

# PERSPECTIVES

THE JOURNAL OF THE AMERICAN PROBATION AND PAROLE ASSOCIATION

WWW.APPA-NET.ORG

VOLUME 44, NUMBER 1



examining the  
intersection of reentry  
and evidence-based  
practices



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# president's message

First, let me wish all of you a Happy 2020 and welcome our *Perspectives* co-editors, Dr. Kimberly Kras and Jason Stauffer. They sure had big shoes to fill when they took over for Drs. Taxman and Lovins. Just like we thought, they have stepped up to the plate, as exhibited by this issue of *Perspectives*. Read on and you'll see exactly what I'm talking about. How far reentry and evidence-based practices have come in the fields of probation and parole is simply amazing.

There were times in my younger life when I couldn't even imagine living in the year 2020. Would it be like the early 1960s cartoon "The Jetsons" where George Jetson flew his car three days a week to his office in the sky? Who had ever heard of probation or parole or cared what happened to those people who came back to their communities after serving time in prison for making poor life decisions? Unfortunately, there are many who still don't know what probation or parole is; let alone evidence-based practices, or reentry programs. Many of you have dedicated your careers to making a difference in the lives of offenders and have taken us into the future by thinking outside of the box to come up with new ideas to effect change in the lives of those we oversee.



**TIM HARDY**  
PRESIDENT

The extremely hard-working staff and the many volunteers of APPA continue to provide "cutting edge" training and powerful research offered through semiannual training institutes and well written articles as seen here in *Perspectives*.

I'm very proud to be a part of APPA and will continue doing my part to help make the world a better place for those who are often forgotten. I hope to see you this summer at APPA in New York City for our 45<sup>th</sup> Anniversary.

A handwritten signature in black ink that reads "Tim D. Hardy". The signature is stylized with a large, looping "H" and a cursive "y".



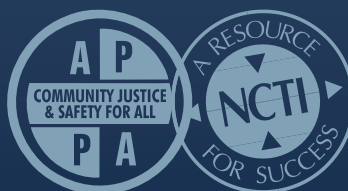
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Examining the Intersection of



Reentry and Evidence-Based Practices



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**M**any policymakers have appropriately begun to recognize the difficulties individuals face when returning from incarceration to life in the community. At the same time, a number of widely varied programs have been emerging that involve many different perspectives and types of expertise but have the common goal of addressing these post-incarceration difficulties. Such programs have been grouped under the comprehensive umbrella called “reentry,” arguably a patchwork of disciplines as opposed to a single distinct discipline. A wide-ranging approach may be what is required to address the needs of individuals in various stages of return to their communities. This definitional deficit makes it challenging to build up evidence-based knowledge, rigorously evaluate reentry programs, and identify best practices.

While the lack of empirical consensus has left best practices in reentry somewhat unsettled, one point of general consensus involves the basic principles of effective intervention, principles that the conscientious practitioner knows well: target individuals who are at high risk for reoffending (Risk Principle), target their criminogenic needs (Need Principle), and attend to the variety of individual characteristics that might support

or impede success (Responsivity Principle). Interestingly, however, many reentry programs expand beyond these principles and in the short term provide services to returning individuals regardless of risk level. Corrections organizations have also been developing new and promising interventions that attend to a range of needs of new releasees, from basic life skills (such as locating stable housing) to expanding education access. We understand and applaud such efforts. Nonetheless, the variety of practices in the correctional community alongside a dearth of evaluative studies pertaining to them leads to an important question: *Where exactly do agencies get the greatest return on their investments in reentry programming when attempting to balance these competing interests?*

Although this question is too complex to be conclusively answered in a single issue of *Perspectives*, it underlies much of the ongoing discussion about these promising programs and the research supporting them. To that end, the articles in this issue examine existing research on reentry programs and reentry courts, present ambitious research pertaining to evaluating a reentry program that emphasizes and expands upon the use of evidence-based practices, and discuss how two jurisdictions have attempted to strike appropriate balances in providing reentry services.

First, a group of researchers from Florida State University directly responded to the challenges of evaluating reentry programs by developing a multi-phased program evaluation. Drs. Carrie Pettus-Davis and Stephanie Kennedy share their experience to date as well as future plans in implementing a highly structured reentry program, the 5-Key Model, that refocuses the reentry process on needs. The rigorous evaluation that awaits us will no doubt be a significant contribution to the literature on reentry and highly informative to those responsible for managing reentry programs.

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Dr. Douglas Marlowe, a prominent expert on treatment courts, graces the *Perspectives* audience with an article about reentry courts. This article examines how reentry courts compare to and contrast with the more well-known treatment court models (drug and mental health courts, in particular). Dr. Marlowe summarizes the mixed research findings on these unique programs, and his insights provide a cautionary tale about how the structure of the program matters when trying to achieve positive outcomes.

This issue of *Perspectives* concludes by presenting two case studies of reentry programs with slightly different approaches. Maricopa County (AZ) Adult Probation operates under the presumption that anyone who is reentering society following incarceration—regardless of assessed risk of reoffending—can benefit from reentry services. Their program emphasizes a truly integrated approach that utilizes specialized officers and continues from pre-release interviews to post-release services to the eventual transition to traditional supervision. Authors Melissa Boudreau and April Powell tell the story of how this blended method evolved.

Georgia Department of Corrections, on the other hand, delivers reentry services through its Prisoner Reentry Initiative (PRI) with assessed risk as a starting point. Authors Michelle Stanley and Renee Snead provide their insights on the development and operation of

the Georgia approach, which aims for a “seamless handoff” from institution to community supervision through the use of in-house transition specialists. While both approaches involve innovative attention to a variety of reentry process components, they highlight the characteristic variance of reentry programs throughout the nation.

So, is reentry best left a patchwork of disciplines, or will it become a more clearly defined discipline of its own? Researchers will be working to provide us with better information to answer our questions, but we urge practitioners to be mindful of what we do know about effective interventions when developing, implementing, and managing reentry initiatives. Practitioners must ensure that the balance they strike does not exhaust resources to the degree that EBP is unrecognizable in their respective reentry schemes.

Finally, we are pleased and honored to be named co-editors of *Perspectives*. We believe that this publication is a powerful voice in APPA's endeavor to be “a force for positive change,” and we fully intend to continue on the path defined by our predecessors, Drs. Taxman and Lovins. We look forward to serving the *Perspectives* audience by providing research-driven and practical material that will advance our evolving field.





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# from the executive director

I am always intrigued by and appreciative of those who take the time to contribute articles for publication in *Perspectives*. So, let me start by saying thank you to the authors for not only writing about our profession but also for your support, engagement, and commitment to enhancing community corrections.

Highlighting the subject of reentry programs in *Perspectives'* first edition of this new decade is apropos. In this era, community corrections will largely be measured by its success in the reduction of recidivism. Without viable options for treatment and support, success rates will not increase, and recidivism rates will not decrease.

If you did not attend APPA's 2020 Winter Training Institute, you missed a treat. The event had one of the most complete and diverse pools of training offerings in recent years. There were several excellent workshops on reentry including *Collaboration Between Probation, Parole and a Non-Profit Organization to Ensure Reentry Success Through Community-Based Residential Reentry Programs and Improving Outcomes for Youth in Custody: How San Diego County is Enhancing Residential and Reentry Services for Youth on Probation*. All received glowing reviews. I'm already excited about workshops on reentry programs at our next training institute.



**VERONICA CUNNINGHAM**  
APPA EXECUTIVE DIRECTOR

I can't overstate the importance of proven programs. As emphasized at the winter training institute, a key component of instilling confidence in our justice system is an effective community corrections agency. Indeed, agencies that offer programs such as cognitive behavioral therapy, education, housing, employment, and treatment are worth their weight in gold. APPA encourages a programmatic approach and model for supervision across the board. It's absolutely essential.

In New Orleans I was asked about the difference between the work of POs today compared to when I started three decades ago. I responded that the past focus was *quantity*, i.e., number of home visits made and reports completed. Now the focus is on *quality* – quality of staff, quality of interactions with those under supervision, and quality of programs and services. All are required to give formerly incarcerated individuals the best chance for success, and the contributors of this edition clearly understand that as reflected in the content.

So let's keep "reentry programming" on our radar in 2020. I challenge each of you to be an objective and credible advocate for our field in this regard. I urge you to stay abreast of advances in the field and to influence the national conversation on issues related to our work. We must publicize community corrections efforts and be an authoritative voice on matters in the ever-changing landscape of community corrections and proven reentry programs.

A handwritten signature in black ink that reads "Veronica Cunningham".



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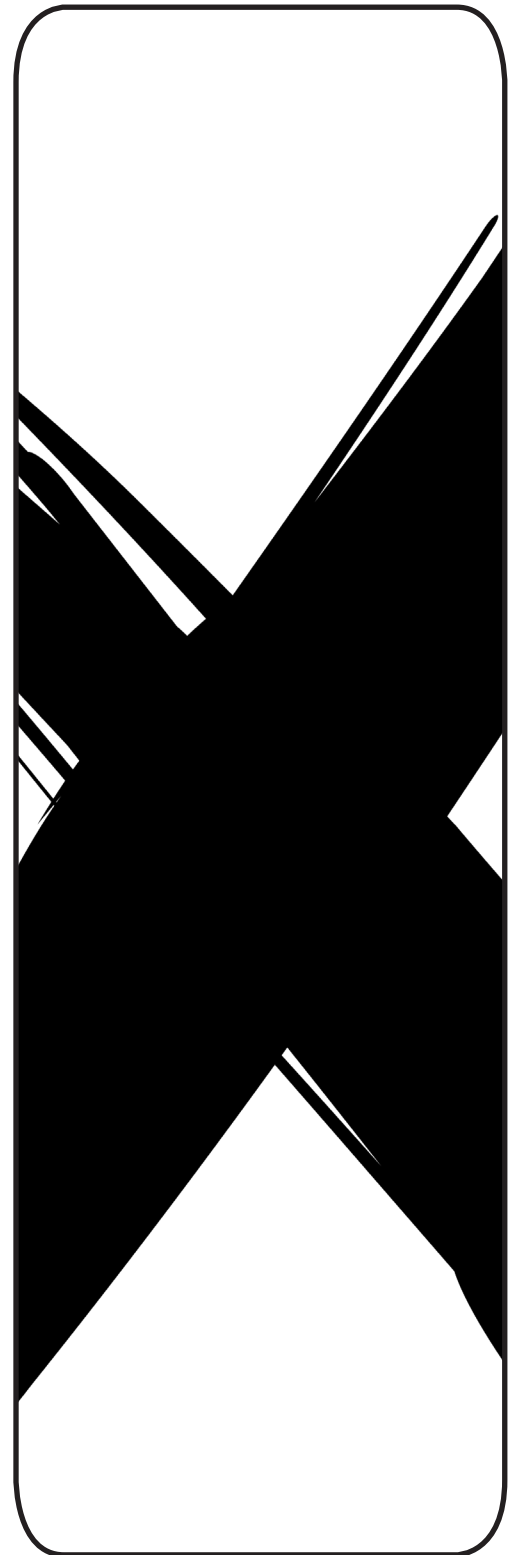
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Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively, and double-spaced. All charts, graphs, tables, and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

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Hanser, R. D. (2014). *Community corrections* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

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Perspectives is published four times annually by the American Probation and Parole Association through its secretariat office in Lexington, Kentucky.  
ISSN 0821-1507

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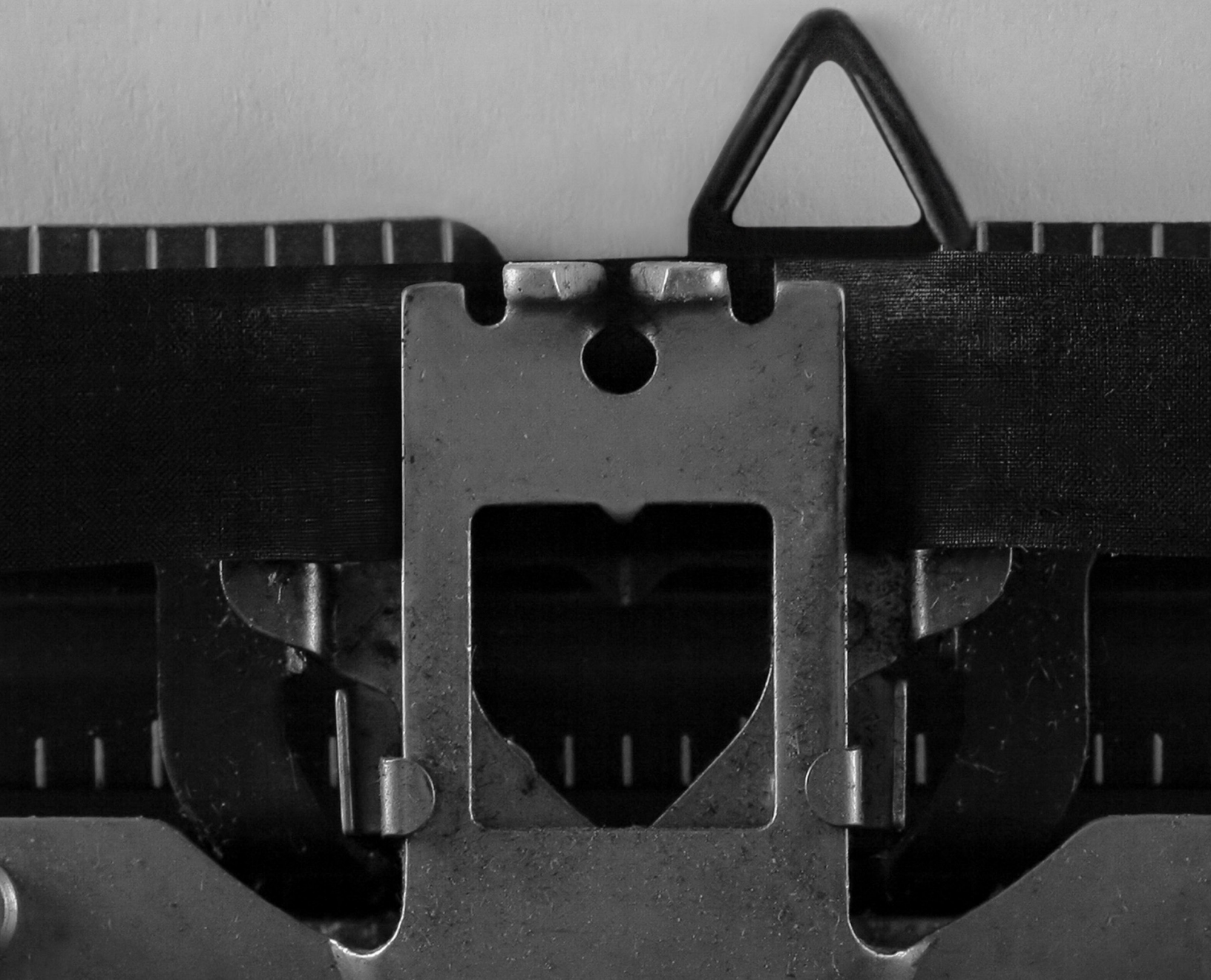
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# Early Lessons from the Multistate Study of the 5-Key Model for Reentry

BY CARRIE PETTUS-DAVIS, PH.D. AND STEPHANIE C. KENNEDY, PH.D.





Scholars have extensively documented the challenges formerly incarcerated individuals face as they leave prison and return to the community. However, it is unclear whether existing reentry service approaches are effective at helping individuals overcome those challenges as they return home. Research on reentry services to date has primarily focused on the design, implementation, and evaluation of interventions conducted with the individual who experienced incarceration, with a relative paucity of research looking at active interventions affecting the various community-level or policy factors that can dramatically influence an individual's likelihood for post-incarceration success. This article describes preliminary findings from a longitudinal study aiming to respond to these limitations in reentry research and to generate evidence to facilitate reentry reform in both the policy and reentry services contexts. The study, officially titled *A Multisite Randomized Controlled Trial of the 5-Key Model for Reentry*, is research that informs a larger initiative referred to as the Safe Streets and Second Chances initiative. Launched in January 2018, Safe Streets and Second Chances is comprised of a multidisciplinary group of academic, public, and private sector stakeholders committed to using data to inform sweeping policy and reentry services reforms.

The first phase of the 5-Key Model study is being implemented in four states and involves 50 prisons and 12 urban and rural counties with more than 1,500 individuals. The second phase of the study recently began in three additional states; research team members are recruiting participants from 40 prisons who will release into nine urban and rural counties. A unique aspect of the 5-Key Model study is our intention to catalyze the rapid translation of our research findings in order to reduce the implementation lag between scientific discovery and adoption of scientific findings into practice or policy. It has been found that, on average, 17 years pass before research findings are fully incorporated into practice (Olswang & Prelock, 2015), which is far too long a delay. We are trying to bridge the science-to-reentry-reform gap by releasing quarterly reports that describe preliminary findings to stakeholders and the public—arguably a revolutionary approach to both intervention research and evidence-driven reentry reforms. This article covers much of what has been learned to date, including core themes that have surfaced throughout the study, and it also suggests some questions for critical dialogue among corrections professionals, researchers, and community members.










**Research indicates that a focus on strengths and well-being maximizes both public health and public safety.**

### **5-KEY MODEL FOR REENTRY: OVERVIEW**

The 5-Key Model is a reentry services approach that was built by formerly incarcerated individuals, practitioners, and researchers and is grounded in a review of thousands of program evaluations conducted with criminal justice-involved and non-criminal justice-involved study samples (Pettus-Davis, Renn, Veeh, & Eikenberry, 2019). Drawing from comprehensive theoretical and empirical research, the team selected the most potent rehabilitative interventions and combined them into one reentry services approach. The 5-Key Model can be delivered to all individuals despite their offense record or risk level and represents a departure from current reentry models which are predominantly deficits-focused. Instead, the model focuses on the strengths and psychological well-being of formerly incarcerated individuals to ensure they remain crime-free and contribute positively to society. Research indicates that a focus on strengths and well-being maximizes both public health and public safety (e.g., Davidson & McEwen, 2012; Gander, Proyer, Ruch, & Wyss, 2013; Sin & Lyubomirsky, 2009).

The 5-Key Model translates the projected key ingredients of successful reentry into a highly adaptive approach to reentry supports that can be implemented at different levels of intensity. The 5 Keys and their definitions are provided in Table 2. When combined, all 5 Keys aim to increase overall well-being and, when improved upon, decrease the likelihood of future criminal involvement. The model provides employment preparation supports and treatment for individuals experiencing typical stressors of reentry or those with mental health or substance use disorders. Enhancements are provided within the model to target individuals with higher needs, so resources are not wasted on a one-size-fits-all approach.



THE 5 KEYS	DEFINITION OF EACH KEY
 <b>Meaningful Work Trajectories</b>	<p>Compatibility between an individual's goals and abilities and the demands of that individual's occupation is sustainable.</p>
 <b>Effective Coping Strategies</b>	<p>Adaptive behavioral and psychological efforts taken to manage and reduce internal/external stressors in ways that are not harmful in the short or long-term.</p>
 <b>Positive Social Engagement</b>	<p>When an individual is engaged in social experiences organized for beneficial social purposes that directly or indirectly involve others, engaged in during discretionary time, and experienced as enjoyable.</p>
 <b>Positive Relationships</b>	<p>An association between two people that occurs in person and can range in duration from brief to enduring within formal or informal social contexts. The relationship is reliable, mutually beneficial, and enhances psychological well-being.</p>
 <b>Healthy Thinking Patterns</b>	<p>Adaptive mental actions or processes, the presence of empathy, and the acceptance or internalization of values and norms that promote pro-social behavior.</p>

## STUDY OVERVIEW

During Phase 1 of the study, a total of 1,543 individuals incarcerated in state correctional facilities across Florida, Kentucky, Pennsylvania, and Texas were enrolled between May 2018 and January 2019. Study participants were not volunteers who heard about the study and asked to participate. Rather, research team members approached all individuals who were at least 18 years old, had a scheduled release date within the study window, planned to release to one of the study counties, were able to speak conversational English, and were cognitively capable of consent as determined by a cognitive screening questionnaire completed by the research team. We had broad eligibility criteria to ensure that those who joined the study were as similar as possible to the larger population of people who release from prison on any given day.



		5-Key Model (n=789)	Comparison (n=754)
Gender	Male	90.1%	90.2%
	Female	9.9%	9.8%
	Black/African American	47.7%	50.0%
	White/Caucasian	33.1%	33.4%
	Latinx	9.1%	9.2%
	Multi-racial	5.5%	5.1%
	Native American	1.1%	0.9%
	Asian/Pacific Islander	0.1%	0.0%
	Other	3.4%	1.4%
		0.0%	0.0%
Ethnicity	Non-Hispanic	87.0%	87.7%
	Hispanic	13.0%	12.3%
Marital Status	Single	63.4%	64.6%
	In a Relationship	11.3%	10.5%
	Married	10.8%	9.4%
	Divorced	9.1%	9.8%
	Separated	3.3%	3.3%
	Widowed	1.4%	1.1%
	Other	0.7%	1.3%
Average age at first adult offense		24.1 years	24.6 years
Average age at current offense		32.8 years	33.7 years
Average number of prior incarcerations		1.3 (range: 0-10)	1.3 (range: 0-8)
Average current sentence length		4 years (range: less than 1 year-32.5 years)	5 years (range: less than 1 year-45 years)

Local research teams were hired in each state to conduct the study. State research teams were comprised of data collectors, practitioners (who provided 5-Key Model services), and staff who both monitored adherence to the 5-Key Model and informed real-time adjustments. Additionally, local nonprofit, governmental, academic, and private sector entities were engaged to facilitate capacity building, reentry reform, and sustainability of evidence-driven reentry practices.



After joining the study, participants were randomly assigned to receive either the 5-Key Model or standard reentry services. Standard reentry services included those services already being offered by the departments of corrections and/or communities. Participants were released from incarceration through March 2019. Data collectors acquired data directly from all participants, not just those receiving the 5-Key Model, at pre-set intervals: during incarceration, immediately after release, and then four, eight, and 15 months after release. Data collection included understanding how people progressed on factors important to successful reentry like employment and psychological well-being as well as what social supports they received. We also tracked recidivism and plan to continue tracking recidivism for at least five years. A detailed description of the research methodology can be found in our first quarterly report (Pettus-Davis & Kennedy, 2018).

### **THEMES FROM EARLY FINDINGS OF THE 5-KEY MODEL STUDY**

The five reports released to date have focused on the experiences of individuals in the first six months of the reentry period. Three core themes emerged: (1) The psychological toll of reentry on individuals and families; (2) internal and external barriers to reentry and the responses of reentry practitioners;

and (3) increased risk for death after release. We also turned our lens on the preliminary data to identify issues worth further exploration, and we are now ready to pose some questions to the field for critical debate and discussion. Accordingly, we end this article with those questions.

### **THEME 1: THE PSYCHOLOGICAL TOLL OF REENTRY ON INDIVIDUALS AND FAMILIES.**

We asked study participants to reflect on their expectations of reentry and how those expectations had matched to the reality of their reentry experience. Leaving incarceration and building or rebuilding a life during the reentry period was described by participants as stressful and unsettling. Many study participants used the language of struggling to adapt and adjust to living beyond the prison walls without the constant structure provided on the inside. Others grappled to adjust to the societal and technological changes that had occurred during their incarceration and were ashamed to admit that these changes were overwhelming. Being on 'paper' was among the highest reported contributor to anxiety among those study participants who released from incarceration to some form of post-release supervision like probation or parole. These participants told researchers how being under supervision affected nearly every facet of their lives and was an immense source of fear and stress. Overall, we found how consistently tough—even debilitating—the reentry





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experience was for most individuals leaving incarceration. These struggles were common across hundreds of participants and transcended differences in each states' regional practices and topographical constraints.

Our team noted how patience was essential for participants during the reentry period because rebuilding a life takes time; study participants were acutely aware of how slowly the process moved. Wait-lists for housing programs, entering treatment, and completing job readiness courses added layers of frustration for individuals eager to begin working and contributing to their lives and families. Although the theme of waiting and needing patience intersected with a range of facets of participants' lives after release from incarceration, it came up most frequently in the context of employment. Many participants who were searching for jobs described how frustrating it was to want to work, to have job interviews, and to never get a job.

Although 5-Key Model participants had access to 5-Key Model practitioners and services, fewer than half of our study participants in the services-as-usual comparison group had accessed any services since their release from incarceration. Of those participants who had accessed services in the early months, much of those services were offered through the department of corrections or by department of corrections' contractors in their respective states. For example, at one study site reentry caseworkers were provided through parole offices; in other states, corrections-based services were offered through halfway houses and reentry centers.



Even when services were available to participants, many had a strong desire for independence and wanted to prove to themselves and others that they could “make it on their own.” This led some participants to reject opportunities for treatment and services. Some men described how accessing services contradicted their self-perception of being “a grown man.” These men indicated that they felt a strong sense of personal responsibility and self-reliance. Like most of us, many study participants did not want to need help, especially from service providers. Not surprisingly then, those who released from incarceration with a job or who already had some level of financial security were highly unlikely to access reentry services.

Lost in the focus of much reentry research is the importance of the family to successful reentry. Our study participants were highly dependent on family members for just about everything—food, clothing, shelter, transportation, emotional support, guidance, and financial support. Although many family members had been waiting for the day that their loved one was released from incarceration, the return home generated significant financial and emotional strain (Pettus-Davis, Scheyett, & Lewis, 2014). Even though participants were eager to reconnect with their loved ones, they were concerned they would not be able to “catch up” financially or support their

families. Several reported worrying their living situation with family would fall apart.

Extant research finds that social support from families does in fact deteriorate over time (Pettus-Davis, Doherty, Veeh, & Drymon, 2017). Several factors contribute to this deterioration after an individual leaves incarceration. There is often a mismatch of expectations between formerly incarcerated individuals and their loved ones. This mismatch can be complicated by both parties struggling to communicate their challenges with the reentry process. Because families are typically not considered to be a part of the reentry experience by many professionals, their emotional and financial strain—and the disruption to the family unit—go unspoken and unnoticed by correctional agents and community service providers. Thus, rarely does intervention occur with the family unit as a whole.

## **THEME 2: INTERNAL AND EXTERNAL BARRIERS AND PRACTITIONER RESPONSES.**

Consistent with reentry research, our findings identified many barriers to individuals’ experiencing well-being and community stability post-incarceration. We categorized internal barriers as experiences with employment, trauma, mental health and substance use issues as well as challenges around connection and interpersonal relationships.



External barriers included lack of transportation, lack of telephone and internet services, housing instability, and limited employment options that provided sustainable wages. Many study participants strived to overcome these barriers, their resilience remarkable; while others quickly became frustrated and hopeless.

5-Key Model practitioners quickly recognized and responded to participants' internal barriers using a range of strategies to adjust to the circumstances of the participants' lives. For example, most participants prioritized working—often at multiple low-wage jobs—over attending to mental health or substance use challenges. Additionally, participants experienced stress related to court-mandated services and the time required to commute to and from their many obligations, straining their already full plates. Recognizing the importance of participants' mental health and need for substance use disorder treatment as well as their supervision requirements, practitioners flexed programming around participants' work schedules and stayed connected to participants through low-pressure, frequent communications like text messages. In this way, if participants experienced a crisis, the team was available and ready to help. This strategy ensured that participants received timely support and intervention without being required to travel to the office for lengthy

appointments. Maintaining connections via text message helped participants view practitioners as trusted, non-judgmental, and available when needed—something many participants had never experienced. One practitioner noted that this approach helped even the most resistant participants to see the importance of the supports provided by the 5-Key Model.

Nearly 96% of participants reported histories of traumatic experiences during their lifetime, including being victims of extreme abuse and witnessing loved ones being seriously injured or killed. Practitioners recognized how unaddressed trauma symptoms impacted participants' lives but reported that many participants were hesitant to discuss these events in detail. Recognizing that extensive trauma histories can result in both an unwillingness to connect with others and high levels of distrust, practitioners were patient and persistent in their engagement with participants and did not automatically attribute inconsistent interactions from participants as an indicator of low motivation for support.

5-Key Model practitioners knew they had little control over the external barriers faced by participants. However, the 5-Key Model was designed to help individuals develop infrastructure in their lives, so practitioners helped participants structure their days to identify effective ways to manage stress associated with



their life demands. Practitioners helped participants to identify and take steps to access available community resources—life skills that participants would need when the study was over. As participants developed these independent skills, practitioners assisted with transportation and scheduling barriers by holding services meetings at nearby public libraries, restaurants, and job sites—or even at participants’ homes. Practitioners connected via web-based streaming video services when participants had access to the internet. For those with telephone access, practitioners occasionally conducted workshops and individual sessions by telephone when a participant could not meet in person.

Some participants struggled to adapt to post-release barriers more than others. Much of the 5-Key Model is designed to help individuals work toward living the life they wish to live in small, achievable steps. Practitioners celebrated all successes along the path, showing participants how to revel in the small wins that may otherwise have been swallowed in their stressful and unpredictable lives. Building this cumulative positive effect allowed participants to acknowledge barriers without becoming consumed or controlled by them. As participants developed and refined problem-solving, communication, and coping skills, they worked toward their goals without resorting to destructive coping methods like substance use or becoming paralyzed into inaction.

### **THEME 3: DEATH AFTER RELEASE.**

As noted in existing research, the reentry period carries an extremely high risk of death for individuals leaving prison. Formerly incarcerated individuals have a death rate 3.5 times that of individuals who have never been incarcerated (Binswanger et al., 2007). During the first two weeks after release, this risk skyrockets; formerly incarcerated individuals are nearly 13 times more likely to die in those two weeks compared to other residents (Merrall et al., 2010). The leading causes of death for formerly incarcerated individuals in the year after release from incarceration are drug overdose, chronic illness, homicide, and suicide.

Fourteen of our 1,543 participants have died since the study began in May 2018. Three died during custody. We do not have details on the custodial deaths, but we were able to examine the deaths that occurred after a participant’s release from incarceration. We focused on the 11 men and women who died in our communities. They died, on average, six months after their release. Two individuals died within days of release, while one individual survived for just over 10 months. Nine of the 11 deceased participants were male. Nine identified their race as White/Caucasian, one as Black/African American, and one as Hispanic/Latino. On average, the participants were 35 years old at their





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time of death. The youngest was just 20 at time of death; the oldest was 62. We do not have the causes of death for all 11 participants. Of those for which this information is known, three were murdered, two died of chronic illness, one died of a drug overdose, one died by suicide, and one was killed in a car accident.

The cycle of violence was undeniable in the lives of participants prior to their deaths. They were victims of abuse as children or adolescents and then were victimized or revictimized as adults. Some participants also perpetrated violence against others. Ten of the 11 deceased participants had witnessed death and murder, consistent with our other findings. Also consistent with our other findings, many participants experienced severe psychological distress and met psychiatric criteria for a range of mental health disorders including depression, anxiety, post-traumatic stress, and psychosis, amplified by their experiences of incarceration. For many, symptoms of mental health disorders began when they were between 9- and 11-years-old. Three had attempted suicide in their lifetimes. Many participants began drinking alcohol and using drugs as children—often before their 13th birthday. Substance use during such a critical and sensitive period of neurodevelopment has long-lasting adverse effects on memory, judgment, and one's sense of self. In the year prior to their current incarceration, the overwhelming majority of the 11 deceased participants met psychiatric criteria for a substance use disorder with the most severe symptom profile.

Nonetheless, the 11 participants who died after being released from prison were hopeful to become healthier and happier, build fulfilling lives, and foster connections with their loved ones. They were excited to come home and pursue the goals that they had set for themselves. They were willing to work hard to deepen



their education and find meaningful work. Most participants had attempted to access community resources for mental health or substance use treatment at some point in their lives. Several were actively engaged in 12-step meetings, despite ultimately being unable to overcome their addiction. Although they had suffered greatly in their lives, they persevered.

### **QUESTIONS FOR THE FIELD FOR DEBATE AND DISCUSSION**

When we step back and think about the early lessons of this study, several questions have surfaced that are worthy of discussion and debate.

*How can we enhance prevention of, and intervention for, child maltreatment, mental health and substance use disorders, and school drop-out so as to allow every individual the opportunity to live a life free from violence and crime?* The amount of trauma—the sheer volume of abuse and horror—experienced and witnessed by most formerly incarcerated individuals is truly unfathomable. Many were severely maltreated as young children, and this includes being physically and sexually abused, demeaned, neglected, and berated by their loved ones. And yet no one seemed to come to their rescue. In examining the lives of the 11 participants who died, we were struck by the number of missed opportunities to intervene and change the course of these lives.

*How can we simultaneously catalyze communities to prevent incarceration and to welcome home those returning from prison, thereby helping all community members live meaningful and positive lives?* The corrections apparatus cannot always be the primary source of post-reentry support; incarcerated individuals come from—and will return to—our communities, which are, by definition, beyond the scope of correctional responsibility. Communities must play a primary prevention role, helping to prevent people from incarceration in the first place. Communities must also help individuals remain in the community after their release from incarceration. Despite being two decades into the “reentry movement,” most communities lack adequate prevention or reentry supports.

*How can individuals, families, and communities prepare for release from incarceration when the release date is not yet entirely known?* Reentry experiences are simultaneously completely predictable and not at all predictable. The challenges of limited services, waitlists, resistance, and logistical barriers are known and expected, yet it is still perhaps surprising how often the actual release dates of incarcerated individuals are not known in advance with certainty. In three of our four states, we were unable to accurately predict a release date. Although we expected all 1,543 participants to be in the community by January 2019, nearly



40% remained incarcerated as of that date. While flexible or unpredictable release dates may serve correctional needs, they complicate and confound reentry planning attempts.

*How can we support families during reentry so that they can, in turn, support the 12,000 men and women who leave prisons every single week? Current criminal justice practices respond solely to individual behavior and do not take into account that individuals who engage in criminal behavior are, more often than not, highly connected to families. Almost all of our participants were living with and relying on their families after they left incarceration—families who were also experiencing the struggles and suffering of reentry. Families are the bridge to community and the cornerstone of preventing both further suffering and crime, but they are largely invisible in our national discourse on reentry. Reentry approaches that fail to include the family will never achieve maximum impact.*

*What are better measures that may help us to distinguish between the structural contributors to a recidivism event, the structural-individual interactions that cause recidivism, and individual criminal behavior? Recidivism has been the default measure of reentry services success for decades, and thus recidivism is treated primarily as a measure of individual behavior. Yet, we have observed that*

recidivism is a result of a confluence of events. It reflects systems-level (or structural) factors such as supervision policies and practices, justice-involved individuals' behavior, and the interaction of correctional/criminal justice professionals' decision-making and the justice-involved individuals' behavior.

## THE NEXT STEPS

In August of 2019, we began a second phase of research to facilitate simplifying and optimizing the 5-Key Model. Our participants from Phase 1 continue to move through their experiences with reentry, and we will be collecting data directly from them through August 2020. We will continue to release reports on the progress of study participants, and we invite you to join us on our journey of exploring reentry until we reach a deep understanding of what can work, for whom, and how.

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# **REENTRY COURTS**

BY DOUGLAS B. MARLOWE, J.D., PH.D.



**A**pproximately 45% of individuals released conditionally from state prison in the U.S. fail to complete parole satisfactorily, and more than one-quarter (28%) are returned to custody for a technical violation, new criminal offense, or other unrecorded reason (Kaeble, 2018). More than one-fifth (22%) of state prison admissions in the U.S. stem from parole revocations involving technical violations (14%) or new offenses (8%) (Council of State Governments, 2019). Many of these revocations are driven by unaddressed substance use or mental health problems. More than 40% of parolees suffer from a severe substance use disorder (Bronson, Stroop, Zimmer, & Berzofsky, 2017; Fazel, Yoon, & Hayes, 2017; Fearn et al., 2016; Substance Abuse & Mental Health Services Administration [SAMHSA], 2014) and 15% to 25% suffer from a serious and persistent mental illness (Bronson & Berzofsky, 2017; Gottfried & Christopher, 2017), yet only about one-quarter of these individuals receive treatment while in custody (Bronson et al., 2017; Gottfried & Christopher, 2017) and only about half receive treatment after release (Pew Charitable Trusts, 2018).

## **REENTRY COURTS**

Reentry courts were created to increase the treatment and social services and improve outcomes for persons released from jail or prison on parole or comparable forms of post-release supervision, such as furlough or work release. Although many reentry courts focus on serving individuals with substance use or mental health disorders, not all programs have clear eligibility criteria or require participants to have diagnosed treatment needs. Programs that focus primarily on delivering treatment and counseling are often referred to as reentry drug courts or reentry treatment courts to distinguish them from generic reentry courts that may focus on surveillance and on providing housing or other basic social services.

Most reentry courts are operated by an executive state or county agency, such as the department of corrections or parole, and are led by an administrative review officer who functions much like a judge. However, states with split sentencing laws may return jurisdiction over some criminal cases to the original sentencing court and probation department after an inmate's release from custody, allowing a criminal court judge to preside over the reentry court. Additional team members commonly include a program coordinator, community supervision officer, treatment providers, and representatives from social service agencies (e.g., housing or employment). Because of their post-conviction status, most parolees are not entitled to defense counsel representation unless they are facing revocation or re-incarceration; nevertheless, many programs include defense and prosecution representatives on the reentry court team to enhance procedural fairness and efficiency.



Reentry drug courts and reentry treatment courts adapt what are commonly referred to as the 10 Key Components of Drug Courts to the reentry context (National Association of Drug Court Professionals [NADCP], 1997). Participants are required to complete substance use or mental health treatment and other indicated services (e.g., vocational counseling), demonstrate continuous abstinence from illicit drugs and alcohol for a substantial period of time (often 90 to 180 days), remain arrest-free, obey supervision conditions such as curfews, obtain employment or engage in comparable prosocial activity (e.g., schooling), and complete community service or make restitution to victims (Tauber & Huddleston, 1999; Wolf, 2011). Participants also undergo random drug and alcohol testing and attend frequent status hearings in which the judge or administrative officer reviews their progress in treatment and may impose a range of gradually escalating consequences contingent on their performance. These consequences may include desired rewards (e.g., verbal praise, reduced supervision requirements, token gifts), modifications to the participant's treatment plan (e.g., transfer to a more intensive level of care), or punitive sanctions (e.g., writing assignments, community service, brief jail detention).

Successful graduates typically earn an early release from parole and may receive a certificate of rehabilitation or other formal indication of their rehabilitative success to reduce some of the negative collateral consequences associated with having a criminal record. Some participants may not satisfy all conditions for graduation before their parole period expires. These individuals typically receive an administrative or neutral discharge from the program, indicating they successfully completed parole but did not meet the more stringent requirements for graduation from reentry court.

## **EFFECTIVENESS**

Research on the effectiveness of reentry courts has been decidedly mixed. Studies confirm that reentry court participants typically receive more treatment, supervision and social services than carefully matched individuals on standard parole, and they test positive for alcohol and illicit drug use significantly less often while in the program (Meierhoefer & Breen, 2013; Carey et al., 2017; DeGiusti, 2018; Vance, 2011). Most, but not all, reentry courts also reduce parole revocation rates and returns to custody during participants' tenure in treatment. However, effects on new criminal arrests and convictions have been largely mixed or nonsignificant, and no noteworthy improvements have been reported regarding other psychosocial outcomes, such as employment, educational





attainment, family functioning, or mental health symptoms (Carey et al., 2017).

A multisite quasi-experimental evaluation of seven reentry courts found that participants received significantly more services in the program than matched parolees, reported significantly less substance use during the first 12 months of treatment, and had significantly fewer positive drug saliva tests at 12 months (Carey et al., 2017). However, administrative data from criminal justice records revealed mixed impacts on recidivism. Consistent improvements in parole revocation rates and new offenses were found for one program, mixed effects on different measures of recidivism were found for four programs, and *increased* recidivism and returns to custody were detected in two programs. The same study also found mixed evidence of cost effectiveness. The reentry courts were considerably more expensive to administer than “business-as-usual” supervision because of increased court hearings, probation sessions, social services, sanctions, and incentives as well as delivery of more substance use and mental health treatment and cognitive-behavioral counseling. Only two of the programs recouped these investment costs through improved outcomes, whereas the remaining five programs generated net operating losses of approximately \$1,100 to \$16,000 per participant (Carey et al., 2017).

Some studies have found that reentry courts reduced either parole revocation rates or post-program recidivism but rarely accomplished both. Greater tolerance for technical violations, including delivering gradually escalating sanctions for infractions, may have contributed to lower revocation rates in some programs but was also correlated with higher recidivism. For example, a study of six reentry courts in California found significantly lower parole revocation rates for reentry court participants compared to matched parolees (9% vs. 30%) and significantly less time spent in custody for technical violations (17 vs. 59 days); however, the reentry court participants had significantly higher rates of arrests for new crimes (78% vs. 65%) (Judicial Council of California, 2014). In other studies, increased surveillance by the reentry court may have led to more revocations and jail sanctions but were also associated with significantly fewer new arrests and convictions. A quasi-experimental evaluation of the Harlem (NY) Parole Reentry Court found a significantly higher reincarceration rate for parole violations among reentry court participants (15% vs. 8%) but a lower conviction rate for new crimes over three years (43% vs. 52%) (Hamilton, 2010). A subsequent randomized evaluation of the same program reported fewer new convictions (29% vs. 37%) and parole revocations (12% vs. 22%) for reentry court participants but no impact on re-





arrest rates or the average time to the first new arrest, conviction, or parole revocation (Hassoun Ayoub & Pooler, 2015).

Reentry courts have generally fared even worse in the federal system, plagued by problems in implementation and poor adherence to the 10 Key Components. A randomized experimental evaluation of five federal reentry courts found no effects on either revocation rates or recidivism (Rauma, 2016). The investigators attributed the null outcomes, in part, to the programs' inability to deliver the requisite services to meet participants' severe criminogenic needs, lack of involvement in the program from the defense and prosecution, and high refusal rates from participants stemming from weak or nonexistent incentives for completing the program. Several process evaluations have also reported an outsized influence of probation officers on the federal reentry court process and concomitantly reduced judicial leadership and guidance (Meierhoefer & Breen, 2013; Rauma, 2016; Portillo, Rudes, Viglione, Nelson, & Taxman, 2013). Failing to apply the reentry court model correctly in the federal system raises questions about how, and whether, to interpret lackluster outcomes.

## **BEST PRACTICES**

Wide variation in outcomes across different reentry courts allows researchers to examine best practices associated with more effective results. Preliminary findings from one multisite study (Carey et al., 2017) suggest that better outcomes were achieved by reentry courts that had the following characteristics or policies. Because these findings were derived from post hoc (after the fact) correlations, better-designed studies are needed to replicate these early observations:

- The reentry court was built on the foundation of a long-standing drug court and shared services and personnel with the drug court.
- The reentry court focused on serving participants assessed as high risk for recidivism and having a diagnosed substance use or mental health disorder.
- Reentry court staff members attended several training sessions and conferences on best practices in drug courts or other treatment courts.
- Services were available to address a wide range of criminogenic needs exhibited by participants, including mental health problems, substance use disorders, unstable housing, criminal thinking patterns, and chronic employment deficits.



- Substance use treatment included access to residential or inpatient modalities and individual counseling, where indicated.
- Participants received consistent rewards for their achievements and sanctions for infractions in the program.
- Participants attended frequent court or administrative review hearings (at least twice monthly) and probation sessions (at least weekly for the first few months).
- Jail sanctions were used sparingly and were typically less than one week in duration.

## CONCLUSION

Research on reentry courts is still in its infancy, but a few lessons can be drawn from the emerging literature. First, programs appear to be most effective when they build on the pre-existing structure and capacity of an established drug court or other treatment court and adhere closely to the 10 Key Components of Drug Courts. Evidence also confirms that reentry courts (especially reentry treatment courts or reentry drug courts) typically provide more evidence-based treatment, supervision, and social services than traditional parole and achieve short-term reductions in substance use and related clinical symptoms. Many, but not all, programs also reduce parole revocations through graduated sanctioning regimens; however, this short-term achievement may in some cases be offset by subsequently higher recidivism rates. On the other hand, programs that emphasize surveillance and sanctioning over the provision of treatment and social services typically increase revocation and re-incarceration rates without impacting recidivism. Considerably greater efforts are needed to identify effective strategies that can both reduce revocation rates and impact long term outcomes, including criminal recidivism, employment, family functioning, and mental health.

Reentry courts have not enjoyed the same level of growth as many other types of treatment courts. As of the beginning of 2015 (the most recent year for which reliable data are available), there were only 30 reentry courts and 26 reentry drug courts in the U.S., plus an additional three parole violation courts that served individuals facing parole revocations or re-incarceration for drug-related offenses or technical violations (Marlowe et al., 2016). At the time, this reflected a 3% decrease in the number of reentry courts over the preceding five years, contrasted with a 25% to 50% increase in many other types of treatment courts during the same period. This tepid growth may be warranted in the light of mixed evidence supporting reentry court models. Until studies



on best practices can pinpoint essential ingredients for these programs, reentry courts remain a promising, but unproven, model that is still under construction.

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# **INTEGRATION IS THE KEY TO REENTRY: THE MARICOPA COUNTY ADULT PROBATION REENTRY PROGRAM**

BY MELISSA BOUDREAU AND APRIL POWELL





In 2010, Maricopa County faced the challenge of an increasing number of individuals returning to the community after serving a period of incarceration in the Arizona Department of Corrections (ADC), a situation similar to that faced by many communities around the nation. Furthermore, approximately 8,000 of these individuals were ordered to serve a consecutive term of probation upon their release. In response, a group of interagency collaborators began identifying gaps within the system and the need to address supervision issues such as inaccurate release dates, a lack of reentry planning, and the large number of individuals who abscond prior to reporting to a probation office. Corrections agencies and the Maricopa County Adult Probation Department (MCAPD) recognized that, without effective reentry planning, these individuals were at risk for returning to cycles of violence, poverty, victimization, and recidivism.

In an effort to address this growing need, MCAPD applied for, and was awarded, the Edward Byrne Recovery Act Grant. The grant resulted in the development of the Prison Reentry Initiative (PRI) and provided the means to create a specialized group of trained reentry officers who were better prepared to help transition offenders back into their community. MCAPD staff had previously been trained in motivational interviewing techniques, evidence-based practices, and methods for conducting assessments and formulating case plans; however, reentry officers received additional training in reentry-related issues (entitlements, housing, employment), prison culture and gangs, the Prison Rape Elimination Act, employment resources, and stages of change and cognitive behavioral programming.

## **THE REENTRY UNIT**

The Reentry Unit was composed of staff dedicated to the efforts of the PRI. Originally, the grant funded salaries for one supervisor, seven pre-release officers, and seven post-release officers. Over the course of the two-year grant, the Reentry Unit provided pre-release services to 2,164 individuals, an average of 60 per month. As a result of the successful work done under the grant, Maricopa County agreed to fully fund and expand the reentry program.

Over the past decade, the program has grown into three dedicated units with eight pre-release staff and 23 post-release officers who have provided reentry services to over 12,000 individuals being released from the ADC. In fiscal year 2019, 1,625 inmates received pre-release services throughout reentry, an average of 135 individuals per





month. Most notably, the initial absconder rate, which prior to the grant had been 23%, has been reduced to 1.7%.

## **AN INTEGRATED APPROACH**

The success of the reentry program can be largely attributed to the integrated pre-release and post-release team focus. At the heart of this integrated approach is a strong collaborative relationship with the ADC. ADC has afforded reentry staff access to their internal inmate database, which provides information on inmate housing, release information, records related to an inmate's program completion, disciplinary concerns, and any critical medical and or mental health issues. This information has allowed reentry officers to begin release planning with consideration to the individual's risk level, mental health and medical health needs, housing issues, and officer safety concerns related to an individual's proposed address, gang association, or history of violence. Individuals who present with significant mental health issues are able to be triaged through a collaboration of internal and external mental health providers for consideration of supervision on a specialized seriously mentally ill caseload. In addition, when individuals are assessed as high risk and appropriate for the domestic violence caseload, they are identified and assigned to specialized supervision prior to release from prison. This pre-release collaboration and screening helps to address underlying

gaps in the receipt of services and allows for identification and coordination of post-release needs.

In conjunction with access to information, ADC officers and release planners assist reentry Pre-release Surveillance Officers (PSO) in coordinating interviews prior to an inmate's release from all Arizona prisons, including private prisons. The PSO reviews the individual's criminal and case history, meets and conducts an interview with the inmate to identify critical needs, establishes release goals, and obtains a proposed release address. Importantly, the PSO completes a behavior agreement with the individual, identifying the assigned probation officer and contact information and detailing the pre-release plan. The individual is provided a copy of this agreement and a folder of community resources available upon release. PSOs document their interactions in a pre-release interview packet which has been created to be consistent with evidence-based practices by targeting stabilizers and de-stabilizers, discussing drivers, and identifying the needs and risks impacting release. The PSO submits the pre-release packet to a Field Surveillance Officer (FSO), who conducts a physical residence verification of the proposed release address, both to determine its appropriateness and to gauge the social support for the individual. The FSO meets with the family/roommates to answer questions and



provide a basic overview of probation. The FSO also identifies any concerns or challenges the environment may offer to an offender's success upon release.

Once the individual is released from prison, contact is quickly made in order to ensure a positive start and to provide the Reentry Probation Officer an opportunity to review probation conditions, establish rapport, and re-assess the release plan. Following this initial meeting, which takes place within five calendar days of release, a residence verification with the offender is conducted within the first two weeks. During these exchanges the reentry officers often utilize gift cards to help provide for the individual's basic and/or transitional needs and to help motivate positive behavior.

A reduced caseload ratio for post-release supervision allows probation officers to immediately address the high needs and instability that individuals usually contend with when released from prison. As such, individuals are treated as a high risk until a formal assessment of risks and needs is conducted. Initially, this assessment was completed upon release from prison. However, a review of cases revealed that conducting the assessment this early resulted in ineffective case planning, as many stabilizers and destabilizers were not yet present and/or immediately evident. As a result, the reentry program modified the assessment time frame so that staff would conduct

assessments between 30 and 60 days post-release. This adjustment allows for the offender to demonstrate progress (or regress) and for the officer to observe the individual's support system and more accurately determine the offender's stage of change. Once an assessment is conducted, the probation officer will create a case plan outlining services to be implemented and identifying goals the probationer will work on over the course of the following year. For those individuals who abscond while in the reentry period, a specialized reengagement officer attempts to locate and re-engage them with their officer in an effort to avoid further court action.

While in the program, the releasees work toward stabilizing their housing, obtaining identification, applying for financial and medical assistance programs, getting assessed for treatment needs, and beginning to identify drivers that impact ongoing supervision needs. The time an individual spends within reentry is intended to be limited in its length and scope, with a subsequent transition to a standard probation officer who will focus on risks, drivers, and behavior change and will build rapport for a longer-term relationship. As individuals transition, reentry officers provide detailed summaries of their strengths and challenges and continue to act as a resource and liaison to ease the transition to regular field supervision.





Reentry officers are familiar with the emotional and systemic challenges this population faces and are trained to provide additional support and structure to assist each probationer in meeting these challenges. To further their understanding, most reentry officers have chosen to be trained in Thinking for a Change and/or Decision Points—cognitive behavioral change programs designed to help individuals who are justice involved. Furthermore, reentry staff provide departmental training sessions, sit on community boards, and participate in community events such as reentry simulations, resource fairs, roundtables, and coalition groups. Such community events allow officers to highlight the challenges faced by those returning to communities, to dispel myths, and to strengthen support systems beyond the criminal justice system in an effort to help releasees achieve long-term success.

## **INTEGRATION IS KEY**

Over the past decade, the MCAPD reentry program has nearly doubled in size and tripled in reentry services provided. The number of released individuals who immediately abscond from probation has plummeted, and community partnerships have been built and strengthened. As the program moves into the next decade, efforts will continue to be focused on increasing the involvement of justice-involved individuals in developing the program (and obtaining

their feedback), strengthening program partnerships, and enhancing our risk reduction techniques. We will also strive to increase education of the broader community with the aim of improving reintegration and obtaining successful outcomes in working with this population.

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## **ABOUT THE AUTHORS**

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# **REENTRY ON MY MIND: THE GEORGIA PRISONER REENTRY INITIATIVE**

BY MICHELLE D. STANLEY AND RENEE SNEAD





**W**hile “Georgia on My Mind” was not a Ray Charles original, the wonderful rendition by this legendary musician proves there is beauty in variety. That lesson from music definitely applies in other contexts as well, including the field of corrections, as we can consider the wide array of reentry programs and appreciate that each may be beneficial in a different way. Some reentry models focus heavily on evidence-based practices which include utilizing assessment tools that identify risk levels, needs, and prioritization for services. Others are more focused on addressing basic needs, such as housing, employment, mental and physical health, and substance abuse. The unifying chord is that interest in reentry issues is increasing and that well-meaning people desire to help returning citizens. To satisfy that desire we must answer a key question: In what types of programs should agencies and organizations invest to make the most meaningful impact?

By combining elements of community engagement, enhanced supervision, and transition planning, the Georgia Prisoner Reentry Initiative (PRI) proved that multiple approaches can mutually exist and supplement each other. The result of state’s efforts is a reentry model that has led to better outcomes for thousands of justice-involved individuals. This article chronicles the beginnings and subsequent development of the Georgia Prisoner Reentry Initiative to the point where it has become an established component of the Georgia Department of Community Supervision’s organizational structure.

## **BACKGROUND**

Resolving to enhance the public safety of communities across Georgia and control spending by improving the performance of the state’s correctional system, the Georgia General Assembly established the Special Council on Criminal Justice Reform for Georgians (Council) in 2011. In its first year, the Council produced policy recommendations that led to significant adult corrections reforms. Soon after, former Governor Nathan Deal extended the term of the Council, expanded its membership, and broadened its focus to include Georgia’s juvenile justice system.

While maintaining momentum with both juvenile and adult system improvements throughout the year, the Council focused considerable attention in 2014 on the state’s third leg of criminal justice reform: Enhancing Reentry and Reducing Recidivism. After an assessment of Georgia’s reentry services, the Council concluded that the Peach State’s approach suffered because it lacked sufficient structure to guide the efforts of various agencies and address the wide-ranging barriers to success. In response to





this need, and to help streamline the resulting reforms, the Governor's Office of Transition, Support, and Reentry (GOTSR) was established. The GOTSR mission was to coordinate state and local criminal justice and human resource agencies in efforts to reform and improve Georgia's prison reentry initiatives. In collaboration with the Georgia Department of Corrections (GDC) and the Board of Pardons and Paroles, GOTSR applied for a Bureau of Justice Assistance (BJA) State Recidivism Reduction grant that would be used as the driving force to fund the Georgia PRI.

The PRI framework consists of three elements. This first element encompasses assessment and admission into prison and continues until the point of eligibility for parole or release. The second stage begins before release from prison and focuses on release preparation and other needs, including employment, housing, ancillary services, and aftercare. The final stage commences when the former inmate returns home and is subject to post-release supervision. The supervision phase ensures the person receives services and programming during the high-risk reentry period.

The unique convergence between the Council, GOTSR, and research institutions laid a foundation that would turn Georgia's reentry reform efforts into an effective model. In 2015, GOTSR

was administratively attached to the Department of Community Supervision (DCS) and ultimately became its Reentry Services Division, an integral component of the DCS organizational structure. Under the direction of DCS, the reentry initiative has continued to advance its mission, both with dedicated internal staff and through a growing list of vital community partners. As the initiative entered its final year, staff were steadily expanding the scope of their work to better prepare individuals for success outside correctional facilities.

### **SETTING THE STAGE WITH IN-REACH**

Under the initial model, the first step in the PRI process was staging. In this step, the GDC identified PRI eligibility upon admission to prison through Georgia's classification tool known as the Next Generation Assessment (NGA), which features a risk-needs-responsivity calculation to more accurately designate individuals for proper services and programming. Any individual with a medium or high risk of felony arrest was eligible for PRI participation. If participants met this criterion, GDC transferred them to their home prison or the transitional center in or near their county of release at least 90 days before release or earlier.

Once individuals were staged for release, the next step of the PRI model involved In-Reach. The aspirational "In-Reach" concept represented a seamless



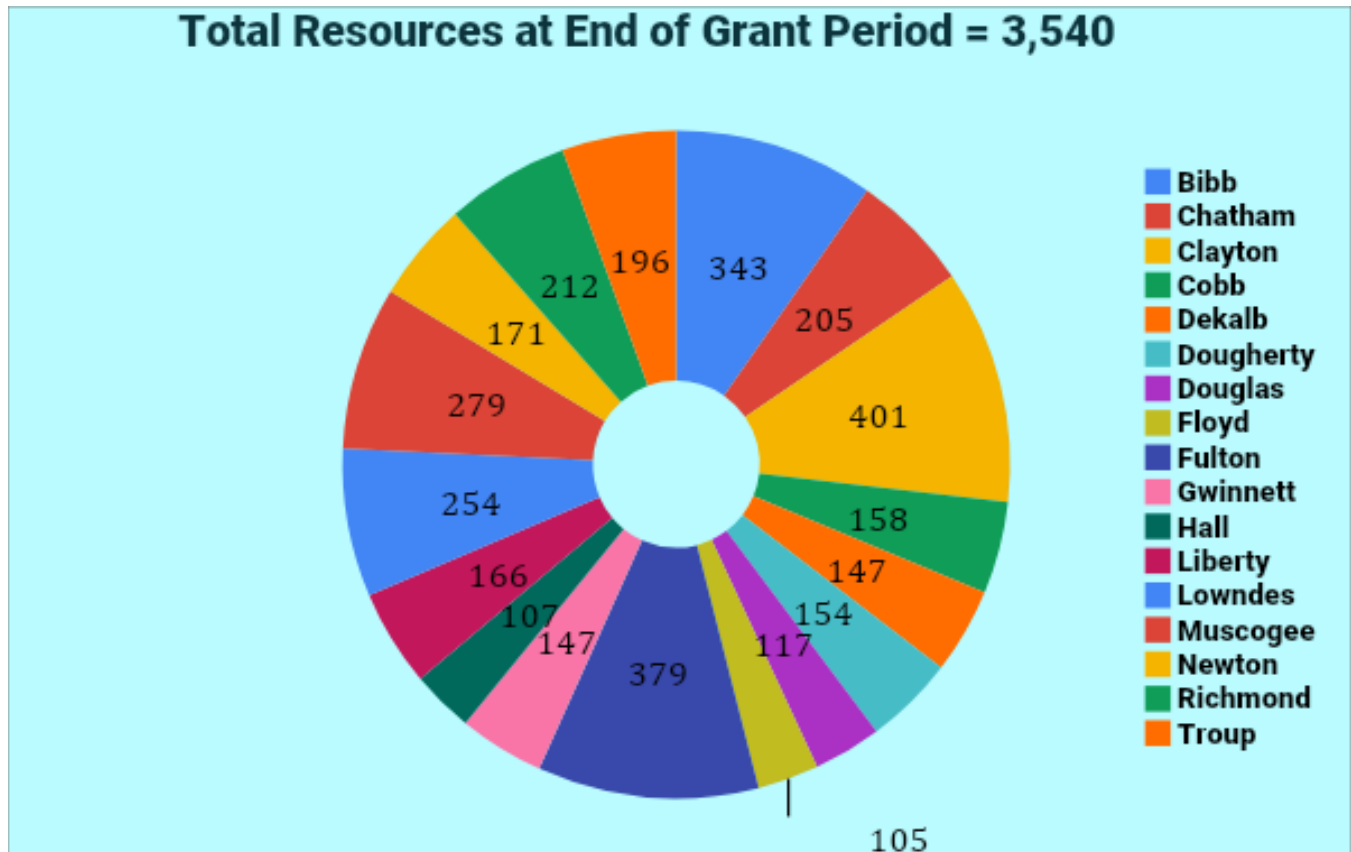
hand-off from the institution to the community. In practice, the role of the In-Reach specialist under GA-PRI was to meet with the PRI-eligible person while still in prison. The idea was that such meetings would be used to develop post-release case plans and appointments. Unfortunately, that aspect of the model was not able to be implemented with full fidelity, as it became problematic for many community partners to adequately conduct assessments. Community partners would begin assessments and identify needs but would then be unable to continue services after release because the individuals didn't end up residing in the target community. As a workaround, In-Reach specialists were stationed around the state to serve facilities in a defined region. We later expanded coverage to every facility throughout the state. Collaboration with community partners and In-Reach was strengthened through capacity building locally by community coordinators, as described below.

These procedural adjustments proved workable, showing that judicious fine-tuning of Georgia's PRI plan and considerable hard work by staff and partners kept the program viable. As a result of the work of our 18 In-Reach specialists, 18,000 case plans were created detailing the participants' plans for the future and developing a road map on how to get there. Our In-Reach staff had 27,000 contacts with program

participants, which included interviews, assistance with housing and employment needs, and conversations about mentoring and family challenges.

## **COMMUNITY AND HOUSING COORDINATORS**

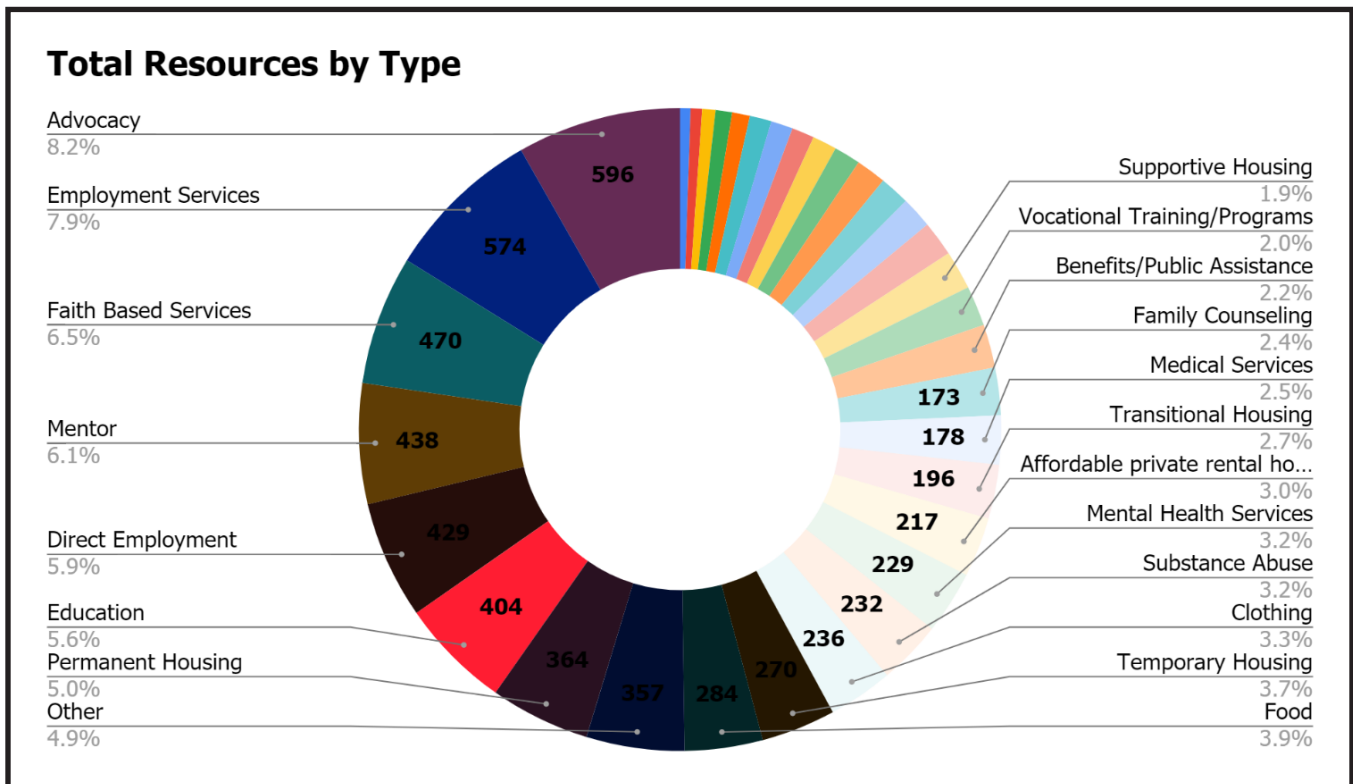
Community coordinators were crucial to the initiative and remain a vital aspect of the Reentry Services Division. In many regards, they have served as the public face of PRI, tasked with building community provider networks, organizing local stakeholders into steering teams, and assisting with service connections both before and after release. Some coordinators had prior experience with state criminal justice agencies (adult and juvenile), while others came from the courts, the private sector, non-profits, or the faith-based community. While the core task was the same for all, the coordinators approached their job differently based on their unique perspectives. In the end, all coordinators successfully built a steering team and an extensive resource network within their respective counties. To date, community coordinators have logged over 3,500 new resources across the 17 PRI sites (see Figures 1 and 2). On average, 80% of the coordinators' logged activity focuses on capacity building, with the remaining 20% of their time spent on addressing individual needs of returning citizens. Across all sites, coordinators logged over 30,000 contacts, including more than 10,000 face-to-face contacts,

**FIGURE 1.**

to create new resources or directly link returning citizens to service providers. Non-profit organizations and private corporations made up 46% of coordinator contacts, while 16% involved the faith-based community. This commitment to non-profit and corporate resources shows the priority given to programming and employment—a PRI goal.

In addition to the community coordinators, Georgia funded five housing coordinators at the beginning of the grant for the larger sites. In the other locales,

housing is managed by the community coordinator. These housing specialists are responsible for ensuring housing capacity in their community can accommodate all returning citizens in need of housing. Housing needs include permanent-to-temporary housing, as well as specialized needs for emergency housing and housing of sex offenders and individuals with mental health issues. When applicable, housing coordinators serve on transition teams and aim to secure housing upon release of the returning citizen.

**FIGURE 2.**

## GA-PRI OFFICERS

At program outset, designated PRI officers supervised PRI participants in the community. The collaboration between the officer and the community coordinator ensured regular contact about the changing needs of the returning citizen. Over time, the coordinators tended to become adept at identifying new resources and providing direct support with complex cases, enhancing their impact and importance and making them, in essence, force multipliers. Although direct support to officers was not part

of the original GOTSR PRI framework, this new role appeared following the migration of the PRI staff to the DCS. Between 2014 and 2017, DCS relied on dedicated PRI officers to supervise PRI cases. Located in the same office in many sites, dedicated PRI officers had ready access to the coordinators, which fostered a close working relationship marked by frequent and often daily interaction, making it easier to consult on community gaps and complex cases. In 2017, DCS distributed the PRI caseload to all community supervision officers rather than continuing to rely on dedicated PRI





**The evaluation found that PRI was effective at reducing recidivism rates across all Phase-1 and Phase-2 sites. However, this reduction and overall effect varied by individual counties.**

officers. This allowed for inclusive and geographic supervision and reflected the fact that reentry-enhancing efforts had become a way of business and not just a special service.

## **EVALUATION**

Effective collaboration happens when both evaluation staff and program staff are clear about their roles and responsibilities and are open to learning about the inner workings of their respective systems. Given the constant organizational changes and policy interventions which impacted the GA-PRI, it became imperative to select an evaluator who would embody such synergy. At the onset of the evaluation period, agency leaders designated Dr. John Spier of Applied Research Services to perform this role, but they made it clear when introducing him that he would be a team member focused on helping to improve program outcomes—not someone there to oversee and monitor the work of program staff. His defined role helped create an open, communicative environment in which program staff felt more comfortable discussing issues and solutions with the evaluator. Through this relationship, evaluators identified challenges to data collection, surmised why actions may not align with protocols, properly aligned perceptions of success, and consequently learned more about the DCS culture.

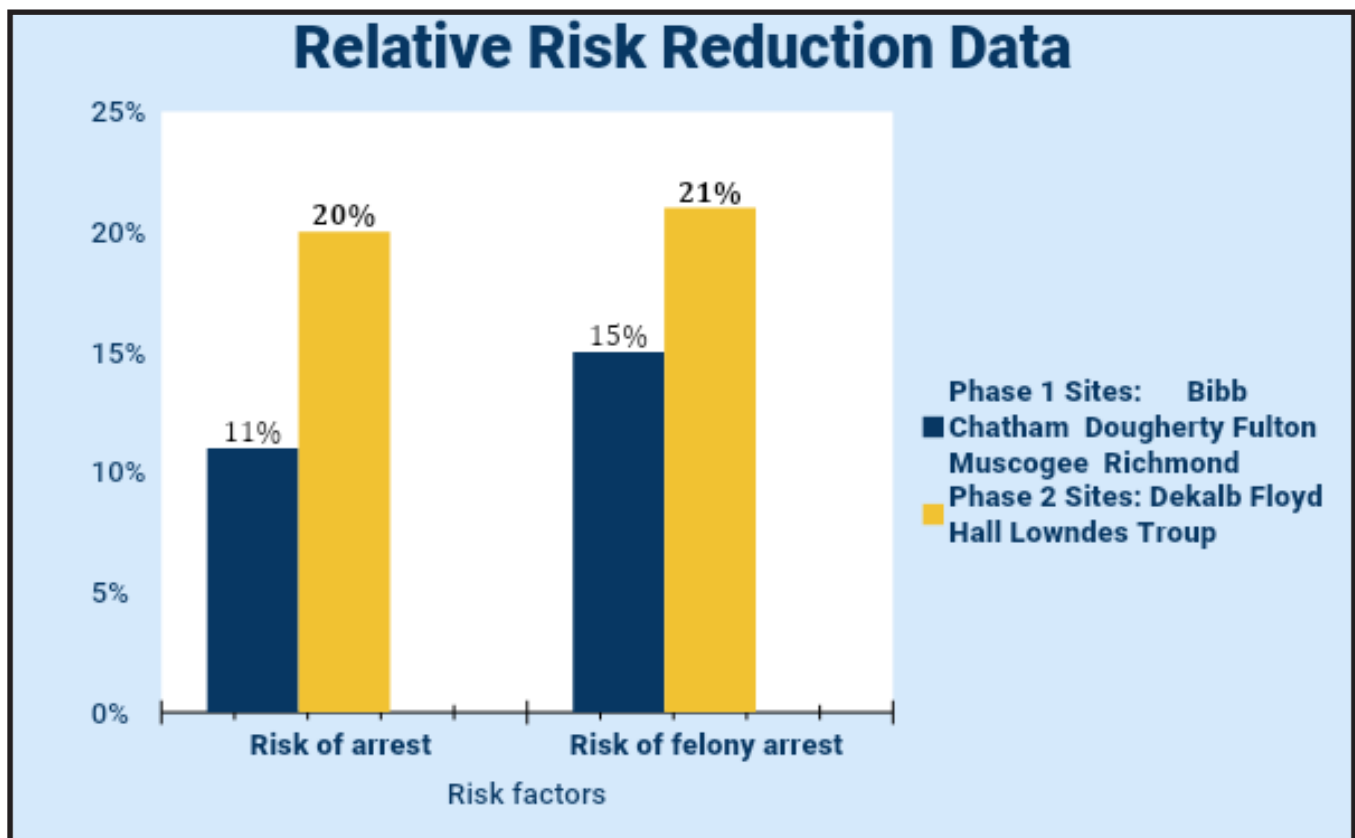
As a matter of operational organization, Georgia funded the Phase-1 evaluation, and BJA subsequently funded staff to support the implementation of the PRI framework and evaluate the Phase-2 sites. The first evaluation question centered on whether the State implemented the PRI model as designed and whether DCS enacted mid-stream corrections to ensure program fidelity. This process review examined which aspects of the PRI model may have contributed to



recidivism outcomes. The second part examined recidivism using different measures, including re-arrest over time and whether PRI met its proposed BJA reduction targets for two-year felony reconviction. The evaluation also examined other outcomes such as employment and housing stability as well as drug test results.

The evaluation found that PRI was effective at reducing recidivism rates across all Phase-1 and Phase-2 sites. However, this reduction and overall effect varied by individual counties. The BJA recidivism reduction target cited in the grant application specified a 15% rate-of-change as a target goal over two years for felony reconviction among PRI participants compared to a statistically matched group of non-PRI cases. The evaluation documented a respectable 14% reduction in the rate-of-change for reconviction rates for all Phase-1 and Phase-2 participants.

**FIGURE 3.**





Findings from evaluating re-arrests (any offense or felony) were encouraging overall. Across all Phase-1 sites and Phase-2 sites, there was a 10% reduction in risk. The reduction-in-risk was even higher in some counties, as they registered a 30% reduction in the risk for arrest depending on the measure (felony or any offense) and the number of months after release.

Not all counties achieved a significant reduction in recidivism during the study period (see Figure 3). Each county started at a different point on the continuum regarding its local employment base, non-profit program providers, ancillary services, and faith-based participation. These community deficits affected their ability to absorb an influx of new cases and provide services compared to other sites that had a stronger infrastructure during the study period.

The ARS Evaluation Team visited all Phase 1 and Phase 2 sites on multiple occasions to observe steering team meetings, on-site statewide meetings, training, PRI orientations, In-Reach activities, and coordinator intakes. Site observations provided important data and helped research staff to both detect implementation issues, as well as to provide context and understanding of local differences.

Furthermore, the reentry staff learned that surveys were a key aspect to obtaining quantitative and qualitative data for the program evaluation. Surveys were conducted online as well as in person at meetings. Stakeholders were surveyed twice online and once in person. Community supervision officers were surveyed online near the conclusion of the project. This survey measured the degree to which system and treatment personnel attitudes toward these issues have changed throughout PRI implementation. For example, nearly half of respondents felt that the network of resources needed to remain in place and that efforts should be made to continue building resources to meet the caseload needs. One-third of respondents believed that coordinators needed to remain in their local DCS office and continue providing service connection and the pursuit of new resources.

## CONCLUSION

Georgia's investment in reentry shines brightly among the states, and the investment is paying dividends. As momentum continued to grow among reentry stakeholders, DCS was able to convene the first Georgia Reentry Summit in May of 2017. By 2018, the Summit drew more than 700 attendees from organizations invested in Georgia's criminal justice and reentry initiatives to share ideas, forge new collaborations, and assess opportunities for improvement in the state's network of reentry resources.



In August 2018, Georgia opened its first dedicated reentry prison, another building block in supporting and enhancing the PRI. Located in metropolitan Atlanta, the prison serves those returning to Georgia's largest counties. Up to a year before release, the facility provides opportunities to participate in academic and vocational education programs, mentoring, personal development, extracurricular activities, community service, counseling, and cognitive and substance abuse programming.

The final lyrics to Georgia's reentry song are still being written and experienced in the lives of those who need the supportive structure of a viable reentry program. As the literature and analysis surrounding reentry continues to evolve, the lessons learned from the GA-PRI have positioned Georgia to be at the forefront of the national discussion.

## ABOUT THE AUTHORS

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Examining the Intersection of



Reentry and Evidence-Based Practices

# UNIQUE ISSUES IN THE SUPERVISION OF DRUG-IMPAIRED DRIVERS

BY MARK STODOLA





**A**s of 2019, 31 states have legalized the use of medical marijuana, with ten of those states and the District of Columbia also legalizing the use of recreational marijuana. Additionally, 13 states have decriminalized marijuana use. Most recently, in 2018, voters in Missouri and Utah legalized the use of medical marijuana and Michigan voters legalized recreational marijuana. An additional six states have initiatives to place the legalization of medical or recreational marijuana on their 2019 or 2020 ballots (Ballotpedia, 2018). While laws concerning marijuana have changed dramatically throughout the country, driving under the influence of drugs (DUID) remains illegal in every state. Nonetheless, the advent of marijuana legalization—as well as the dramatic increase in the abuse of opioids and prescription drugs—has a potential impact on the amount of drug-impaired driving, and increased attention is being paid to this issue.

Not surprisingly, the legalization of marijuana prompted a myriad of studies on the impact of driving under the influence of tetrahydrocannabinol (THC) as well as other drugs. The findings from these studies are sobering. The below facts, which include data from the National Highway Traffic Safety Administration (NHTSA, 2016), give perspective.

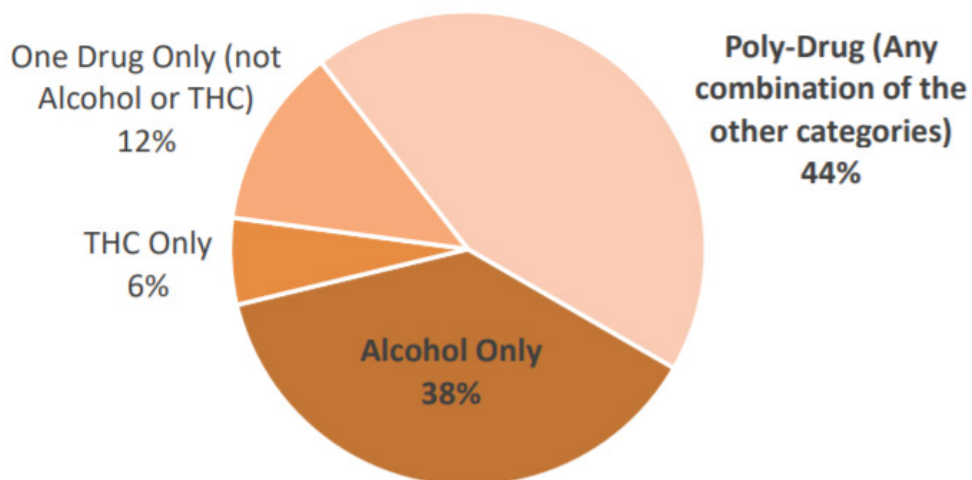
- According to the NHTSA Fatality Analysis Reporting System (FARS)<sup>1</sup>, in 2016, 43.6% of the drivers in fatality crashes with known drug test results were drug positive compared with 27.8% in 2006. The number of known drug-positive drivers in a fatality crash increased from 3,994 in 2006 to 5,365 in 2016. This is a higher rate than for drivers with alcohol (37.9%) in their system.
- Results from a NHTSA roadside survey in 2013-2014<sup>2</sup> showed that 22.5% of nighttime drivers tested positive for illegal, prescription, or over-the-counter medications. This is a 6.2% increase in positive testing compared to 2007 data for the same population.
- Research on drivers in fatal crashes has shown that THC-positive drivers are more than twice as likely to crash as THC-negative drivers (Governors Highway Safety Administration, 2016).
- In 2016, 50.5% of the drug-positive drivers were positive for two or more drugs and 40.7% were also positive for alcohol (NHTSA, 2016)

**FIGURE 1****TABLE 3. CRASH RISK ASSOCIATED WITH DRUG USE IN EUROPEAN STUDIES**

Risk level	Relative risk	Drug category
<b>Slightly increased risk</b>	1-3	marijuana
<b>Medium increased risk</b>	2-10	benzodiazepines cocaine opiods
<b>Highly increased risk</b>	5-30	amphetamines multiple drugs
<b>Extremely increased risk</b>	20-200	alcohol together with drugs

Shulze et al., 2012; Griffiths, 2014

Source: Governors Highway Safety Administration, 2018

**FIGURE 2****Alcohol and Poly-Drug Use in Fatal Crash Involved Drivers, 2008-2016**

Source: Washington Traffic Safety Commission (2018). Marijuana Use, Alcohol Use, and Driving in Washington State



The researchers involved in the development of the American Probation and Parole Association (APPA) Impaired Driving Assessment (IDA) determined that one of the five major risk factors for driving while intoxicated (DWI) recidivism was prior alcohol and other drug (AOD) use and involvement, including prior AOD treatment (Lowe, 2014). The impact of driving under the influence of drugs combined with alcohol exponentially increases crash risk on our roadways. In European studies (Figure 1), the association of drug use and crash risk indicate all drugs increase crash risk to some extent and amphetamines, multiple drugs, and drugs together with alcohol increase crash risk substantially (Governors Highway Safety Administration, 2018). As shown in Figure 2, 44% of drivers tested for drugs in fatal crashes in Washington State had more than one drug in their system, compared to 38% of drivers with alcohol alone.

## **DUID CHALLENGES**

DWI investigations are unique in law enforcement in that once the arresting officer has determined that the driver is above the legal limit for blood alcohol concentration, there may be no attempt to determine whether drugs may also be present in the driver's system. The procedures for making an arrest, obtaining a blood alcohol content (BAC) level from a breath or blood sample, prosecuting a DWI charge, and obtaining a conviction are far easier, quicker,

and cheaper than for driving under the influence of drugs (DUID). As a result, if an officer observes impairment and detects or suspects that alcohol is a cause, often only DWI evidence and charges will be pursued. Other drugs will be considered only if alcohol is ruled out or if the observed impairment is not consistent with the driver's BAC level (GHSA, 2018). In states where marijuana use is illegal, officers who observe a driver impaired by marijuana often will pursue a charge of marijuana possession rather than DUID (GHSA, 2018).

Additionally, many prosecutors and judges are not familiar with DUID cases. If a case involves both DUID and DWI, prosecutors usually will bring only the DWI charge because it is easier to explain to the judge and jury and is less expensive to prosecute (NHTSA, 2017). Marijuana, in particular, may be perceived dismissively by judges and juries as "just marijuana," and medical or recreational marijuana may be legal in the state where the case is tried. As such, it is not safe to assume that probationers convicted of DWIs have only consumed alcohol before getting behind the wheel. A Dane County, Wisconsin, study found that nearly 40% of the subjects with BAC levels exceeding .10 screened positive for one or more drug categories in both oral fluid and blood (Edwards, Smith, & Savage, 2017). These were individuals who most likely would have just been prosecuted for DWI.





While the effects of alcohol on driving are well understood, the impact of numerous other drugs on driving is much more complex. Most psychoactive drugs are chemically complex molecules whose absorption, action, and elimination from the body are difficult to predict. Further, there are considerable differences between individuals with regard to the rates with which these processes occur. Alcohol, in comparison, is a more predictable substance (GHSA, 2018). Drug presence alone does not imply impairment. There is no established relation between drug presence, as measured by a drug test, and impairment for any drug. Some drugs reported in drug tests are non-impairing metabolites. This is especially true for marijuana. Heavy marijuana users may test positive, though it may have been several days since they last used the drug.

At present, marijuana cannot be measured accurately in breath and must be measured in blood, urine, or saliva. The blood concentration of its active component, delta 9-THC, rises very quickly after consumption but then drops rapidly. Impairment rises rapidly and remains for some time. As a result, THC measured in blood or urine is not closely related to impairment. To add to the confusion, non-impairing marijuana metabolites can remain in the body for weeks. Additionally, marijuana's impairing effects vary substantially across individuals (GHSA, 2018).

Findings from existing studies on the impact of marijuana and driving vary widely, but from the standpoint of community supervision, this is typically a moot issue. Probationers are prohibited from the use of illegal drugs and anyone with a charge or history of a substance abuse disorder (regardless of the drug of choice) is typically court ordered to abstain from alcohol and marijuana (in states where recreational marijuana use is legalized) in addition to illegal drugs.

The basic components of, and strategies for addressing, impaired driving are much the same for alcohol and drugs, namely, convincing individuals not to drive while impaired, detecting impaired drivers, observing and recording behavioral evidence of impairment consistent with alcohol or a drug, and obtaining chemical evidence of alcohol or drugs. Also similar are the need to assess alcohol or drug dependence/addiction and treatment issues and to appropriately prosecute the individual, with the court determining the appropriate sanction(s) at sentencing (GHSA, 2018). The strategies for community supervision of DUID cases also mirror those convicted of a DWI, involving the assessment of risk and needs and development of supervision strategies and treatment plans.



Given that the majority of the approximately 4.6 million individuals on community supervision are drug and/or alcohol involved, this population could be a potential threat to our roadways, regardless of whether they have ever received an impaired driving conviction (Bureau of Justice Statistics, 2018).

Because of the prevalence of polysubstance use in impaired drivers, supervising officers need to be mindful that individuals convicted of DWI may

have been under the influence of other drugs in addition to alcohol, regardless of the charge. Moreover, it is safe to assume that supervisees might use other drugs instead of alcohol while under community supervision. As such, consideration should be given to the use of broad field urinalysis testing to screen for polysubstance use and to promote supervisee accountability. While these tests can be expensive, the alternative can be continued undetected drug use while under supervision and the likelihood

**FIGURE 3**

Broad Field Testing TASC recommends testing for-		
Alcohol	MDMA	And in a perfect world,
Amphetamine	Methadone	
Barbiturates	Opiates	Ketamine
Benzodiazepines	Oxycodone	Synthetic Cannabinoids (Spice/K2)
Buprenorphine	Phencyclidine	Synthetic Cathinones (Bath Salts)
Cocaine	Propoxyphene	Tramadol
EtG	THC	
Fentanyl	Tramadol	
Heroin,		

Source: Kramer, D., CEO, Treatment Assessment Screening Center, personal communication, June 14, 2018. It should be noted that with the emergence of synthetic drugs, testing of new substances is ever-changing and dynamic. Consistent communication with drug laboratories can better determine local and regional drug trends as well as the ability to detect new substances. Additionally, the proliferation of particular drugs can be unique to specific regions of a county or state. For example, heroin may be epidemic in one county while methamphetamine may be on the rise in another.



of “the word” being spread to other probationers that certain drugs are not being tested. As shown in Figure 3, the Treatment Assessment Screening Center (TASC) recommends that a broad screen urinalysis test include the following drugs.

### **ADDITIONAL POLICY CONSIDERATIONS**

Research has shown that despite the drug of choice, the behaviors of individuals convicted of DUID are quite similar to those convicted of DWI. The National Center for DWI Courts recommend that those individuals who meet all other entry criteria be placed in DWI Court. However, treatment should reflect the needs of the individual and, as such, may not be alcohol specific. This should be determined through assessments provided by treatment providers.

Just as we can’t assume that individuals convicted for a DWI won’t use marijuana and other illegal drugs, we can’t assume that those convicted of DUID won’t drink and drive. As such, using ignition interlock devices (IID) or other alcohol detection technologies may be a useful countermeasure for a DUID case. Some states require the use of an IID regardless of the type of impairment. When the supervising probation officer has the discretion to mandate IID use, consideration should be given to the

individual’s substance abuse history and drug and alcohol testing results.

Because of the unique issues surrounding risk and needs of drunk drivers, research has supported the use of validated risk assessment tools specifically for DWI cases. The IDA can capture risk for both DWI and DUID cases. It is recommended that to ensure fidelity, probation departments investigate the applicability of their DWI risk assessment tools for DUID populations.

### **SUMMARY**

Community supervision professionals may experience challenges related to liberalized marijuana laws and the fallout caused by our nation’s opioid epidemic. It is inevitable that these issues would have a negative effect on highway safety and that drug-impaired driving would become a significant emerging issue for criminal justice professionals. Probation departments need to stay ahead of this curve and remember that every drug user who has access to a motor vehicle, regardless of arrest history, carries the potential to cause devastation to our communities.

### **ABOUT THE AUTHOR**

**MARK STODOLA** is the NHTSA Probation Fellow. He has over 30 years of experience working in the court management and adult probation fields in Arizona. He has presented training on topics surrounding high-risk drunk drivers at national, regional and state conferences throughout the country. He received a master’s degree in Education from Northern Arizona University. He also became a



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## ENDNOTES

<sup>1</sup> <https://cdan.nhtsa.gov/tsftables/tsfar.htm>

<sup>2</sup> [https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/812118-roadside\\_survey\\_2014.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/812118-roadside_survey_2014.pdf)

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# THE EFFICACY OF A SELF-DIRECTED CBT CURRICULUM

BY TREVOR LLOYD





**T**he benefits of cognitive behavioral therapy (CBT) in the treatment of justice-involved individuals have been well-documented (Feucht & Holt, 2016). At the same time, the implementation of traditional group CBT brings with it several challenges to reaching the potential of this methodology. These challenges include:

- Limited interaction with prosocial mentors
- Time and costs needed to build facilitation and program capabilities
- Delays during CBT group formation/scheduling conflicts
- Need for travel (especially for rural participants)
- Need for increased motivation and reduced resistance
- Need for greater interaction between participants and leaders

This paper examines how self-directed, manualized cognitive behavioral therapy (MCBT) can overcome these challenges while maintaining and expanding the benefits of the group CBT approach. Toward that end, it will discuss the treatment innovations, statistically significant outcomes, complementary evidence-based research, and program efficacy of an unnamed sample MCBT curriculum. In conclusion, practical applications and scalability will be addressed.

## **METHODOLOGY OF THE SAMPLE MCBT CURRICULUM**

Following National Institute of Corrections (NIC) guidelines (Bogue, Woodward, Campbell, Clawson, & Faust, 2004), the sample self-directed MCBT curriculum involves a prosocial mentor to assist the participant in completing the evidence-based cognitive courses that make up the curriculum. Each of the curriculum's 17 available adult courses (and eight juvenile courses) begins with vicarious stories about an individual facing the kinds of problems with which the participant is dealing. Next, the courses ask the participant to think about and understand the character's situation. Finally, the courses require writing and self-reflection based on principles of cognitive behavioral therapy. Each course includes multiple stories and writing prompts along with application/skill building sections. Participants are required to check in with both prosocial mentors and their supervision officer or counselor throughout the use of the curriculum.



**In the sample curriculum's methodology, any at-risk individual can participate, and there is reduced need to train supervision officers or counselors to lead group classes.**

## **BENEFITS OF A FLEXIBLE MCBT CURRICULUM**

The MCBT curriculum modality differs from alternative group therapies in essential ways. First, it allows for the use of prosocial mentors rather than group settings. Working with these prosocial companions rather than other justice-involved individuals has proven beneficial in reducing recidivism.

This aligns with the results of a study sponsored by the National Institute of Justice. In his paper, "The Use and Impact of Correctional Programming for Inmates on Pre- and Post-Release Outcomes," Duwe (2017) stated: "Programming that increases prosocial sources of support warrants greater attention as a correctional intervention, not only because of its demonstrated efficacy in reducing recidivism, but also because of its potential cost effectiveness" (p. 21).

As discussed by the study's authors, a prosocial approach is both effective (because of the positive coaching and external support it provides) and cost-effective. In the sample curriculum's methodology, any at-risk individual can participate, and there is reduced need to train supervision officers or counselors to lead group classes. This modality is also highly scalable, widely available, and can be used during incarceration, after incarceration, or as an alternative to incarceration. It can also be used among historically difficult-to-serve populations, including those in rural settings (Timko et al., 2017). In that study, researchers found that "services adapted to rural settings that target [criminogenic need] factors, such as telehealth and other technology-based resources, may hasten improvement on both [substance use and criminal activity] outcomes among drug users" (paragraph 1).



It should be noted that while the sample curriculum focuses primarily on individual courses completed with the help of prosocial mentors, MCBT curriculum has also been utilized successfully in group settings, particularly for high-risk populations.

The next essential way an MCBT curriculum differs from other modalities is its reliance on self-directed learning. The system gives justice-involved individuals more control over their own learning, challenging them to complete the material on their own. This motivates them to think of their own solutions for both the stories about others as well as their own life challenges. Moreover, justice-involved individuals appreciate this approach. As one participant in a study using the sample program shared, “this workbook should be given to every criminal, every drug user, every person stuck in neutral in life” (McGrath, 2018, p. 4).

The third essential way this MCBT modality differs is the opportunity it provides to use a storytelling approach, which disarms participants’ objections to help them change the way they think. In “Utilizing Traditional Storytelling to Promote Wellness in American Indian Communities,” (Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002), researchers found that: “The individual needs this type of introspection to assess, understand, and change his or her behavior. Thus, storytelling becomes a powerful adjunct to health education.”

Finally, MCBT curriculum differs in the opportunities it provides to incorporate technology to enhance treatment effectiveness. “Technology-based assessments and interventions are important therapeutic tools that clinicians can integrate into their work with clients” (Substance Abuse and Mental Health Services Administration, 2015, p. 3). Technology facilitates ongoing collaboration between referring professionals, justice-involved individuals, and

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other members of the support team. In the case of our sample curriculum, whether participants choose to take a course online or with a traditional workbook, the curriculum's publisher provides specific feedback about the participation and completion of each referred client. This type of collaboration with referring professionals provides a platform for targeted feedback, follow-up, and skill training. It also improves the efficiency and effectiveness of supervision meetings and interactions.

## LITERATURE REVIEW

In general, numerous studies and meta-analyses have shown the efficacy of CBT treatment in reducing recidivism, and researchers with the National Institute of Justice (Feucht & Holt, 2016) found that, "an analysis of programs and practices in CrimeSolutions.gov finds that cognitive behavioral therapy can deter crime, assist victims, and prevent recidivism" (paragraph 1). Researchers from the University of North Dakota had similar findings, stating that, "Cognitive behavioral therapy (CBT) has been gaining popularity as a treatment modality used by probation agencies. This is so much the case that CBT is specifically recommended within *the EBP philosophy*" (Gottschalk & Mayzer, 2009, p. 5).

The NIC and the Crime and Justice Institute (Bogue, Woodward, Campbell, Clawson, & Faust, 2004) advocate for

the following eight principles of effective intervention: assess actuarial risk/needs, enhance intrinsic motivation, target interventions, skill train with directed practice, increase positive reinforcement, engage ongoing support in natural communities, measure relevant processes/practices, and provide measurement feedback. The sample MCBT courses address each of these principles. For example, they assess actuarial risk/needs by providing free onsite training to help staffers connect the curriculum with their agency's risk assessment tools. They enhance intrinsic motivation using prosocial mentors and storytelling, which elicit internal values clarification. They target interventions by addressing the most important criminogenic risks first, including criminal thinking and pro-criminal networks. They also focus on skill training: each unit in each course concludes with a skill training and application section. Participant responses are sent directly to referring professionals, who can then target areas in which further skill building is needed. They increase positive reinforcement with prosocial mentoring, certificates of completion, and, in many cases, incentives from supervising agencies, such as shortening the length of supervision. They engage ongoing support in natural communities because learning and changing takes place in the context of positive relationships in the home; instead of connecting participants to the system, this curriculum connects



them to their communities, which is a much more sustainable approach. They measure relevant processes and practices with ongoing reports on both completion and recidivism rates *in addition to* random internal reviews of completed courses to ensure program fidelity and inform content development. Finally, they provide measurement feedback by sharing reports and studies with referring agencies, providing monthly reports to program supervisors and providing instant digital access to participant status.

In addition to reviewing research about CBT in justice-involved populations and principles of effective intervention in recidivism prevention, several studies have examined self-directed interventions to treat mental health problems. In a 2007 meta-analysis (Gellatly et al., 2007), researchers compared 34 studies to “determine whether the content of self-help interventions, the study populations, or aspects of study design were the most important moderators.” They found that “only guided self-help remained significant in the multivariate analysis” (p. 1217).

In conclusion, research to date points toward cognitive behavioral therapeutic techniques, guided self-help, prosocial mentors, and adherence to well-defined principles of effective intervention as evidence-based practices that reduce recidivism.

## **RECIDIVISM AND COMPLETION RATES OF THE SAMPLE CURRICULUM**

The sample MCBT curriculum was built by the American Community Corrections Institute (ACCI) on these evidence-based practices, and outcomes from its implementation in locations throughout the United States uphold its veracity. In a six-year period, a total of 1,137 participants in eight U.S. Probation Districts were referred to the sample curriculum, a total of 1,137 participants were referred to the sample curriculum. Nearly 80% of participants completed the curriculum, and the overall revocation rate was 17.8%. The authors cite the following: “Through reviewing the handwritten and eLearning evaluations of those that completed, we have learned that approximately 82% of probationers gave a positive evaluation of their assigned cognitive [sample] course and appreciated an opportunity to learn and implement the cognitive life skills they learned with the help of a ‘coach’ they chose” (p. 2).

Over a three-year period in Ohio (ACCI, 2018c), a total of 649 participants were referred to the sample curriculum, with an average 73% completion rate in three counties. The recidivism rate averaged 19%, but only 5% and 6%, respectively, in two of the referring counties. In the Arizona program, Wise Choice Alternatives, 1,336 participants were referred to the sample curriculum



over a 14-month period. A total of 92% completed the courses. Of those, the recidivism rate averaged 13%, with 100 participants being reported non-compliant and 150 being convicted of re-offense (ACCI, n.d.-c).

In a 21-month period, 781 probationers under the jurisdiction of community supervision and corrections departments in Texas were referred to a correspondence course version of the curriculum (ACCI, 2018b). A total of 81.3% of participants completed the course, and researchers studied rates of completion and revocation. Revocation was found to be approximately 15% or less, depending on the year. "Overall results of the [sample] program administered in 15 counties in the state of Texas indicate that results are positive," (p. 22) according to researchers.

San Diego County Probation referred 60 probationers over a 12-month period to the sample MCBT curriculum, and 51 completed it (ACCI, 2018a). Four were convicted of re-offenses and seven were found to be noncompliant with parole, resulting in a recidivism rate of 8%. Among the four who re-violated, only one returned to incarceration. A much larger group (747 probationers) was referred to the sample curriculum by the Oklahoma Department of Corrections Probation and Parole Services during a 28-month period, with a completion rate of 86% and

a recidivism rate of 5% (ACCI, 2018d). In a 30-month period Arizona State Parole referred a total of 2,859 probationers to the curriculum (ACCI, n.d.-b). A total of 70% completed the course, and of those the recidivism rate was 10%.

In an eight-year period in Bastrop County, Texas (ACCI, n.d.-a), the district attorney required all offenders to take the sample MCBT course. Of 1,778 referrals, 77% completed the course and 3.2% repeated the course (after having been reconvicted). This 3.2% recidivism rate was lower than the department's projected 6-8% recidivism rate. "Together, all results directly indicate that this form of cognitive restructuring can drastically reduce recidivism rates," researchers stated (p. 1).

### **UNIVERSITY OF NORTH DAKOTA MCBT RESEARCH EXPERIMENT**

As described in a comprehensive report by University of North Dakota researchers (Gottschalk & Mayzer, 2009), the sample MCBT curriculum was to study evidence-based practices in federal probation. Researchers used the following outcome measures: sum of revocations, sum of non-compliance counts (technical violations), sum of new arrests, and sum of positive drug tests during supervision. Of the 346 offenders in a United States Probation and Pretrial Services for the District of North Dakota (USPPS-ND) database over



a four-year period, 101 began the MCBT treatment and 89 completed the course. A total of 245 offenders received no treatment. On average, participants had moderately high or high-risk scores and were predominantly male and of Native American descent. A subset of participants was analyzed using additional outcome measures—specifically, the Texas Christian University Criminal Thinking Scales (TCU-CTS) (TCU Institute of Behavioral Research, 2011). These outcomes focused on six cognitive domains: entitlement, justification, power orientation, cold-heartedness, criminal rationalization, and personal irresponsibility. Initially, many of the outcome measures found no statistical significance between the general population and the group that completed the sample MCBT course, but after correcting for certain variables, the “MCBT program was significantly associated with fewer noncompliance reports per year of supervision” (Gottschalk & Mayzer, 2009, p. 19). “Among Native Americans who completed the program, there were significantly fewer revocations (.27 versus .96), significantly fewer noncompliance counts (2.77 versus 5.54), and significantly fewer positive drug tests (.20 versus .37) per year of supervision” (p. 17).

Outcomes using the TCU-CTS showed improvement among participants who completed the course. Researchers reported that, “significant reductions in criminal thinking were found for

three of the six TCU-CTS subscales: entitlement, justification, and personal irresponsibility. Although changes on the other three scales (power orientation, cold-heartedness, and criminal rationalization) did not reach statistical significance, they followed the same general trend—with average post-test scores lower than average pre-test scores” (Gottschalk & Mayzer, 2009, p. 28).

Overall, the researchers drew broad conclusions: “The analyses conducted herein provide some reason to believe that the MCBT program used by the North Dakota District may hold promise for reducing criminal thought patterns among offenders as well as improving their consequent behavior” (Gottschalk & Mayzer, 2009, p. 30).

### **FURTHER RESEARCH NEEDED**

Much of the research on the sample MCBT curriculum focused on simple program completion and recidivism reduction, and it consequently lacked rigorous scientific controls, including comparisons to recidivism rates experienced by non-program participants. As stated by the authors of the North Dakota study (Gottschalk & Mayzer, 2009), larger sample sizes, a comprehensive plan that integrates curriculum implementation, random assignment, the use of subgroups and evaluation, thorough pre- and post-analyses of intervention behaviors, and a database created specifically





for evaluation purposes would also be tremendously valuable.

## **CONCLUSIONS AND PRACTICAL APPLICATIONS OF SELF-DIRECTED CBT CURRICULUM**

The success of the MCBT curriculum shows statistically and substantively significant effects following program completion in regard to recidivism reduction. The research also shows improvement in the cognitive-behavioral realm, including statistically significant improvements in criminal thinking on the Texas Christian University Criminal Thinking Scales.

Looking forward, the MCBT curriculum has many practical applications, particularly for justice-involved individuals determined to be at low risk, for individuals who do not perform well in groups, and for those who have transportation or scheduling conflicts. Another ideal application for this curriculum is as an after-care approach for clients who have been through an intensive CBT group course and could benefit from additional reinforcement. This curriculum has additionally proven successful in group settings, particularly for high-risk incarcerated individuals.

Self-directed CBT curriculum is also effective outside a classroom setting, particularly for populations that can

otherwise be difficult to reach, such as rural populations, day reporting centers, after-care populations, and populations supervised by parole officers. Caseloads managed by these officers can be enormous, and departments usually lack the time and resources to offer group courses. In addition, given the sample MCBT's prosocial companion aspect, justice-involved individuals can take responsibility for the coursework on their own time and at their own expense.

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## **ABOUT THE AUTHOR**

**TREVOR LLOYD** is the President and CEO of American Community Corrections Institute. Having earned a master's degree in industrial/organizational psychology, he has spent the last decade developing evidence-based life skills courses and programs that increase outcomes for correctional agencies and schools nationwide. He frequently trains and consults with county and state agencies, with a focus on increasing public safety and decreasing recidivism. He can be contacted at [tlloyd@accilifeskills.com](mailto:tlloyd@accilifeskills.com).

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APPA 2020 Winter  
Training Institute

January 5-8

# New Orleans

## APPA'S 2020 WINTER TRAINING INSTITUTE CELEBRATED SUCCESS AND KEPT AN EYE TOWARDS THE FUTURE

BY AARON BURCH

The second day of APPA's Winter Training Institute was winding down. A few hundred people remained in the once bustling exhibit hall. Prizes from the raffle had all met their owners. Vendors were waving farewell to new friends and potential clients. After two days of workshops, educational sessions and committee meetings, everyone's energy was waning ever so slightly. It was then, from the back of the hall, horns and drums rang out.

The once tired attendees found new life as a "second-line" parade marched through the doors and began to circle the hall. As the band two-stepped confidently through the Corporate Village, they picked up dozens of training institute guests. The group bounded down escalators, through the lobby of the New Orleans Marriott, and out into the bustling French Quarter.







## WHAT THEY SAID...

Throughout the New Orleans Marriott, you could find countless attendees discussing their favorite sessions and sharing what they learned.

"I really liked the session I went to this morning, 'Project Rise' out of Minnesota regarding juvenile justice," said Joanna Mitchell of Rapid City, South Dakota.

"This morning, I attended a domestic violence workshop. Yesterday, there was an informative workshop on child sex trafficking. Both were really good and full of useful information," said Clarice Robinson of New York City.

"We went to '#BeTheKoi' this morning: awesome," said Lauren Withiem from Adams County, Illinois.

Kilee Willson and Alison Lobb were visiting from the Sonoma County Probation Office in California to share their new support program through a workshop titled, "Work Stress? Vicarious Trauma? Peer Support to the Rescue!"

"This is pretty new for us," Willson said, speaking in the exhibit hall just before her workshop was set to begin. "Our workshop identifies the areas of our peer support program in which we were successful, but also the challenges we faced that might help others avoid those bumps in the road. People understand there is trauma in this field, so we want to talk about how to identify the different types of trauma and how peer support can help."

It was the first day of Mardi Gras season and a fitting cap to the successful multifaceted training institute then in full swing. As 2020 began, more than 1,000 community corrections professionals visited the Big Easy to network and learn about the future of probation and parole. Many were fresh faces. Some were long time veterans. All visited as an act of dedication to their field.

The four-day event began in earnest on Sunday, January 5<sup>th</sup>. APPA Executive Director (and Louisiana State University alumni) Veronica Ballard Cunningham gave the new faces a warm welcome as they settled into the Mardi Gras Ballroom for the Opening Session.

"I can't think of a better place to spend the beginning of this new year than here with my colleagues and friends in the profession, here in my hometown of New Orleans," she said, taking a few brief moments to acquaint attendees with the local volunteers, board members, staff and sponsors which made the training event possible. Ms. Cunningham brought it home with a reminder



for all in attendance to soak in the lovely and historic New Orleans atmosphere, saying "For those new to the city, you can expect great hospitality, delicious food and amazing culture."

Angela Whitaker, Executive Management Adviser of the Louisiana Department of Public Safety and Corrections spoke next, thanking local community corrections volunteers and expounding on the theme of the training institute. "Belief is the Foundation of Success' is a theme that's right on target," she said. "When we believe in an individual's capability, we build employability. When we believe in an individual's potential, we build education. And when we believe in evidence, we build success."

The Opening Session featured a steady procession of passionate community corrections officials and local leaders before concluding with the formerly incarcerated advocate for self-transformation, the talented Chef Jeff Henderson.

Henderson led the audience through his journey from reluctant drug dealer to indicted felon, from prison chef to multi-talented success story in a presentation titled 'If You Can See It, You Can Be It.'

"Nothing happens without vision. A dream never happens unless you put

an action behind it," Henderson said, speaking directly to the probation and parole officers whose responsibilities he was all too familiar with. "You're here because you want to make a difference and make positive changes. You have an opportunity to create legacy. Everyone deserves a second chance. We're all flawed human beings. You are the lifeline from prison to community corrections. You are life coaches. What's your legacy going to say about you?"

After Henderson's inspiring presentation, hundreds visited the exhibit hall to learn from vendors and celebrate the end of the first day. In the Corporate Village, long time members engaged with companies presenting the newest advances in analytics, surveillance, testing and advocacy.

"APPA's training institutes are a great opportunity to not only catch up with everyone in the industry, but to see new trends and the thought processes behind everyone's products," said Christopher Elton of the electronic monitoring company, Attenti, who was attending his fourth training institute.

The general sessions and exhibit halls were just a portion of what the four-day event had to offer. For many, the most substantial aspect of each training institute are the workshops. These smaller sessions offer snapshots



of unique talents, perspectives and progress in community corrections offices across the country. Topics are extremely diverse. In a single timeslot on Tuesday afternoon, attendees could choose from such topics as *"Breaking Down Barriers to Success in a Rural Community," "Emerging Technologies in Community Corrections," "Understanding Antisocial Personality Disorder,"* and *"Transforming Juvenile Probation."*

As the majority of attendees bounced from session to session, APPA leadership was meeting behind the scenes to discuss new ways to engage community corrections agencies nationwide. Committees on strategic planning, standards for the field, technology, tribal issues and many more convened, all with the purpose of continuing to push APPA into the future with new ideas and fresh faces.

Holly Dorman, a seven-year veteran of APPA and its training institutes, attended several of those committee meetings. She shared her perspective on why the training Institutes are so vital to the world of probation and parole. "It's an opportunity for each of us to see that we aren't alone in this profession. There are a lot of people out there who do the job with the same passion we do. They want to make a difference in the lives of the people they serve. To be able to rub elbows with our peers and find out what they're

doing across the country has tremendous benefit," Dorman said.

Jack McGrimley, an APPA regional representative and member for 30 years, spoke about why he believes the training institutes are such a vital tool for the field. "The trainings APPA provide are always different, always cutting edge. They excel at bringing new information to probation and parole that we all can use, and often its before our own states get it," he said. "Plus, the people that you meet may become lifelong friends."

After three and a half days of training, the training event neared its end. Attendees were full to the brim with fresh knowledge and ideas to take back to their offices. They'd been in the audience for exciting presentations by Chef Jeff Henderson, by renowned political strategist James Carville and by Rick Miller, the founder and CEO of Kids at Hope, an international youth development organization. Last, but certainly not least, was a general session titled "STRAIGHT TALK with Formerly Incarcerated Individuals and Justice System Professionals."

STRAIGHT TALK was a 90-minute panel discussion, hosted by Chef Jeff, which featured Orleans Parish Juvenile Court Judge Desiree Cook-Calvin, U.S. Chief Probation Officer for the Eastern District of Louisiana Veronica Ramirez, and several



inspiring formerly incarcerated individuals including Shakur Abdullah, who served 41 years in the Nebraska State Prison.

"Sometimes, the folks closest to the problem are the ones closest to the solution," Henderson said. "It only makes sense to pair those who have been through the prison system with those who are supporting the evolution of reentry from the other side. By working together, we can arrive at solutions we didn't even know were possible." STRAIGHT TALK was an inspiring conversation, and a success that APPA plans to build on in the months and years to come.

Thank you to everyone who attended the 2020 Winter Training Institute in New Orleans, as well as every sponsor, every volunteer and workshop presenter. You were all an integral part of the event's success, and we appreciate your

involvement tremendously. We hope you'll join us in New York City for our 45<sup>th</sup> Annual Training Institute taking place August 23-26, as we continue the tremendous efforts championed by our membership to better the profession we all care for so deeply.

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**AARON BURCH** serves as APPA Communications Specialist. Aaron graduated from Western Kentucky University with a degree in Journalism. He recently served as editor and beat writer for Louisville Medicine magazine for more than five years.





# juvenile justice committee update

**T**he Juvenile Justice Committee continues to meet its goal of collaborating with national partners who can provide resources and technical assistance to promote new and innovative programs and results-driven best practices. We hope to keep making progress in promoting juvenile services across juvenile justice systems.

In keeping with our commitment, various committee members have participated in some major data-gathering opportunities to advance the knowledge of juvenile probation and services. We helped complete the work goals of the Model Data Project from the National Center of Juvenile Justice (NCJJ). Committee members and staff from various jurisdictions have supported projects from the APPA research team and Annie E. Casey Foundation as well as NCJJ efforts to update its *Desktop Guide to Good Probation Practices*. In addition, the committee worked with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) on its Bridging Research and Practice Project, an endeavor focused on gathering information on current practices in juvenile probation. The results of that research were disseminated in October 2019 in the OJJDP's *Bridging Research and Practice in Juvenile Probation* handbook <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/252234.pdf>,

which includes guidance for implementing research-informed practices.

Committee members are proceeding diligently on revising our latest position paper. Once approved, the paper will act as a guide to practitioners, agencies, and partners within the juvenile justice field. The committee is also in the beginning phases of developing two additional papers on current trends within the juvenile probation and services. We are not lacking in work!

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## ABOUT THE AUTHOR

**TANIA APPLING** is the Deputy Director of Leadership Development of the Leadership and Professional in the Georgia Department of Juvenile Justice. She serves as the Region 6 Representative and Juvenile Justice Committee Chair of the American Probation and Parole Association. She holds memberships in American Counseling Association, American Correctional Association, and Georgia Juvenile Services Association. She received her Ph.D. in Educational Psychology from Walden University. She can be reached at [taniaappling@djj.state.ga.us](mailto:taniaappling@djj.state.ga.us).