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Second Chance Act Adult Offender Reentry Demonstration Projects

Evidence-Based Practices: Prosocial Behavior Change Techniques



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This report is one in a series from the Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act (SCA) Adult Offender Reentry Demonstration Projects (AORDPs). This report explores the use of communication techniques and sanctions and incentives to support and reinforce positive behavior change; cognitive behavioral interventions; and evidence-based, manualized program curricula by the seven grantees who implemented adult reentry programs under the SCA. Although these specific evidence-based practices were not required by the SCA grant program at the time the seven AORDP sites were funded, they are widely recognized as critical to recidivism reduction and reentry success. Findings are based on information collected in 2014 through field-based, semi-structured interviews and interim telephone interviews with AORDP staff and organizational partners, as well as a Web-based survey administered in spring 2014 to key reentry stakeholders in each site.



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Report Highlights

Motivational Interviewing (MI) Used in All Adult Offender Reentry Demonstration Project Grantees

Program and partner staff in all seven sites reported receiving some training on motivational interviewing (MI), and most Adult Offender Reentry Demonstration Project (AORDP) grantees had at least some program staff or partners who reported using MI in their regular interactions with participants. However, there was significant variation across the grantees regarding (1) the extent to which MI training was systematically introduced, (2) how much training was offered, (3) whether MI training was provided by a credentialed or certified trainer, and (4) the quality assurance procedures that were in place to support the appropriate use of MI. Although the use of MI was not required by the Second Chance Act grant program at the time the seven AORDP sites were funded, it is viewed as an evidenced-based practice critical to recidivism reduction and reentry success and therefore, important to consider in these sites.

Background

Seven grantees are included in the Cross-Site Evaluation of the Bureau of Justice Assistance Fiscal Year 2011 Second Chance Act Adult Offender Reentry Demonstration Projects. Each project provides comprehensive reentry programming to criminal justice system-involved adults who are under state or local custody and are about to return to the community. Target populations and service delivery approaches vary across sites. Each project, however, addresses the multiple challenges facing formerly incarcerated individuals upon their return to the community by providing an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees' demonstration projects.

Use of Incentives and Sanctions Limited Across the Grantees

Three grantees marked program completion either with recognition ceremonies or certificates of completion, but only two (Florida and New Jersey) described formal incentive structures. Furthermore, stakeholders indicated they would like to offer incentives, such as gas or grocery gift cards, but could not because of policy restrictions. Similarly, most of the grantees had not developed sanctions for the AORDP programs; many of the service-providing staff indicated a reluctance to address nonparticipation or other noncompliance with punitive measures.

Cognitive Behavioral Interventions Not a Core Component of Many Sites' AORDP Programs

Four grantees offered a cognitive behavioral change program—either pre- or post-release, or both—and worked to deliver the full curriculum. The remaining three grantees created their own cognitive behavioral intervention (CBI) approach, based on manualized materials or by combining manualized materials with other resources. Across the sites that provided their own program, implementation varied considerably in response to real-world demands, including the size of cohort enrollment or constraints on space or time. One AORDP grantee operated a highly structured, jail-based, therapeutic community treatment program—a cornerstone of that site's evidence-based practice (EBP). Despite the sites' uneven approach to CBIs, respondents to the AORDP stakeholder survey reported solid support for such practices. Nearly 80% of respondents rated the use of manualized, evidence-based programs (78%) and cognitive behavioral interventions (78%) as priorities for their agencies, with over two-thirds rating these approaches as a high priority for their agency. This suggests a solid foundation on which to enhance or expand the use of CBIs in the sites.

Mentoring and Peer Support Prevalent Across the AORDP Sites

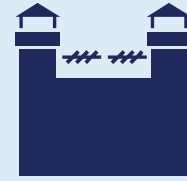
Four sites provided peer support and mentoring to their AORDP clients, and two of these intentionally hired formerly justice-involved people as staff in those roles. Only one site incorporated formerly incarcerated individuals in a formal advocacy role, functioning as core members of the site's case management model. These individuals worked collaboratively with community-based case managers and the program's designated community supervision officer to engage and assist clients.

Introduction

Prisoner reentry is a pressing national and local policy issue. More than 640,000 individuals were released from state and federal prisons across the country in 2015¹ and another 10.9 million cycle through the nation's jails each year.² Chances of successful reentry are low: Nearly 68% of people released from state prison in 2005 were rearrested within 3 years of release, and more than 75% were rearrested within 5 years of release.³

Numerous factors contribute to these high recidivism rates. Most formerly incarcerated individuals return to the community with considerable deficits: limited education, few marketable job skills, no stable housing, chronic health issues, substance abuse needs, and fragile support networks.⁴⁻¹¹ Some research suggests that successful reentry depends on the degree to which former prisoners' multiple needs—including housing, drug treatment, mental health services, employment training, job opportunities, and family counseling—are addressed.^{9,12-14}

The Second Chance Act (SCA) of 2007: Community Safety Through Recidivism Prevention¹⁵ was signed into law in 2008 with the goal of increasing reentry programming for individuals released from state prisons and local jails. Since 2009, the Bureau of Justice Assistance (BJA) has made more than 700 awards to grantees across 49 states to improve reentry outcomes. SCA-funded projects must create strategic, sustainable plans to facilitate successful reentry; ensure collaboration among state and local criminal justice and social service systems (e.g., health, housing, child services, education, substance abuse and mental health treatment, victim services, and employment services); and collect data to measure performance outcomes related to recidivism and service provision. Furthermore, grantees must create reentry task forces—comprising relevant agencies, service providers, nonprofit organizations, and community members—to use existing resources, collect data, and determine best practices for addressing the needs of the target population. In FY 2011, BJA funded 22 SCA AORDP sites. The National Institute of Justice in FY 2012 funded the Cross-Site Evaluation of the BJA FY 2011 SCA AORDP; RTI International and the Urban Institute are conducting the evaluation. Since inception, the SCA ADORP grant program has evolved in



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several ways, including transitioning into multiple grant programs where each targets specific problems and adding an evaluation requirement. See **Appendix A** for information about the seven projects that are the focus of this evaluation.

The cross-site evaluation is focused on 7 of the 22 Adult Offender Reentry Demonstration Project sites and grantee agencies



California

Women's Reentry Achievement Program (WRAP), Solano County Health & Social Services Department



Connecticut

New Haven Reentry Initiative (NHRI), Connecticut Department of Correction



Florida

Regional and State Transitional Ex-Offender Reentry (RESTORE) Initiative, Palm Beach County Criminal Justice Commission



Massachusetts

Boston Reentry Initiative (BRI), Boston Police Department



Minnesota

High Risk Recidivism Reduction Project, Minnesota Department of Corrections



New Jersey

Community Reintegration Program (CRP), Hudson County Department of Corrections



Pennsylvania

ChancesR, Beaver County Behavioral Health and Developmental Services

The primary goals of the evaluation are to

- describe the implementation and sustainability of each AORDP project through a **process evaluation**,
- determine the effectiveness of the programs at reducing recidivism through a **retrospective outcome study** and at reducing criminal behavior and substance use and improving other outcomes through a **prospective outcome study** that includes participants' self-reported information, and
- determine the per capita program costs of each AORDP project through a **cost study**.



This report explores the use of EBPs germane to reentry—use of cognitive behavioral interventions and communication techniques to facilitate and reinforce positive behavior change among participants and respond to non-compliance—among the seven AORDP evaluation sites. The report is based on the first round of process evaluation site visits conducted in early 2014,^a as well as on data collected from the study's 2013 evaluability assessment^b and initial administration of an online stakeholder survey in spring 2014.^c Additional reports on the AORDP

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- ^a The AORDP sites received initial SCA funding from BJA in October 2010 under FY 2011. Process evaluation visits early in 2014, therefore, occurred roughly 3 years after sites received initial funds. During the site visits, semi-structured interviews were conducted with key stakeholders including program administrators, line staff, and representatives from partner agencies in the criminal justice and human services fields. The site visits lasted 2–3 days and were led by two-person teams from RTI and the Urban Institute.
- ^b The evaluability assessment aimed to answer two questions: Is the program evaluable? If so, how, and at what level of effort? Data collection activities consisted of document review, telephone interviews with core team members, site visits including semi-structured interviews with project staff and partners, and review of project case files and administrative records. For more information, please see the executive summary for the final evaluation ability assessment report.¹⁶
- ^c The Web-based survey was completed by 214 criminal justice and human services stakeholders (including agency leadership, such as probation chiefs, jail administrators, and executive directors, and a variety of frontline correctional facility staff, probation officers, case managers, counselors) across the seven AORDP sites. The response rate for the survey was 70%.

grantees' use of EBPs—risk and needs assessment¹⁷ and case management practices¹⁸—are available online through the National Criminal Justice Reference Service.

Evidence-Based Practices in Reentry

Scholars, researchers, practitioners, and policymakers increasingly have made concerted efforts to determine what works in the criminal justice system and to disseminate comprehensive literature on EBPs that can be replicated with success.^d Although the term “evidence-based practices” is widely used, it is not always clearly defined. For this report, EBPs generally refer to practices that have been evaluated and found to reduce reoffending, regardless of how reoffending is defined.

Why Focus on EBPs?

Research shows that significant reductions in recidivism can be achieved when EBPs are applied with fidelity.

The challenge is *doing it*.

In recent decades, researchers in the field of prisoner reentry have made great strides in identifying the characteristics of effective correctional interventions and programming.²¹⁻²⁴ Matthews and colleagues, summarizing the extant research, identified 11 principles of effective intervention, ranging from the recommendation that

Core EBPs for Effective Intervention

1. Assess actuarial risk/needs.
2. Enhance intrinsic motivation.
3. Target Interventions.
 - Risk Principle: Prioritize supervision and treatment resources for higher risk individuals.
 - Need Principle: Target interventions to criminogenic needs.
 - Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning individuals to programs.
 - Dosage: Structure 40%–70% of high-risk individuals' time for 3–9 months.
 - Treatment: Integrate treatment into sentence/sanction requirements.
4. Skill train with directed practice (use cognitive behavioral treatment methods).
5. Increase positive reinforcement.
6. Engage ongoing support in natural communities.
7. Measure relevant processes/practices.
8. Provide measurement feedback.^{19,20}

^d See, for example, the Office of Justice Programs *CrimeSolutions.gov* online resource, National Reentry Resource Center *What Works in Reentry* Clearinghouse, Office of Juvenile Justice and Delinquency Prevention *Model Programs Guide*, and the Campbell Collaboration *Library of Systematic Reviews*.

level of service be matched to the risk level of the individual to the observation that effective interventions are behavioral in nature.²² See the full list of principles in **Appendix B**.

Subsequently, the National Institute of Corrections, in partnership with the Crime and Justice Institute (CJI), convened leading criminal justice and corrections scholars and practitioners to define core EBP elements based on the “what works” research. The group identified eight core principles for effectively intervening with criminal justice-involved individuals to reduce recidivism, recognizing that the research evidence did not support each of these elements with equal weight. See CJI’s 2009 full report for a detailed description of each principle.¹⁹

Ongoing research suggests that this set of core correctional practices and principles reduces recidivism when implemented in concert and with fidelity as part of a holistic reentry strategy.²⁴ The next section briefly reviews these practices within the Second Chance Act model.

EBPs and the Second Chance Act Model

The SCA logic model (see **Appendix C**) specifies core elements that should be reflected in each grantee’s reentry program, including the following EBPs:

- **Target high-risk individuals** for intervention (i.e., those at the highest risk for reoffending based on the results of objective risk and needs assessments).
- **Administer validated assessment tools** to assess the risk factors and needs of formerly incarcerated individuals.
- Establish **prerelease planning services**.
- Provide **coordinated supervision and comprehensive services postrelease**.
- **Provide an array of social and human services tailored** to the individual’s assessed needs.

This report examines the AORDP grantees’ use of practices and interventions that support prosocial behavior change central to successful reentry, specifically (1) evidence-based communication, such as motivational interviewing; (2) motivational enhancements, such as incentives and sanctions; (3) cognitive behavioral interventions, including those with manualized curricula; and (5) mentoring, including peer and natural supports.

Prosocial Behavior Change Techniques in the AORDP Sites

Existing research²⁵⁻³⁰ indicates that criminal justice and social service professionals—such as probation officers, case managers, and clinicians—can facilitate and reinforce clients’ prosocial behavior change by using evidence-based practices that align with the Risk-Needs-Responsivity (RNR) principle (see the EBP sidebar on p. 7). This entails honing client-focused interactions to apply (1) effective use of authority; (2) prosocial modeling; (3) effective problem-solving strategies; (4) appropriate use of community resources; and (5) interpersonal skills such as active listening, offering appropriate feedback, reinforcing clients’ positive behaviors, and challenging “procriminal” thinking.²⁵

Motivational interviewing and motivational enhancements, such as sanctions and incentives, address the “responsivity” component of the RNR principle by helping to establish a collaborative relationship, address emotional and psychological barriers to treatment, and reinforce prosocial behavior while admonishing antisocial behaviors.²⁶ Cognitive behavioral interventions and cognitive-based therapies challenge clients’ criminogenic decision-making and teach critical problem-solving skills and prosocial coping skills. Mentoring and peer-based support services can further reinforce a client’s change goals by affording additional opportunities for the client to engage with and observe prosocial role models, including individuals with lived experience. Lastly, research indicates client outcomes can be improved through using manualized interventions that have been rigorously evaluated, shown to produce the desired outcomes, and formalized into structured curricula that practitioners can readily implement, typically with training.³¹⁻³³

Exhibit 1 catalogues the seven AORDP grantees’ use of such strategies, as reported by program staff and partner agencies to project researchers during field visits and phone interviews conducted for the study’s process evaluation. Researchers asked site stakeholders about their use of communication techniques to enhance motivation and engage program participants in the process of change. In general, this line of inquiry focused on whether and how motivational interviewing, incentives, and sanctions were used, and to a lesser extent, what training had been received on these strategies. Similarly, researchers explored the use of CBIs and treatment services, expressing interest in details such as whether program participants were enrolled as a cohort or as a rolling admission, dosage, and adherence to manualized

materials. Last, project researchers gathered brief information on any mentoring or peer support services that grantees mentioned in their AORDP proposals or other documentation. The intent was to highlight the various ways that AORDP grantees incorporated EBPs in working with their populations; this is neither a comprehensive picture of the sites' activities, nor a discussion of the degree of fidelity with which these EBPs were implemented. As shown in Exhibit 1, the seven AORDP grantees differ substantially in the nature and scope of behavior change approaches used; other EBP strategies that provide ancillary support are noted in Exhibit 1 but not discussed here.

Exhibit 1. Evidence-Based Prosocial Behavior Change Techniques

| Site | Communication Techniques & Motivational Enhancements | Cognitive-Based Therapy/ Interventions | Mentoring & Other EBP Change Supports |
|---|---|---|--|
| California: Solano County | <ul style="list-style-type: none"> ✓ Motivational Interviewing (MI): Probation & treatment staff trained on MI, but use is unclear. ✓ Incentives & Sanctions: <ul style="list-style-type: none"> ○ Women's Reentry Achievement Program (WRAP) graduation ceremony for program completion ○ No formal concrete sanctions used by WRAP program and probation partners; locally, only drug court uses rewards and incentives and graduated sanctions. | <ul style="list-style-type: none"> ✓ Helping Women Recover, pre- and post-release ✓ Beyond Trauma, postrelease | <ul style="list-style-type: none"> ✓ Peer Mentoring, 3 mentees per mentor |
| Connecticut: Department of Corrections (DOC) | <ul style="list-style-type: none"> ✓ MI: All key New Haven Reentry Initiative (NHRI) partners (DOC reentry counselors, New Haven Correctional Center counselors, & Easter Seal Goodwill Industries case managers and community advocates) trained on MI ✓ Incentives & Sanctions: <ul style="list-style-type: none"> ○ No formal sanctions or rewards independent from "business as usual" supervision consequences. | <ul style="list-style-type: none"> ✓ <i>Reentry Workbook Program</i> (RWP), "home grown," CBI-infused curriculum ✓ Thinking for a Change, postrelease (probation) ✓ Helping Women Recover, postrelease ✓ Seeking Safety, postrelease | <ul style="list-style-type: none"> ✓ Community Advocates, members of the NHRI case management team |
| Florida: Palm Beach County | <ul style="list-style-type: none"> ✓ MI: Regional and State Transitional Ex-Offender Reentry (RESTORE) & community partners trained on, use MI. ✓ Incentives & Sanctions: <ul style="list-style-type: none"> ○ Ceremony for <i>prerelease program completion</i>; certificates issued for each intervention completed ○ Use of other tangible incentives planned, but later discontinued ○ RESTORE pre- and post-release program staff does not use sanctions; probation's list of sanctions can be used as alternatives to incarceration. ✓ Training on client-staff interactions to achieve better outcomes through Level of Service Inventory-Revised training. | <ul style="list-style-type: none"> ✓ Thinking for a Change, both pre-and post-release staff trained on T4C principles | |
| Massachusetts: Boston | <ul style="list-style-type: none"> ✓ MI: Boston Reentry Initiative (BRI) case managers use MI ✓ Sanctions and Incentives: <ul style="list-style-type: none"> ○ No formal sanctions or rewards independent from "business as usual" supervision consequences | | |

(continued)

Exhibit 1. Evidence-Based Prosocial Behavior Change Techniques (continued)

| Site | Communication Techniques & Motivational Enhancements | Cognitive-Based Therapy/ Interventions | Mentoring & Other EBP Change Supports |
|---|---|--|---|
| Minnesota: Department of Corrections | <ul style="list-style-type: none"> ✓ MI: DOC staff must complete 4 hours of MI training; AORDP staff pre- and post-release trained on and use MI. ✓ Sanctions & Incentives: No systematic incentives; staff do not use sanctions <ul style="list-style-type: none"> ○ Mentoring component marks milestones and issues certificates for completion ○ Continued noncompliance may result in program termination; some of the AORDP counties use sanctioning grids for supervised release, but these are not specific to the SCA program. | <ul style="list-style-type: none"> ✓ <i>Healing Generations</i> (life skills) ✓ <i>Within My Reach</i> (group mentoring) | <ul style="list-style-type: none"> ✓ Mentoring Groups (8 sessions), <i>postrelease</i> ✓ Mentoring by a successful AORDP participant started in 2014. |
| New Jersey: Hudson County | <ul style="list-style-type: none"> ✓ MI: Some Community Reintegration Program (CRP) program and partner staff use MI ✓ Sanctions and Incentives: <ul style="list-style-type: none"> ○ \$1/day incentive for women in the jail-based therapeutic community for program compliance and progress ○ CRP community-based service partners report use of sanctions | <ul style="list-style-type: none"> ✓ Thinking for a Change ✓ Reasoning & Rehabilitation ✓ Seeking Safety-for women only, <i>prerelease</i> ✓ New Directions drug treatment-for men and women, <i>prerelease</i> ✓ Mixed resources, <i>postrelease</i> | <ul style="list-style-type: none"> ✓ Therapeutic Community^e |
| Pennsylvania: Beaver County | <ul style="list-style-type: none"> ✓ MI: annual training offered to all ChancesR core partners (jail, probation, NHS, ROOTS and TRAILS). ✓ Sanctions & Incentives: <ul style="list-style-type: none"> ○ Some incentives used by Jail, NHS & Probation but are not structured across ChancesR staff | <ul style="list-style-type: none"> ✓ Thinking for a Change, <i>prerelease</i> ✓ Seeking Safety, <i>prerelease</i> | <ul style="list-style-type: none"> ✓ ROOTS and TRAILS mentor support (postrelease) |

Note: bold font indicates name brand curricula and italicized font indicates home grown or locally developed and likely unevaluated curricula.

Communication Techniques and Motivational Enhancements

Experts agree that motivation and outcomes are closely linked, and that what motivates an individual is malleable and influenced by external and internal factors.³⁴ Motivational interviewing and motivational enhancement structures, such as sanctions and incentives, are

^e CRP (New Jersey) operated two therapeutic community (TC) pods within the Hudson County Jail, one for females and the other for males, each of which had the capacity to treat 40 individuals at one time. The TC treatment program was certified by the New Jersey Division of Addiction Services (NJDas). The women’s program—in operation since January 2011—provided substance abuse treatment, and evidence-based trauma counseling (*Seeking Safety*). The women’s program also had daily motivational sessions, music therapy and yoga, and family days to increase visitation; women also had the opportunity to earn \$1/day for program compliance. The men’s program—in operation since September and October 2012—included substance abuse treatment and daily motivational sessions, counseling, music therapy, and recreation. Both men and women received cognitive-based substance abuse treatment through the *New Directions* curriculum. TCs are an intensive and comprehensive treatment model designed to promote more holistic lifestyles, while identifying social, psychological, and emotional areas for change to achieve sustainable sobriety and more socially appropriate lifestyles through a 24/7 treatment environment.^{35, 43}

widely viewed as essential tools to effectively working with justice-involved individuals to advance readiness for change, address emotional and psychological barriers to treatment, and reinforce prosocial behavior while admonishing antisocial behavior.

Motivational Interviewing. Rooted in clinical practice with substance abusers, Motivational interviewing is based on a series of assumptions elaborated by Miller and Rollnick in the early 1990s that stipulate the following: (1) Clients' ambivalence about change is normal, but nevertheless constitutes a motivational obstacle to their achievement of more prosocial behaviors; (2) Ambivalence can be resolved by working with clients' intrinsic motivations and values; (3) Interaction between clients and counselors is a collaborative partnership; and (4) Empathic, supportive, yet directive counseling establishes

Five Principles of MI

1. Express empathy through reflective listening.
2. Develop discrepancy between clients' goals or values and their current behavior.
3. Avoid argument and direct confrontation.
4. Adjust to client resistance rather than oppose it directly.
5. Support self-efficacy and optimism.³⁵

conditions under which change can occur, while argument and aggressive confrontation may increase clients' defensiveness and reduce the likelihood of behavioral change.³⁵ Stated succinctly, MI espouses collaboration rather than confrontation between the clinician and client; drawing out the client's ideas, rather than imposing the clinician's ideas; and supporting the client's autonomy, rather than allowing the clinician to exercise authority over the client.³⁶ As an evidence-based practice in reentry, MI is intended to be used by staff, such as case managers, therapists, or probation officers, to build rapport with clients during the course of repeated interaction and facilitate the clients' change processes.

Some level of motivational Interviewing was used by each of the seven AORDP grantees: Program and partner staff in all sites reported receiving some training on MI, particularly among core project staff and partners. Likewise, most grantees had at least some program staff or partners who reported using MI in their regular interactions with AORDP program participants. However, there was considerable variation across the AORDP grantees regarding the extent to which MI training had been systematically introduced into either the justice, treatment, or services arenas; whether the various partner agencies required staff to use these techniques; how much training was offered; whether MI training was provided by credentialed or certified trainer; and what quality assurance procedures, if any, were in place to support the appropriate use of MI.

In at least five sites (Connecticut, Florida, Massachusetts, Minnesota, and Pennsylvania), AORDP program and partner agency staff had systematically received MI training and reported regularly using MI skills in their interactions with program participants. For example, in the Connecticut site, core NHRI-affiliated staff from across community and institutional corrections (i.e., parole and probation, department of corrections [DOC] reentry counselors, and New Haven Correctional Center counselors), as well as the program's community-based case managers and community advocates, all reported having been trained in MI and using these techniques in their interactions with clients.

Similarly, in Florida, RESTORE staff and community partners reportedly received MI training and a coaching packet as part of a suite of trainings to ensure proper use of the Level of Service Inventory-Revised (LSI-R) risk and needs assessment tool and delivery of *Thinking for a Change*. To ensure fidelity to motivational interviewing practices and principles, RESTORE staff reported periodically recording themselves using MI, after which the project coordinator would review the recordings and provide feedback. One staff person used MI when working with clients to identify their future goals; he recorded this in a progress note and updated it as goals changed.

The Massachusetts BRI program hired Health Resources in Action to train staff for 6 hours on case management best practices including MI. BRI case managers reported using MI and the case plan as dynamic tools with clients from entry to program completion.

According to ChancesR (Pennsylvania) core partners, MI training was offered annually throughout the county with almost all the program partners, including the jail, adult probation, the site's behavioral health treatment provider (NHS), and the mentoring providers (ROOTS and TRAILS). Some partners (e.g., adult probation) reportedly participated in MI training multiple times, pointing to MI as a core practice. The extent to which MI was routinely used by ChancesR partners to engage staff in goal setting, treatment, and behavior change varied by stakeholder, with criminal justice stakeholders more likely to report its routine use with clients.

In Minnesota, all DOC staff members were required to attend 4 hours of MI training annually. Furthermore, MI several types of line staff used MI in their interactions with participants, and the DOC planned to sponsor future trainings for community partners. Specific to Minnesota's AORDP project, pre- and post-release staff reported using MI with clients. Prerelease, the reentry coordinator incorporated MI in her work with participants, as did the facility case workers whenever they could; postrelease, MI was used by the Hub case manager

and community supervision agents. Whereas these staff were trained in MI, the county supervision agents' training was the most formal and structured, with training conducted by certified trainers, featuring a quality assurance process.

In the remaining two sites (California and New Jersey), MI was not used systematically. Although some program and partner staff received MI training, either in their current positions or in other employment settings, neither site case managers reported being trained on MI. For example, in Solano County, CA, although the Women's Reentry Achievement Program (WRAP) case managers did not report being trained on MI, probation staff reported receiving 40 hours of MI training and using it with WRAP clients. The program's substance abuse treatment provider also reported receiving and using MI training to engage WRAP participants.

Similarly, in Hudson County, NJ, the CRP's pre-and post-release case managers did not report using MI consistently, while many other core partners (e.g., the jail's Therapeutic Community provider agency) reported MI as central practice.

Motivational Enhancements: Incentives and Sanctions. Research has shown that the most effective interventions are behavioral approaches—grounded in social learning theory—that recognize individuals learn and adopt new behaviors through positive and negative reinforcement, observation, and the practice of new skills.³⁷ Consistent with those general principles, programs designed to modify an individual's antisocial behaviors should be prepared to use rewards and sanctions as primary mechanisms to help clients achieve lasting behavioral changes.

The criminal justice system and most programs that cater to its clientele have often focused on sanctioning noncompliant behavior, with less attention paid to rewarding positive behavior. However, research suggests a ratio of four positive reinforcements for every negative reinforcement is effective in enhancing individuals' motivation to achieve desired behavioral changes. Rewards can take various forms, running the gamut from words of praise or public recognition through small gifts or increased privileges (e.g., greater leadership responsibility, reduced reporting requirements, or early termination of supervision). Ideally, entities dealing with criminal justice system-involved populations and reentry services should develop policies about rewards that staff can use to incentivize prosocial behavioral change.^{37,38}

Overall, few of the AORDP programs cited examples of formal and systematic use of incentives to motivate and recognize positive behavior change, although three grantees (California, Florida, and Minnesota) marked program completion with recognition ceremonies,

certificates of completion, or both (as shown in Exhibit 1). Some programs routinely provided program participants with bus passes, but they noted this was for transportation assistance, not as a reward for positive behavior.

Of the seven grantees, the Palm Beach County, FL, and Hudson County, NJ, programs appeared to have the most formal and extensive incentive structures. The CRP in Hudson County offered women in its prerelease, therapeutic community, drug treatment program (see Exhibit 1) \$1 per day as an incentive for continued compliance and progress toward goals. Men in the therapeutic community, however, did not receive such incentives, and neither program staff nor program partners cited other examples of incentives. The RESTORE program in Palm Beach County, FL, initially offered incentives such as gas cards and grocery store gift certificates to its clients upon completion of a program phase, and one community-based provider had given participants tickets to attend baseball games to encourage clients to experience a family night out without alcohol or drugs. However, RESTORE stakeholders reported that such incentives were restricted, and then discontinued, due to their understanding of AORDP funding stipulations. Stakeholders expressed disappointment with the limitation on incentives, stating that they would like to offer them as a method of acknowledging and celebrating participants' achievements. The program continued to host recognition or graduation ceremonies pre-release, during which staff provided celebratory snacks and drinks, and each participant received a certificate of completion for each course they finished (e.g., *Thinking for a Change*). Staff perceived these ceremonies as a huge incentive for participants.

In Pennsylvania, although core program partners including the jail, probation, and a service provider reported using some incentives to motivate participants, the use of rewards did not appear to be uniformly structured across all staff or organized around a systematic, pre-determined set of rewards and sanctions. Prerelease, individuals who participated in programming could earn good-time letters attesting to their participation. The site's behavioral health treatment provider also issued certificates or letters when individuals completed group activities, because this organization was unable to provide any other incentives for inmates. Adult probation also used some incentives, such as clients being reassigned to other officers with reduced supervision requirements, based on officers' assessment of their progress.

With respect to sanctions, several key elements to success have been identified, which have practical implications for reentry programs. However, none of the grantees reported developing program-specific sanctions. In response to researchers' questions about sanctions, most stakeholders mentioned the "business as usual" consequences used by their community corrections partners.

Sanctioning Principles

1. Participants should know which behaviors are desired, and which are unacceptable.
2. Consequences of unacceptable behavior should be clearly articulated and shared with participants.
3. Responses to unacceptable behavior should be timely, and participants should be made aware of the direct consequence between their inappropriate behavior and the sanction.
4. Responses should not be more harsh or punitive than necessary.
5. Responses should be fair and equitable.³⁷

Most of the grantees indicated that they did not have or use systematic sanctions, including those with the ability to so. In the Florida site, for example, the prerelease RESTORE staff did not give consequences or sanctions, despite having the authority to use formal DOC correction consultations or disciplinary responses, but instead chose to motivate clients through positive reinforcement.

Most of the AORDP sites' service-providing staff (as distinguished from correctional staff) indicated a reluctance to address nonparticipation or other noncompliance with punitive measures. However, they acknowledged that cases involving violations of supervision requirements (whether during incarceration or in the community) were likely to be met with criminal justice sanctions that might result in increased levels of supervision, loss of privileges, or other negative consequences, including program termination. In Connecticut, for example, probation staff were trained to use graduated and alternative sanctions, which might result if a client used illicit substances and subsequently needed to access in-patient drug treatment or detox.

In contrast, several community-based service providers in the Hudson County, NJ, site reported using graduated sanctioning or punitive measures for noncompliance. One partner agency, for example, used graduated sanctions and reported noncompliance to the CRP's community-based case managers. For the first infraction, the provider agency issued a "write-up;" a second infraction typically would be reported to the community-based case manager and program staff for follow-up intervention. Sanction-worthy conduct reportedly ranged from not turning in one's phone at the start of a session, to arriving late to program activities, or dirty

urine tests. Such behaviors and their consequences also could adversely affect clients' participation in other program components.

Staff-Client Interactions. In addition to the use of rewards and sanctions, program staff and partners can also exert critical influence in working with justice-involved populations, particularly when such stakeholders have been trained to (1) effectively use authority, (2) model and reinforce prosocial attitudes, (3) teach concrete problem-solving skills, (4) effectively broker community resources and advocate on behalf of clients, and (5) understand the importance of relationship factors that establish rapport and build the trust fundamental to strategically promoting behavioral change.²⁰ Criminal justice system actors and providers offering treatment and other services to such populations, both pre- and post-release, have frequent encounters with clients in individual and group settings. Each encounter represents an opportunity to reframe and redirect a client's thinking and behavior; however, key stakeholders may fail to recognize such opportunities or lack the skills needed to capitalize on them. Increasingly, in addition to issuing guidance of the appropriate use of positive and negative reinforcements, agencies oriented to EBPs are providing skills-based training and coaching to their staff and partners on communication skills (introductory and booster sessions), modeling and reinforcing prosocial attitudes, teaching concrete problem-solving skills, brokering appropriate resources, and building meaningful professional relationships. Such training is intended to enable stakeholders more effectively engage clients to achieve longer-lasting, positive behavioral changes.

The Florida site noted that staff had received training on communication skills other than MI (see Exhibit 1). Specifically, all its partners reportedly learned how to better engage participants in the change process and on effective communication through trainings on the LSI-R risk and needs assessment and *Thinking for a Change* curriculum. Several staff who had attended an advanced LSI-R training noted that general communication skills and MI techniques were taught and that attendees received coaching packets on these topics. In addition to these trainings, RESTORE stakeholders reported that community partners offered their own unique trainings for their respective staffs on client engagement, trauma informed care, and record keeping.

Cognitive Behavioral Interventions

The efficacy of cognitive behavioral interventions to reduce the likelihood of reoffending is well-substantiated³⁹⁻⁴¹ and widely viewed as a core component for rehabilitation and reentry

success. Cognitive behavioral therapy addresses an individual's procriminal thinking—described as distorted, self-justifying thinking that misreads situations and social cues, misidentifies wants as needs, and demands instant gratification—through cognitive skills training and restructuring.⁴¹ Common CBIs⁴¹ include: *Reasoning and Rehabilitation*, *Moral Reconation Therapy*, *Aggression Replacement Training*, *Cognitive Interventions Program*, and *Thinking for a Change (T4C)*. CBIs also provide the foundation for effective substance abuse treatment programs; gender-specific and trauma-informed programs (e.g., *Seeking Safety* and *Beyond Trauma*) and treatment curricula (e.g., *Helping Women Recover*, the *Matrix Model*, and *A New Direction*).

As depicted in Exhibit 1, six of the seven AORDP sites offered some form of CBI either pre- or post-release. However, the nature and scope of these cognitive interventions varied considerably across the sites.

Four (Connecticut, Florida, New Jersey, and Pennsylvania) of the seven grantees offered specific cognitive restructuring interventions, relying predominantly on “name brand” curricula such as *Thinking for a Change* or *Reasoning and Rehabilitation*, to address participants' criminogenic thinking, strengthen decision-making, and facilitate behavior change. These curricula were offered either pre- or post-release and, in some instances, were delivered by criminal justice partners such as probation (Connecticut).

In contrast, the Minnesota and Connecticut sites used locally developed, highly structured, CBT-infused curricula to address client behavior change. The SCA-funded initiative in Minnesota offered *The Healing Generations* curriculum, developed by The Family Partnership provider, which consisted of two group sessions per week covering domestic violence and anger management topics from a trauma-informed care approach, as well as life skills. The name of the group evolved during the grant, as its focus evolved from domestic violence prevention, to anger management, to life skills. Attendance was rolling, and participants did not have to progress through the coursework sequentially; those who attended 8 of 12 sessions receive certificates of completion. In Connecticut, prerelease NHRI participants took part in the *Reentry Workbook Program (RWP)*, a 12–13 booster session program that reinforced previous cognitive behavioral programming and covered topics such as relapse prevention and avoiding criminal behaviors. Participants in RWP attended three 90-minute, discussion-based sessions each week. The groups' participants included individuals of different ages, who varied in much how time they had served, so that a diverse perspective was represented in the class. In addition to these group sessions, each participant recorded his or her reentry goals and

objectives in their RWP workbook and retained a copy for use after release to serve as a roadmap guiding his or her reentry process. The NHRI case manager, parole officer, and community advocate all received a copy of the workbook, which was used to develop postrelease service plans and reinforce client goals.

The remaining sites used other “manualized,” cognitive-based curricula to address client trauma or substance abuse issues. For example, the Solano County, CA, WRAP program provided *Helping Women Recover* prerelease, as well as *Helping Women Recover* and *Beyond Trauma* postrelease, to ensure continuity of care for those who could not complete the curriculum prior to release and/or those in need of aftercare in the community. In turn, jail-based participants in the Beaver County, PA, ChancesR program were referred to treatment groups run by the NHS jail-based therapists that follow the *Seeking Safety* curriculum.

Limitations and Challenges to Delivering EBPs. Although the AORDP evaluation was not designed to address whether CBI programming was implemented with fidelity to respective program or curricular models, stakeholders frequently did report variation in curricula administration. Not all curricula were delivered in their entirety; some sites mixed manualized materials with other resources to form their own hybrid program, while others altered the intended duration of the coursework or dosage to make it more relevant to their audience. For example, in Solano County, CA, the program caseworkers from two separate provider agencies were trained to teach *Helping Women Recover* and *Beyond Trauma*. At one agency, *Helping Women Recover* was taught in seventeen 90-minute sessions, and *Beyond Trauma* was taught during eight 90-minute sessions; at the other agency, *Helping Women Recover* was taught in 15 to 19 sessions lasting 90 minutes each, and the number of sessions for *Beyond Trauma* varied over time as well. When asked about this variation, caseworkers noted that different women absorbed the material at different speeds, and they wanted to tailor each class to meet the need of those participants. . In turn, the Pennsylvania and New Jersey sites modified curricula to meet the needs of clients. For example, staff with the ChancesR (Pennsylvania) program reportedly selected modules from the *Thinking for a Change* and *Seeking Safety* curricula based on participant needs and combined them with other cognitive-based curricula. Similarly, several of the CRP’s (New Jersey) community-based program partners developed their own, in-house programming by culling resources from a variety of well-known curricula; however, at least one provider cited the use of evidence-based curricula although some adjustments were made. *Thinking for a Change* is offered as twelve 1.5-hour sessions, twice weekly, so the

course can be completed in 6 weeks, using a rolling admissions approach; *Reasoning and Rehabilitation* occurs as sixteen 90-minute sessions, also twice weekly).

Other modifications to curricula administration were made as practical adaptations. For example, some manualized programs anticipate cohort enrollment, but the need to adapt to case flows prompted providers to use rolling enrollments that potentially changed the order of lessons to which clients were exposed and the group dynamics. Some programs were constrained by the amount of time available to work with participants before release (e.g., individuals returned to the community before sufficient time had elapsed to complete the full number of sessions). In such cases, some clients never completed the coursework, while others did so through individualized work with community-based provider staff or by joining a new group.

Limited institutional space for programming or institutional policies also complicated curriculum delivery. Some facilities were unable to provide space for the intended number of sessions within a timeframe of the intervention or for the specified number of minutes per session. Consequently, anticipated 60- or 90-minute sessions had to be collapsed into smaller chunks to fit existing slots in the schedule, or the expected duration had to be shortened or lengthened to accommodate to resource requirements.

Mentoring & Peer Supports

Mentoring is consistent with the evidence-based principle of recruiting and using prosocial family members and other supportive individuals in the client's immediate environment to model and reinforce anticipated prosocial attitudinal and behavioral changes. Although not a required element of the SCA logic model (unlike some other federally funded reentry programs), mentoring is highlighted in the SCA logic model, indicating its importance to reentry. Four (California, Connecticut, Minnesota, and Pennsylvania) of the seven AORDP grantees incorporated mentoring in their reentry strategies. The Massachusetts case management structure was built

Mentoring Adult Clients

Mentoring with justice-involved individuals started with supportive services aimed at high-risk and delinquent youth. Based on the success of those efforts, mentoring programs for adults developed to leverage the use of community volunteers or previously incarcerated individuals to provide guidance and support to individuals leaving prison. Approaches may be implemented as group or one-on-one activities, or a combination of the two. While some mentoring efforts provide individuals with assistance in meeting critical goals such as treatment success or employment, the essence of mentoring is to focus on addressing individuals' needs for prosocial relationships and anchoring them in the community.⁴²

on a history of mentoring (i.e., the case manager role evolved over time from informal mentor to a formal case management position).

Peer mentors were a key component of the Solano County, CA, WRAP.⁶ There, peer mentors were assigned to women in jail, were responsible for maintaining a connection to them after release to the community, and expected to provide the women with daily support. The agency administering the mentoring component tried to match the peer mentors to their mentees based on their personalities, where they lived, and ethnicity. The mentors were paid \$10 per hour, in addition to having mileage reimbursed. To be a peer mentor, the women must have completed parole or probation, be drug free for 3 years, and be either working or in school. Peer mentors' caseloads were capped at three mentees.

Similarly, formerly incarcerated individuals played a critical role in the NHRI initiative (Connecticut), serving as community advocates through the partnership with Easter Seal Goodwill Industries (ESGI). ESGI employed one male and one female community advocate who provided case management support and gender-specific mentoring to NHRI participants and cofacilitated gender-specific support groups in the community. Community advocates partnered with ESGI case managers to serve NHRI clients in the community postrelease, although contact began prior to release. Although the advocates served in a peer mentoring role, they were considered members of the NHRI's dual reporting configuration that included the designated NHRI parole officer and ESGI case managers. The community advocates provided information to the case managers for presentation at dual reporting, but did not participate directly. NHRI stakeholders attributed the community advocates with unique credibility, providing important insight for clients based on their own experience, such as neighborhoods that could be problematic for clients to return to and reside in.

The Minnesota site offered weekly group mentoring sessions—run by the Council on Crime and Justice, a community-based provider—to participants in the community. Enrollment was rolling, and groups were open; group size varied per class. The intended dosage was eight sessions, but staff reported that lack of transportation commonly kept many from completing the full intervention. Discussion topics were pulled from different curricula (e.g., *Within My Reach*) but the essential elements were relationships, goal setting, self-esteem, dependency on women,

⁶ WRAP also used former offenders to provide guidance to decision makers—about services that were needed and other insightful observations about conditions that could improve or conversely undermine success—as they were developing the program.

and parenting or child support. Mentoring facilitators received a 4-hour initial training on mentoring basics, DOC rules, and boundaries with participants. The groups were monitored, and follow-up training was conducted as needed, based on the observed group dynamics. The mentors were trained on limiting their stories and adjusting vocabulary to client level.

Participants in the ChancesR (Pennsylvania) program had access to peer sponsorship (mentoring) services through two faith-based community organizations (ROOTS and TRAILS). Both programs met with ChancesR participants prior to release from jail to build rapport and get a feel for the client, but neither matched clients with mentors until after release to the community. This approach allowed ROOTS and TRAILS staff to get a sense of client commitment to treatment and programming, and readiness for a sponsor (mentor). Individuals could identify someone to be their sponsor or mentor; some sponsors came from Alcoholics Anonymous or Narcotics Anonymous while others were a natural support in the individual's life. Formerly incarcerated individuals were eligible to serve as mentors but must have lived at least 5 years in the community to qualify. ROOTS and TRAILS sponsors all received training using a curriculum from Prison Fellowship that covered ethics, boundaries, and dos and don'ts in jail. Individual and group trainings were offered quarterly, and ROOTS and TRAILS staff met with sponsors monthly to provide additional support. Matches were intended to last at least 3 months but could (and were encouraged) to continue longer.

Although not for establishing a mentoring component *per se*, the BRI (Massachusetts) intentionally recruited formerly incarcerated individuals and former gang members for BRI staff positions and to participate in the monthly BRI panels. Like NHRI's community advocates, previously system-involved program staff offered BRI participants unique perspectives on how to successfully integrate back into society, as well as real-life solutions to avoid—situations that could lead to rearrest and reincarceration—and their success stories. One BRI panelist, for example, who had been a BRI participant in 2007 later volunteered with the program to share with potential BRI participants how he successfully negotiated the BRI program and ultimately obtained employment as an IT specialist for a prestigious university.

AORDP Stakeholder Support for Prosocial Behavior Change Techniques

As part of the AORDP process evaluation, a Web-based survey of stakeholders was conducted to explore the sites' use of and support for evidence-based practices, such as incentives, rewards, and communication techniques that reinforce positive behavior change; cognitive-based behavioral programs; and “manualized” interventions. The survey first asked respondents whether these practices were currently a priority for their agency (response options included “not a priority,” “low priority,” and “high priority”) and then whether the practice should be a priority for their agency.

Analysis of the AORDP survey data suggests broad stakeholder support for the behavior change techniques and strategies profiled in this research brief. Nearly 80% of survey respondents identified the use of

manualized, evidence-based programs (78%) and cognitive-based behavioral programs (78%) as priorities for their respective agencies, with over two-thirds (62% and 66%) rating these approaches as a “high priority” for their agency. Likewise, a similar percentage (78%) of stakeholders identified the use of communication techniques that reinforce behavior change as an agency priority with 58 % indicating it was a high priority. More than two-thirds (67%) of respondents reported that giving incentives or rewards to reinforce positive behavior change was an agency priority, but only 38 % indicated it was a high priority for their respective agency.

AORDP Web-Based Stakeholder Survey

In April 2014, approximately 214 stakeholders—criminal justice and social services leaders, directors of community-based human services agencies, and frontline staff from partner agencies across the seven AORDP sites—completed a brief, Web-based survey to gather information about program operations and system functioning about the following:

- collaboration and coordination within and across partner agencies
- interagency cooperation and trust
- reentry partnership structures and roles
- support for and use of EBPs
- policy and practical barriers to reentry services
- agency- and community-level support for reentry

On average, 45 stakeholders in each site were invited to complete the survey. Site-specific response rates ranged from 54% to 80%. Approximately 40% (39.7%) of survey respondents identified as criminal justice stakeholders, while another 56% identified as social or human services stakeholders, although sample composition and balance varied by site (e.g., social or human services stakeholders comprised two-thirds or more of the Connecticut, New Jersey and Pennsylvania sites' respondents). Just 2% identified as either elected officials or selected “business” as their primary work sector. One-third (37.4%) of respondents held executive leadership or managerial positions, which suggests that most respondents held frontline-level positions. Nearly 40% (38.8%) of respondents were involved in direct service delivery.

Overall, equal shares of stakeholders in the criminal justice and social or human services spheres identified the use of cognitive-based behavioral programs (66% of both stakeholder groups) and communication techniques that reinforce behavior modification (58% and 59%) as high priorities for their agencies. However, a larger share of criminal justice stakeholders than social/human services stakeholders identified the use of manualized, evidence-based programs (70%, compared to 57%) and incentives or rewards (42%, compared to 35%) as high priorities for their respective agencies.

Conclusions and Next Steps

The seven AORDP grantee sites used a variety of behavior change techniques to encourage and reinforce positive change among program participants, but use of those techniques differed considerably across sites. Most sites received training on motivational interviewing, but relatively few offered concrete examples of using MI to engage clients and reinforce critical thinking.

Although six sites offered CBI in some form, none described these CBIs as core components of their site's reentry strategy. This suggests a potential gap that could undermine achievement of key outcomes, given the research base linking CBI and cognitive restructuring to reduced reoffending.

Additionally, a handful of sites used manualized program curricula, such as *Seeking Safety* or *New Directions*, which have been tested and shown to produce intended outcomes. Yet our interviews suggest administration of these curricula was modified in response to real-world constraints, such as limited programming space or timeslots in facilities, which hampered access to clients prior to release. These modifications, although made for pragmatic reasons, represent a lack of fidelity that may negatively impact program outcomes. Some sites were more likely to infuse the behavior change techniques discussed in this report into their reentry strategies; others seemingly offered very few evidence-based curricula or programming, relying instead on "home grown" programming approaches—which may or may not be conceptually-sound and effective.

Four AORDP grantees offered mentoring programs, but these services and strategies also varied considerably across sites, with some grantees offering group mentoring while others provided individual mentors drawn from the faith community or the participant's natural social support networks. Some engaged individuals with lived experience, other programs did not.

Training and mentoring support also differed a great deal across the sites. These are all meaningful factors that may influence the success of such efforts.

In summary, few of the AORDP grantees had well-developed strategies for using the behavior change techniques described in this brief; notably, this contrasts with the sites' use of screening and assessment and case management practices detailed in the earlier EBP briefs. Furthermore, data from the first wave of the stakeholder survey indicated broad support for the behavior change practices, such as CBIs and incentives, particularly among criminal justice stakeholders. Yet stakeholders recounted several practical challenges in using such practices, including limited programming space; brief or unpredictable windows for prerelease services, which was a notable challenge for many jail-based reentry programs where prerelease lengths of stay are shorter and more fluid than prison; lengthy curricula; and policy restrictions on incentives and rewards.

These challenges may negatively impact program outcomes. Consequently, future reentry efforts should focus on implementing CBI and other behavior change strategies in a manner that aligns with the intent of the curricula and real-world constraints to maximize reentry outcomes for participants and the programs. Special attention should be given to removing policy impediments to providing meaningful incentives and sanctions that reinforce and facilitate the behavior change goals of the program and its participants.

References

1. Carson E, Anderson E. Prisoners in 2015. Washington, DC: Bureau of Justice Statistics; 2016.
2. Minton T, Zheng Z. Jail Inmates in 2015. Washington, DC: Bureau of Justice Statistics; 2016.
3. Durose MR, Cooper AD, Snyder HN. Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010. Washington, DC: Bureau of Justice Statistics; 2014.
4. Lattimore PK, Visher C, Steffey DM. Prisoner Reentry in the First Decade of the 21st Century. *Victims and Offenders*. 2010; 5:253–267.
5. Lattimore PK, Visher C. The Impact of Prison Reentry Services on Short-Term Outcomes: Evidence from a Multi-Site Evaluation. *Evaluation Review*. 2013; 37(3-4):274–313.
6. Holl DB, Kolovich L, Bellotti J, Paxton M. Evaluation of the Prisoner Reentry Initiative. Bethesda, MD: Coffey Consulting; 2009.
7. McDonald D, Dyou C, Carlson K. The Effectiveness of Prisoner Reentry Services as Crime Control: The Fortune Society. Boston, MA: Abt Associates Inc; 2008.
8. Petersilia J. What Works in Prisoner Reentry? Reviewing and Questioning the Evidence. *Federal Probation*. 2004; 68(2).
9. Mears DP, Winterfield L, Hunsaker J, Moore GE, White RM. Drug Treatment in the Criminal Justice System: The Current State of Knowledge. Washington, DC: Urban Institute; 2003.
10. Solomon A, Gouvis C, Waul M. Ex-Prisoners in the District: Ingredients for Successful Reintegration. Summary Report to the Neighborhood Re-Investment Corporation. Washington, DC: The Urban Institute; 2001.
11. Travis J, Solomon A, Waul M. From Prison to Home: The Dimensions and Consequences of Prisoner Reentry. Washington, DC: The Urban Institute; 2001.
12. Morley E, Rossman S, Buck J, Gouvis C. Linking Supervision and Services: The Role of Collaboration in the Opportunity to Succeed Program. Washington, DC: The Urban Institute; 1998.
13. Gaes GG, Flanagan TJ, Motiuk LL, Stewart L. Adult Correctional Treatment. In: Tonry MH, Petersilia J, eds. *Prisons*. Chicago: University of Chicago Press; 1999.
14. Cullen FT, Gendreau P. Assessing Correctional Rehabilitation: Policy, Practice, and Prospects. *Criminal Justice 2000: Policies, Processes, and Decisions of the Criminal Justice System: 3*. Washington, DC: Department of Justice; 2000.

15. Second Chance Act of 2007. Community Safety through Recidivism Prevention. 42 U.S.C. §17501; 2008.
16. Willison JB, Walters JH, Cramer L, et al. Fy 2011 Second Chance Act Adult Offender Reentry Demonstration Projects Evaluability Assessment, Executive Summary. Rockville, MD: National Criminal Justice Reference Service, Office of Justice Programs; 2013. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/243978.pdf>.
17. Rossman S, Willison JB, Lindquist CH, Walters JH, Lattimore PK. Second Chance Act Adult Offender Reentry Demonstration Program. Evidence-Based Practices: Screening & Assessment. Rockville, MD: National Criminal Justice Reference Service, Office of Justice Programs; 2016. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/250469.pdf>.
18. Rossman S, Willison JB, Lindquist CH, Walters JH, Lattimore PK. Second Chance Act Adult Offender Reentry Demonstration Program. Evidence-Based Practices: Case Management. Rockville, MD: National Criminal Justice Reference Service, Office of Justice Programs; 2016. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/250470.pdf>.
19. Crime and Justice Institute at Community Resources for Justice. Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd Edition. Washington, DC: National Institute of Corrections; 2009.
20. Carey M. Coaching Packet: Effective Case Management. Silver Spring, MD: Center for Effective Public Policy; 2010:7–8. Available at <http://cepp.com/wp-content/uploads/2015/12/Effective-Case-Management.pdf>.
21. Gendreau P, French SA, Gionet A. What Works (What Doesn't Work): The Principles of Effective Correctional Treatment. Journal of Community Corrections. 2004; 7:4–10.
22. Matthews BD, Hubbard J, Latessa E. Making the Next Step: Using Evaluability Assessment to Improve Correctional Programming. . The Prison Journal. 2001; 1(4):454–471. DOI: 410.1177/0032885501081004003.
23. Carte M, Sankovitz RJ. Dosage Probation: Rethinking the Structure of Probation Sentences. Silver Spring, MD: Center for Effective Public Policy; 2014.
24. Latessa E. Cutting Recidivism: What Works, What Doesn't. Available at <http://www.the-slammer.org/category/guestcommentaries>. Accessed July 2014.
25. Chadwick N, DeWolf A, Serin R. Effectively Training Community Supervision Officers: A Meta-Analytic Review of the Impact on Offender Outcome. Criminal Justice and Behavior. 2015; 42(10):977–989.
26. Schweitzer Smith M, Knopp MA. Being and Agent of Change in Community Supervision: Who, What, When and How? Cincinnati, OH: Corrections Institute at the University of Cincinnati; 2014.

27. Latessa E. Effective Practices in Community Supervision. Available at [http://www.pbpp.pa.gov/research_statistics/Documents/Effective%20Practices%20in%20Community%20Supervision%20\(EPICS\).pdf](http://www.pbpp.pa.gov/research_statistics/Documents/Effective%20Practices%20in%20Community%20Supervision%20(EPICS).pdf). Accessed July 2016.
28. Latessa E, Smith P, Schweitzer M, Labrecque RM. Evaluation of the Effective Practices in Community Supervision Model (Epics) in Ohio: Draft Report. Corrections Institute at the University of Cincinnati; 2013. Available at <http://www.uc.edu/ccjr/reports.html>.
29. Trotter C. Reducing Recidivism through Probation Supervision: What We Know and Don't Know from Our Decades of Research. Federal Probation. 2013, September:43–49.
30. Bonta J, Rugge T, Scott T, Bourgon G, Yessine AK. Exploring the Black Box of Community Supervision. Journal of Offender Rehabilitation. 2008; 47(3):248–270.
31. Milkman H, Wanberg K. Cognitive Behavioral Treatment: A Review and Discussion for Corrections Professionals. Washington, DC: The National Institute of Corrections; 2007.
32. Wilson TG. Manual Based Treatment: Evolution and Evaluation. Available at <http://sites.udel.edu/delawareproject/files/2011/10/Wilson.pdf>.
33. Taxman FS, Belenko S. Implementing Evidence-Based Practices in Community Corrections and Addiction Treatment. Springer Series on Evidence-Based Crime Policy; 2011. Available at https://books.google.com/books?id=JRf7TxYef70C&dq=NIC+cbt+manualized+curricular&source=gbs_navlinks_s.
34. Walters ST, Clark MD, Gingerich R, Meltzer ML. Motivating Offenders to Change: A Guide for Probation and Parole. Washington, DC: The National Institute of Corrections; 2007.
35. Substance Abuse and Mental Health Services Administration. Enhancing Motivation for Change in Substance Abuse Treatment., Treatment Improvement Protocol (TIP) Series, No. 35. ,(Report No.: SMA 99-3354, p.11). Rockville, (MD): Substance Abuse and Mental Health Services Administration (US), Center for Substance Abuse Treatment.; 1999.
36. Moyers TB, Martin T, Manuel JK, Miller WR. The Motivational Interviewing Treatment Integrity (Miti) Code: Version 2.0: University of New Mexico, Center on Alcoholism, Substance Abuse, and Addictions; n.d. Available at <http://casaa.unm.edu/download/miti.pdf>.
37. Carey M. Shaping Offender Behavior. p. 13. Silver Spring, MD: Center for Effective Public Policy; 2010.
38. Domurad F, Carey M. Implementing Evidence-Based Practices Revised. Silver Spring, MD: Center for Effective Public Policy; 2010.
39. Pearson FS, Lipton DS, Cleland CM, Yee DS. The Effects of Behavioral/Cognitive-Behavioral Programs on Recidivism. Crime and Delinquency. 2002; 48(3):476–496.

40. Wilson DB, Bouffard LA, MacKenzie DL. A Quantitative Review of Structured, Group-Oriented, Cognitive-Behavioral Programs for Offenders. *Journal of Criminal Justice and Behavior*. 2005; 32(2):172–204.
41. Lipsey MW, Landenberger NA, Wilson SJ. Effects of Cognitive-Behavioral Programs for Criminal Offenders. *Campbell Systematic Reviews*. 2007:6.
42. Giguere R. Building Offenders' Community Assets through Mentoring. p. 8. Silver Spring, MD: Center for Effective Public Policy; 2009.
43. Substance Abuse and Mental Health Services Administration. *Treatment of Adolescents with Substance Use Disorders*. Treatment Improvement Protocol (TIP) Series, No. 32. (Report No.: SMA 99-3283). Rockville, MD: Substance Abuse and Mental Health Services Administration (US), Center for Substance Abuse Treatment; 1999.

Appendix A: The AORDP Reentry Projects

Exhibit A1 summarizes the target population and core components of each AORDP reentry program, with bolding used to point out key features. Each program targets adults who are under state or local custody (and who are about to return to the community) for comprehensive reentry programming and services designed to promote successful reintegration and reduce recidivism. To meet the multiple challenges facing formerly incarcerated individuals upon their return to the community, the seven AORDP programs provide an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees' SCA projects.

Exhibit A1. Summary of Grantees' Program Models

| Grantee | Target Population | Basic Program Components |
|--|---|--|
| California: Solano County | Medium- or high-risk women currently or recently incarcerated in the Solano County jail | Intensive pre- and post-release case management, gender-specific cognitive-based therapies, peer mentoring , transitional housing, employment assistance, parenting, and assistance with basic needs |
| Connecticut: Department of Correction (DOC) | Medium- or high-risk men and women incarcerated in four Connecticut DOC facilities and returning to the target area in and around New Haven | A "reentry workbook" program; referrals to the facilities' job centers; prerelease reentry planning with community case managers; furlough component for males; dual supervision with parole officer, case manager, and community advocate; and 120 days postrelease services |
| Florida: Palm Beach County | Moderate- to high-risk incarcerated men and women who are returning to Palm Beach County from one Florida DOC correctional facility | Prerelease services at the reentry center provided by counselors, followed by postrelease continued support and services provided by community case managers. Services include education; employment assistance; transitional housing; parenting, life skills, cognitive behavioural change, victim impact; substance abuse and mental health; family reunification; and assistance with basic needs. |
| Massachusetts: Boston | Men incarcerated at the Suffolk County House of Correction, aged 18–30 with histories of violent or firearm offenses and gang associations, who will return to one of Boston's high-crime hotspot areas | Panel meeting to introduce the program and invite eligible individuals; case management support and advocacy (throughout incarceration, transition to the community, and after release); a 2-week job skills course (before release); assistance with employment, education, basic needs, and health care; and referrals to community services |
| Minnesota: Department of Corrections | Male release violators who are returning to the Minneapolis-St. Paul metro area and have at least 150 days of supervised release in the community | Individualized transition planning and prerelease case management from a reentry coordinator , handoff from pre- to post-release case management through a reentry team meeting ; postrelease case mgmt. and services offered at a community hub |

(continued)

Exhibit A1. Summary of Grantees' Program Models (continued)

| Grantee | Target Population | Basic Program Components |
|--|--|---|
| New Jersey: Hudson County | Men and women incarcerated in the Hudson County House of Corrections, who have been diagnosed with mental health, substance use, or co-occurring disorders | 90-day, in-jail substance abuse treatment in a gender-specific therapeutic community with focus on cognitive behavioural programming ; prerelease case management and transition planning; postrelease case management, linkage to public benefits, and services delivered by intensive outpatient and day treatment and supported housing providers |
| Pennsylvania: Beaver County | Men and women sentenced to the Beaver County Jail, who have medium or high need for mental health or co-occurring services | Cognitive-based treatment groups, highly structured vocational and educational services, transition planning, and case management and reentry sponsorship (mentoring) that begins in jail and continues in the community |

As evident from the exhibit, the sites vary substantially in the populations they target and the service delivery approaches they adopt. Three sites (Connecticut, Florida, and Minnesota) target individuals returning from state DOCs. The rest address local jail transition (Beaver County, PA; Boston, MA; Hudson County, NJ; and Solano County, CA). Some sites focus on women (Solano County, CA), individuals reincarcerated for supervision violations (Minnesota), and those with substance abuse or mental health disorders or both (Beaver County, PA, and Hudson County, NJ). Two sites (Connecticut and Florida) move returning individuals to facilities closer to their home communities, thereby increasing access to community-based resources before release. Some programs frontload case management services, whereas others emphasize community and family supports. The composition and structure of the AORDPs vary by jurisdiction, with agencies outside the criminal justice system leading three of the projects (Beaver County, PA; Palm Beach County, FL; and Solano County, CA).

Appendix B: Principles for Effective Intervention

In 2001, Matthews, Hubbard, and LaTessa, summarizing the extant literature, identified the following 11 principles of effective intervention, which are reflected in the widely referenced “risk-needs-responsivity” principle²²:

1. Effective interventions are behavioral in nature.
2. Level of service should be matched to the risk level of the individual.
3. Individuals should be referred to services designed to address their specific, assessed criminogenic needs (e.g., antisocial attitudes, substance abuse, and family communication).
4. Treatment approaches should be matched to the learning style or personality of the clients.
5. High-risk individuals receive intensive services, occupying 40% to 70% of the individuals’ time for 3 to 9 months.
6. Effective interventions are highly structured, and contingencies are enforced in a firm, but fair manner.
7. Staff relate to clients in interpersonally sensitive and constructive ways and are trained and supervised appropriately.
8. Staff members monitor client change on intermediate targets of treatment.
9. Relapse prevention and aftercare services are used in the community to monitor and anticipate problem situations and train clients to rehearse alternative behaviors.
10. Family members or significant others are trained how to assist clients during problem situations.
11. High levels of advocacy and brokerage occur if community services are appropriate.

Appendix C: Second Chance Act Logic Model