives, or pilot projects designed to reduce recidivism, and provided information on a total of 67 of those programs. The following sections summarize the information obtained through this survey on these 67 programs. For a more detailed account of the methodology used to conduct the survey, please refer to the Methodology section at the beginning of the report.

Program Services

In order to gain some perspective on the breadth of services offered by the innovative recidivism reduction programs reported on in the survey, each program was assigned to one or more service categories. Table 1 summarizes these groupings. The most populated categories were Re-entry /Housing (29.9%), Substance Abuse (22.4%), and Community Justice (17.9%), which includes reparative/restorative justice services.
### Table 1
**Program Service Categories**

<table>
<thead>
<tr>
<th>Program Service Categories</th>
<th># of Programs</th>
<th>% of Programs Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reentry/Housing</td>
<td>20</td>
<td>29.9%</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>15</td>
<td>22.4%</td>
</tr>
<tr>
<td>Community Justice</td>
<td>12</td>
<td>17.9%</td>
</tr>
<tr>
<td>Job Training/Education</td>
<td>9</td>
<td>13.4%</td>
</tr>
<tr>
<td>Diversion</td>
<td>8</td>
<td>11.9%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>7</td>
<td>10.4%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6</td>
<td>9.0%</td>
</tr>
<tr>
<td>Female Offenders</td>
<td>4</td>
<td>6.0%</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>4</td>
<td>6.0%</td>
</tr>
<tr>
<td>Victim Advocacy</td>
<td>3</td>
<td>4.5%</td>
</tr>
<tr>
<td>Juvenile</td>
<td>2</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

### Length of Time in Operation

As Table 2 indicates, nearly 90% of the programs reported on in the survey have been in operation between 1 and 10 years, with an overall average of five years. About 20% of the programs are new, having been started within the last year. These new programs fall into the following service categories: Re-entry/Housing; Substance Abuse; Mental Health; Job Training/Education; Community Justice; and programs for Female offenders.

### Table 2
**How long has this program been in operation?**

<table>
<thead>
<tr>
<th>Length of Time</th>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 20 years</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>more than 15 years to 20 years</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>more than 10 years to 15 years</td>
<td>5</td>
<td>7.5%</td>
</tr>
<tr>
<td>more than 5 years to 10 years</td>
<td>15</td>
<td>22.4%</td>
</tr>
<tr>
<td>more than 2 years to 5 years</td>
<td>13</td>
<td>19.4%</td>
</tr>
<tr>
<td>more than 1 year to 2 years</td>
<td>18</td>
<td>26.9%</td>
</tr>
<tr>
<td>1 year or less</td>
<td>14</td>
<td>20.9%</td>
</tr>
<tr>
<td><strong>Total # of Programs</strong></td>
<td><strong>67</strong></td>
<td><strong>100.0%</strong></td>
</tr>
<tr>
<td><strong>Average # Years</strong></td>
<td><strong>5.0</strong></td>
<td></td>
</tr>
</tbody>
</table>
Target Population

Table 3 shows that many of the programs provided services to multiple client groups. Over 70% of the programs served adult offenders of either gender, with repeat and first-time offenders, drug and alcohol addicted offenders, and non-violent offenders being the most frequently mentioned. About half of the programs targeted violent and mentally ill offenders. A little more than a third of the programs served juveniles and sex offenders.

<table>
<thead>
<tr>
<th>What target population does this program serve?</th>
<th># of Programs</th>
<th>% of Programs Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>48</td>
<td>71.6%</td>
</tr>
<tr>
<td>Juveniles</td>
<td>25</td>
<td>37.3%</td>
</tr>
<tr>
<td>Females</td>
<td>52</td>
<td>77.6%</td>
</tr>
<tr>
<td>Males</td>
<td>52</td>
<td>77.6%</td>
</tr>
<tr>
<td>First-time offender</td>
<td>39</td>
<td>58.2%</td>
</tr>
<tr>
<td>Repeat offenders</td>
<td>46</td>
<td>68.7%</td>
</tr>
<tr>
<td>Violent offenders</td>
<td>36</td>
<td>53.7%</td>
</tr>
<tr>
<td>Non-violent offenders</td>
<td>43</td>
<td>64.2%</td>
</tr>
<tr>
<td>Alcohol addicted offender</td>
<td>43</td>
<td>64.2%</td>
</tr>
<tr>
<td>Drug addicted offender</td>
<td>45</td>
<td>67.2%</td>
</tr>
<tr>
<td>Sex offender</td>
<td>23</td>
<td>34.3%</td>
</tr>
<tr>
<td>Mentally ill offender</td>
<td>34</td>
<td>50.7%</td>
</tr>
<tr>
<td>Volunteers</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other *</td>
<td>5</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

* Homeless/unemployed, victims of crime, domestic violence victims and their families, domestic violence victims in workplaces, law enforcement
Program Cost

Table 4 indicates that program costs per individual were reported for only about 35% of the programs, with approximately 65% responding that they did not know the program cost. The program costs that were reported ranged broadly from about $20 to $22,500 per individual participant.

<table>
<thead>
<tr>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than $12500</td>
<td>3</td>
</tr>
<tr>
<td>$5501 to $12500</td>
<td>1</td>
</tr>
<tr>
<td>$3001 to $5500</td>
<td>6</td>
</tr>
<tr>
<td>$1501 to $3000</td>
<td>3</td>
</tr>
<tr>
<td>$501 to $1500</td>
<td>1</td>
</tr>
<tr>
<td>$201 to $500</td>
<td>5</td>
</tr>
<tr>
<td>Up to $200</td>
<td>3</td>
</tr>
<tr>
<td>Don't know</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total # of Programs</strong></td>
<td><strong>67.0</strong></td>
</tr>
</tbody>
</table>

Table 5 shows that the highest costs per individual were associated with programs in the Re-entry/Housing and Community Justice service categories. However, these service groups also showed the broadest ranges of program costs. The lowest costs programs were associated with the Sexual Violence, Domestic Violence, and Diversion service categories.
### Table 5
Cost per Individual by Service Category

<table>
<thead>
<tr>
<th>Service Categories</th>
<th># of Programs With Known Costs*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to $200</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>1</td>
</tr>
<tr>
<td>Re-entry/Housing</td>
<td>2</td>
</tr>
<tr>
<td>Job Training/Education</td>
<td>2</td>
</tr>
<tr>
<td>Victim Advocacy</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
</tr>
<tr>
<td>Juvenile</td>
<td>1</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>1</td>
</tr>
<tr>
<td>Diversion</td>
<td>1</td>
</tr>
<tr>
<td>Female Offenders</td>
<td>1</td>
</tr>
<tr>
<td>Community Justice</td>
<td>1</td>
</tr>
</tbody>
</table>

*Costs for some programs were reported in more than one service category.
Program Funding Sources

Table 6 indicates that over 85% of the programs reported on in the survey are supported by state funds. Half of the programs receive federal funds. Non-profit organizations and foundations comprise the next largest source of funding.

<table>
<thead>
<tr>
<th>Funding Source</th>
<th># of Programs</th>
<th>% of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>State funds</td>
<td>57</td>
<td>86.1%</td>
</tr>
<tr>
<td>Federal funds</td>
<td>33</td>
<td>49.2%</td>
</tr>
<tr>
<td>Funding from a non-profit organization</td>
<td>12</td>
<td>18.0%</td>
</tr>
<tr>
<td>Foundation funding</td>
<td>9</td>
<td>13.4%</td>
</tr>
<tr>
<td>City or town funds</td>
<td>8</td>
<td>11.9%</td>
</tr>
<tr>
<td>Participant fees</td>
<td>8</td>
<td>11.9%</td>
</tr>
<tr>
<td>County funds</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other *</td>
<td>3</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

* Corporate, volunteers, and fundraising

Evidence-Based Programming

To measure the extent to which programs were evidence-based, respondents were asked the following question:

*Programs are evidence-based if the treatment principles on which they are based have been demonstrated by scientific research to be effective at reducing criminal behavior. Programs can also be evidence-based if the program is a replication of a program which research has demonstrated to be effective at reducing criminal behavior. To what extent would you say that this program is evidence-based?*

Table 7 indicates that over 50% of the programs were considered entirely or mostly evidence-based. About a third of the programs had some aspects that were evidence-based.
Table 7

Extent to Which Program is Evidence-Based?

<table>
<thead>
<tr>
<th></th>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Some aspects of the program are evidence based.</td>
<td>22</td>
<td>32.8%</td>
</tr>
<tr>
<td>Most aspects of the program are evidence based.</td>
<td>25</td>
<td>37.3%</td>
</tr>
<tr>
<td>The entire program is evidence based.</td>
<td>10</td>
<td>14.9%</td>
</tr>
<tr>
<td>Don't know</td>
<td>6</td>
<td>9.0%</td>
</tr>
<tr>
<td>Did not answer</td>
<td>3</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Total # of Programs</strong></td>
<td><strong>67</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 8 presents data on the extent of evidence-based programming by service category. The highest percentages of programs that were considered entirely or mostly evidence-based were the Mental Health (80%) and Substance Abuse (78.5%) service categories.

Table 8

Extent to Which Program is Evidence-Based by Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>The entire program is evidence-based.</th>
<th>Most aspects of the program are evidence-based.</th>
<th>Some aspects of the program are evidence-based.</th>
<th>Not at all</th>
<th>Total Percentage</th>
<th># of programs in category **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>40.0%</td>
<td>40.0%</td>
<td>20.0%</td>
<td>.0%</td>
<td>100%</td>
<td>5</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>21.4%</td>
<td>57.1%</td>
<td>21.4%</td>
<td>.0%</td>
<td>100%</td>
<td>14</td>
</tr>
<tr>
<td>Victim Advocacy</td>
<td>33.3%</td>
<td>33.3%</td>
<td>33.3%</td>
<td>.0%</td>
<td>100%</td>
<td>3</td>
</tr>
<tr>
<td>Female Offender</td>
<td>.0%</td>
<td>66.7%</td>
<td>33.3%</td>
<td>.0%</td>
<td>100%</td>
<td>3</td>
</tr>
<tr>
<td>Community Justice</td>
<td>27.3%</td>
<td>36.4%</td>
<td>36.4%</td>
<td>.0%</td>
<td>100%</td>
<td>11</td>
</tr>
<tr>
<td>Re-entry/Housing</td>
<td>11.8%</td>
<td>47.1%</td>
<td>41.2%</td>
<td>.0%</td>
<td>100%</td>
<td>17</td>
</tr>
<tr>
<td>Job Training/Education</td>
<td>14.3%</td>
<td>42.9%</td>
<td>42.9%</td>
<td>.0%</td>
<td>100%</td>
<td>7</td>
</tr>
<tr>
<td>Diversion</td>
<td>28.6%</td>
<td>28.6%</td>
<td>42.9%</td>
<td>.0%</td>
<td>100%</td>
<td>7</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>25.0%</td>
<td>25.0%</td>
<td>50.0%</td>
<td>.0%</td>
<td>100%</td>
<td>4</td>
</tr>
<tr>
<td>Juvenile</td>
<td>50.0%</td>
<td>.0%</td>
<td>50.0%</td>
<td>.0%</td>
<td>100%</td>
<td>2</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>.0%</td>
<td>33.3%</td>
<td>50.0%</td>
<td>16.7%</td>
<td>100%</td>
<td>6</td>
</tr>
</tbody>
</table>

* Evidenced-based information for some programs was reported in more than one service category.
** Does not include “don’t know” and missing responses.
Program Evaluation

Table 9 indicates that about a third of the programs had been evaluated. Nearly half had not been evaluated.

Table 9
Has this program been evaluated?

<table>
<thead>
<tr>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
</tr>
<tr>
<td>Don't know</td>
<td>11</td>
</tr>
<tr>
<td>Did not answer</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total # of Programs</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

Table 10 shows that two-thirds or more of the programs falling into the Sexual Violence and Female Offender service categories had been evaluated. Half of the programs in the Victim Advocacy, Mental Health, Domestic Violence, and Community Justice service categories had been evaluated.

Table 10
Has this program been evaluated? by Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>% of Programs Evaluated in Category*</th>
<th># of programs in category **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Violence</td>
<td>100.0%</td>
<td>3</td>
</tr>
<tr>
<td>Female Offender</td>
<td>66.7%</td>
<td>3</td>
</tr>
<tr>
<td>Victim Advocacy</td>
<td>50.0%</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health</td>
<td>50.0%</td>
<td>6</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>50.0%</td>
<td>6</td>
</tr>
<tr>
<td>Community Justice</td>
<td>50.0%</td>
<td>8</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>42.9%</td>
<td>14</td>
</tr>
<tr>
<td>Diversion</td>
<td>40.0%</td>
<td>5</td>
</tr>
<tr>
<td>Re-entry/Housing</td>
<td>35.7%</td>
<td>14</td>
</tr>
<tr>
<td>Job Training/Education</td>
<td>28.6%</td>
<td>7</td>
</tr>
<tr>
<td>Juvenile</td>
<td>0%</td>
<td>2</td>
</tr>
</tbody>
</table>

* Evaluation information for some programs was reported in more than one service category.

** Does not include “Don’t know” and missing responses.
Method of Defining Recidivism

In order to determine the method which was used to evaluate a program, respondents were asked to indicate which measure of recidivism included in Table 11 below was used as a measure of program outcome. Respondents could also report additional methods which were used to evaluate the program. Table 11 suggests that of the 21 programs that had been evaluated, 10 used some form of recidivism measure to evaluate their program. Some of the “other” evaluation comments indicate that evaluation of recidivism was not applicable to the particular program being reported on.

Table 11

<table>
<thead>
<tr>
<th>Method of defining recidivism.</th>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The subject had a criminal contact with police</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>The subject was rearrested for a crime after completing the program.</td>
<td>3</td>
<td>14.3%</td>
</tr>
<tr>
<td>The subject was charged with a crime after completing the program.</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>The subject was convicted of a crime after completing the program.</td>
<td>2</td>
<td>9.5%</td>
</tr>
<tr>
<td>The subject was incarcerated as a result of a new criminal conviction after completing the program.</td>
<td>3</td>
<td>14.3%</td>
</tr>
<tr>
<td>Don't know.</td>
<td>5</td>
<td>23.8%</td>
</tr>
<tr>
<td>Other *</td>
<td>6</td>
<td>28.6%</td>
</tr>
<tr>
<td>Total # of Programs Evaluated</td>
<td>21</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

* Other methods to evaluate a program included: general evaluation of Justice Center using Annual Report template provided by the Department of Corrections; Informal research paper is in progress; participants evaluated the learning experience; pre and post-test measures were given to each law enforcement student to assess knowledge gained during class; recidivism was not calculated; the evaluators were looking for bed savings for corrections; we look at attitudinal changes and skill/knowledge changes.
Percent Recidivated

Recidivism percentages were reported for only four programs. As Table 12 suggests the recidivism percentages ranged from 16% - 20% to over 40%.

Table 12
Percentage of program participants who recidivated

<table>
<thead>
<tr>
<th>% of Programs Evaluated n= 21</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Programs</td>
</tr>
<tr>
<td>Less than 10%</td>
</tr>
<tr>
<td>10% - 15%</td>
</tr>
<tr>
<td>16% - 20%</td>
</tr>
<tr>
<td>21% - 25%</td>
</tr>
<tr>
<td>26% - 30%</td>
</tr>
<tr>
<td>31% - 40%</td>
</tr>
<tr>
<td>Over 40%</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
</tbody>
</table>

Program Completion Rate

Data regarding program completion rates were provided for only 25 programs -- about a third of the programs reported on in the survey. As indicated in Table 13 for those programs that did have completion data reported, the percentages mostly ranged from 50% to 90%. For those programs reporting completion data, 40% reported completion percentages of 75% or more. About 35% reported completion percentages between 50% and 75%. Approximately 25% reported completion percentages of less than 50%.
Evidence-Based Recidivism Reduction Study

Table 13
Percentage of participants who complete the program.

<table>
<thead>
<tr>
<th>% of Programs</th>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 90%</td>
<td>2</td>
<td>3.0%</td>
</tr>
<tr>
<td>75% to 90%</td>
<td>8</td>
<td>11.9%</td>
</tr>
<tr>
<td>50% to 75%</td>
<td>9</td>
<td>13.4%</td>
</tr>
<tr>
<td>50% or less</td>
<td>6</td>
<td>9.0%</td>
</tr>
<tr>
<td>Don't know</td>
<td>32</td>
<td>47.8%</td>
</tr>
<tr>
<td>Not Applicable or Too Early to Determine</td>
<td>5</td>
<td>7.5%</td>
</tr>
<tr>
<td>No answer</td>
<td>5</td>
<td>7.5%</td>
</tr>
<tr>
<td><strong>Total # of Programs</strong></td>
<td><strong>67</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Risk Assessment

As indicated in Table 14, almost half of the programs included in the survey reported that they routinely use risk assessment tools in their programs.

Table 14
Do you routinely use risk assessment tools in this program?

<table>
<thead>
<tr>
<th># of Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>31</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
</tr>
<tr>
<td>No answer</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total # of Programs</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

Looking at programs by service categories as presented in Table 15, the highest use of risk assessment tools was found in the categories of Diversion programs (100%), Substance Abuse programs (85.7%), and Mental Health programs (83.3%).
### Table 15

**Use of Risk Assessment Tools by Service Category**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>% of Programs in Category using Risk Assessment Tools*</th>
<th># of Programs in Category **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversion</td>
<td>100.0%</td>
<td>6</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>85.7%</td>
<td>14</td>
</tr>
<tr>
<td>Mental Health</td>
<td>83.3%</td>
<td>6</td>
</tr>
<tr>
<td>Female Offenders</td>
<td>66.7%</td>
<td>3</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>57.1%</td>
<td>7</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>50.0%</td>
<td>4</td>
</tr>
<tr>
<td>Juvenile</td>
<td>50.0%</td>
<td>2</td>
</tr>
<tr>
<td>Re-entry/Housing</td>
<td>35.3%</td>
<td>17</td>
</tr>
<tr>
<td>Victim Advocacy</td>
<td>33.3%</td>
<td>3</td>
</tr>
<tr>
<td>Community Justice</td>
<td>30.0%</td>
<td>10</td>
</tr>
<tr>
<td>Job Training/Education</td>
<td>.0%</td>
<td>8</td>
</tr>
</tbody>
</table>

* Risk assessment information for some programs was reported in more than one service category.

** Does not include “Don’t know” and missing responses.
# APPENDIX A

## PROGRAMS REVIEWED

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Effectiveness</th>
<th>Treatment Modality</th>
<th>Client Type</th>
<th>Setting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amity Prison Therapeutic Community</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>Prisoners</td>
<td>Residential</td>
<td></td>
</tr>
<tr>
<td>Auglaize County (Ohio) Transition (ACT) Program</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>Prisoners</td>
<td>R</td>
<td>Residential and Community Based</td>
</tr>
<tr>
<td>Behavioral Couples Therapy for Substance Abuse</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>A&amp;ODO, Family</td>
<td>R, S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Boston (Massachusetts) Reentry Initiative (BRI)</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>SVO, A&amp;ODO, HRO</td>
<td>U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Charlotte–Mecklenburg (N.C.) Police Department Domestic Violence Unit</td>
<td>Promising</td>
<td>Domestic Violence</td>
<td>SVO, VOC</td>
<td>U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Checkpoint Tennessee*</td>
<td>Effective</td>
<td>DUI/DWI</td>
<td>A&amp;ODO</td>
<td>R, S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Program Description</td>
<td>Promising/Effective</td>
<td>Type</td>
<td>Population</td>
<td>Duration</td>
<td>Setting</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>--------</td>
<td>------------</td>
<td>----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Clarke County (GA) Victim Impact Panels</td>
<td>Promising</td>
<td>DUI/DWI</td>
<td>A&amp;ODO</td>
<td>S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Community and Law Enforcement Resources Together (ComALERT)</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>A&amp;ODO</td>
<td>U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Cognitive Behavioral Treatment Program</td>
<td>Promising</td>
<td>Cognitive-Behavioral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware KEY/Crest Substance Abuse Programs</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>A&amp;ODO, Prisoners</td>
<td>S, U</td>
<td>Residential and Community Based</td>
</tr>
<tr>
<td>Domestic Violence Court (SC)</td>
<td>Promising</td>
<td>Domestic Violence</td>
<td></td>
<td>R</td>
<td>Community Based</td>
</tr>
<tr>
<td>Drug Treatment Alternative to Prison (DTAP)</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>A&amp;ODO, HRO</td>
<td>U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Drug Treatment Courts</td>
<td>Effective</td>
<td>Drug Court</td>
<td>1st Timers, A&amp;ODO</td>
<td>S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>DUII Intensive Supervision Program</td>
<td>Promising</td>
<td>DUI/DWI</td>
<td>A&amp;ODO</td>
<td>S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Family Justice - La Bodega Model</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>Family, Prisoners</td>
<td></td>
<td>Residential and Community Based</td>
</tr>
<tr>
<td>Program</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>Family</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------</td>
<td>----------------------</td>
<td>------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Forever Free*</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>A&amp;ODO, Prisoners</td>
<td>S, U</td>
<td></td>
</tr>
<tr>
<td>General Equivalency Diploma (GED)</td>
<td>Promising</td>
<td>Ed/Vocational</td>
<td>Prisoners</td>
<td>Residential</td>
<td></td>
</tr>
<tr>
<td>Harriet's House</td>
<td>Promising</td>
<td>Housing</td>
<td></td>
<td>Community Based</td>
<td></td>
</tr>
<tr>
<td>Hawaii Opportunity Probation with Enforcement (HOPE)</td>
<td>Promising</td>
<td>Innovative Probation</td>
<td>A&amp;ODO</td>
<td>R, S</td>
<td></td>
</tr>
<tr>
<td>Idaho DUI Courts &amp; Misdemeanor/DUI Courts</td>
<td>Promising</td>
<td>DUI/DWI</td>
<td>A&amp;ODO</td>
<td>R, S</td>
<td></td>
</tr>
<tr>
<td>Ignition Interlock Devices</td>
<td>Effective</td>
<td>DUI/DWI</td>
<td></td>
<td>Community Based</td>
<td></td>
</tr>
<tr>
<td>Jackson County (Oregon) Community Family Court</td>
<td>Effective</td>
<td>Drug Court</td>
<td>CEV, A&amp;ODO, Family</td>
<td>R, S</td>
<td></td>
</tr>
<tr>
<td>Minnesota Prison-based Chemical Dependency Treatment</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>A&amp;ODO, Prisoners</td>
<td>S</td>
<td></td>
</tr>
</tbody>
</table>

* A&ODO = Alcohol and Other Drugs of Abuse, R = Residential, S = Supervised, U = Unsupervised
<table>
<thead>
<tr>
<th>Modified Therapeutic Community for Offenders with MICA Disorders</th>
<th>Promising</th>
<th>Mental Health</th>
<th>Ment. Ill, A&amp;ODO, Prisoners</th>
<th>R, S, U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multnomah County (Oregon) STOP Drug Diversion Program</td>
<td>Effective</td>
<td>Drug Court</td>
<td>1st Timers, A&amp;ODO</td>
<td>S, U</td>
</tr>
<tr>
<td>New Jersey Community Resource Centers</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>SVO, A&amp;ODO, HRO</td>
<td>S, U</td>
</tr>
<tr>
<td>New Jersey Halfway Back Program</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>SVO, A&amp;ODO, HRO</td>
<td>S, U</td>
</tr>
<tr>
<td>New South Wales Dept. of Corrective Services</td>
<td>Promising</td>
<td>SO Treatment</td>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Node-Link Mapping Enhanced Counseling for Substance Users</td>
<td>Promising</td>
<td>SA Treatment</td>
<td>A&amp;ODO</td>
<td>R, S, U</td>
</tr>
<tr>
<td>Offender Employment Continuum</td>
<td>Promising</td>
<td>Ed/Vocational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon Drug Courts</td>
<td>Promising</td>
<td>Drug Court</td>
<td>A&amp;ODO</td>
<td>R, S, U</td>
</tr>
<tr>
<td>Program</td>
<td>Promising/Effective</td>
<td>Treatment</td>
<td>Sub-Category</td>
<td>N</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>---</td>
</tr>
<tr>
<td>Ottawa County (MI) Sobriety Court Program</td>
<td>Promising</td>
<td>DUI/DWI</td>
<td>A&amp;ODO</td>
<td>S</td>
</tr>
<tr>
<td>Philadelphia Low-Intensity Community Supervision Experiment*</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Preventing Parolee Crime Program</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td>R, S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>Prize-Based Incentive Contingency Management for Substance Abusers</td>
<td>Effective</td>
<td>SA Treatment</td>
<td>A&amp;ODO</td>
<td>R, S, U</td>
</tr>
<tr>
<td>Project Support</td>
<td>Promising</td>
<td>Domestic Violence</td>
<td>VOC, CEV, Family</td>
<td>S, U</td>
</tr>
<tr>
<td>San Diego (CA) Drug Abatement Response Team (DART)</td>
<td>Effective</td>
<td>SA Treatment</td>
<td>S, U</td>
<td>Community Based</td>
</tr>
<tr>
<td>San Francisco (CA) Behavioral Health Court</td>
<td>Promising</td>
<td>Mental Health</td>
<td>Mentally Ill</td>
<td>U</td>
</tr>
<tr>
<td>San Juan County (NM) DWI First Offenders Program</td>
<td>Promising</td>
<td>DUI/DWI</td>
<td>1st Timers, A&amp;ODO</td>
<td>R, T</td>
</tr>
<tr>
<td>Program Name</td>
<td>Target Population</td>
<td>Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------------</td>
<td>------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seattle Mental Health Court</td>
<td>Promising</td>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Multi Agency Response Team (SMART)</td>
<td>Effective</td>
<td>Mentally Ill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay'n Out Therapeutic Community*</td>
<td>Effective</td>
<td>U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Training Initiative in Community Supervision</td>
<td>Effective</td>
<td>SA Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Phoenix Program</td>
<td>Effective</td>
<td>A&amp;ODO, Prisoners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing Program (THP)</td>
<td>Promising</td>
<td>SO Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington Work Release</td>
<td>Promising</td>
<td>Supervision Strategy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE LEGEND**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Target Population</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>* - inactive program</td>
<td>A&amp;ODO-Alcohol and Other Drug Offender</td>
<td>R-Rural</td>
</tr>
<tr>
<td></td>
<td>SVO-Serious/Violent Offender</td>
<td>S-Suburban</td>
</tr>
<tr>
<td></td>
<td>VOC-Victim of Crime</td>
<td>U-Urban</td>
</tr>
<tr>
<td></td>
<td>HRO-High Risk Offender</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CEV-Children Exposed to Violence</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

ADVISORY GROUP

Representatives from the following agencies and organizations served on the Study Advisory Group:

- The Administrative Judge, Vermont Supreme Court
- Burlington Community Justice Center
- Burlington Housing Authority
- Burlington Police Department
- Creative Workforce Solutions
- Joint Legislative Corrections Oversight Committee, Vermont Legislature
- Office of the Defender General
- Office of the Vermont Attorney General
- Vermont Agency of Human Services
- Vermont Court Administrator’s Office
- Vermont Department of Corrections
- Vermont Network Against Domestic and Sexual Violence
- Vermont Works For Women