



What Works to Reduce Recidivism?

White Paper: An Examination of Research- and Evidence- Based Principles, Practices, and Programs

Table of Contents

Part I: What Works—Research- and Evidence-Based Recidivism Reduction	2
Research-Based Principles to Reduce Recidivism.....	2
Research-Based Intervention Practices to Reduce Recidivism.....	5
Summary—Putting it all Together.....	7
Part II: GEO Reentry Services Research- and Evidence-Based Principles, Practices, and Programs	8
Community Corrections—Residential Reentry Program Services.....	8
Community Corrections—Non-Residential Reentry Program Services	9
In-Custody Treatment Program Services	10
Research- and Evidence-Based Initiatives.....	10
Use of Research Validated Assessments	11
Use of Research- and Evidence-Based Curricula	12
Use of Research- and Evidence-Based Program Service Evaluation Tools	16
Part III: GEO Reentry Research- and Evidence-Based Practices in Action.....	18
Part IV: What Works and What Does Not? Benefit-Cost Findings.....	22
Part V: Attachments List	23
Attachment 1, Attachment 2, and Attachment 3—Levels of Service Inventory-Revised (LSI-R); Correctional Offender Management Profiling for Alternative Sanctions (COMPAS); and Static Risk and Offender Needs Guide (STRONG).....	23
Attachment 4—Appendix A Profiles of Assessments: The Wisconsin Risk/Needs Scales Correctional Assessment Inventory System (CAIS)	23
Attachment 5—Moral Reconciliation Therapy, National Registry of Evidence-based Programs and Practices, Substance Abuse and Mental Health Services Administration	23
Attachment 7—Cognitive Behavioral Treatment, Integration Part 2 Strategies and Methods, Substance Abuse and Mental Health Services Administration	23
Attachment 8—Living in Balance, National Registry of Evidence-based Programs and Practices, Substance Abuse and Mental Health Services Administration	23
Attachment 9—Evaluating Correctional Programs, The Evidence-Based Correctional Checklist (CPC).....	23
Attachment 10—What Works and What Does Not? Benefit-Cost Findings from Washington Institute for Public Policy	23

Part I: What Works—Research- and Evidence-Based Recidivism Reduction

What Works is a term commonly used in the corrections arena to refer to the body of research that seeks to answer the question: What works, if anything, to lower the recidivism rates? **What Works** grew out of the seeds of a premise created in 1974 by a Robert Martinson essay¹ that concluded “nothing works” to rehabilitate the justice-involved. In the years since this premise was initially put forward and in an effort to validate or disprove Martinson’s premise, researchers have conducted numerous evaluations and meta-analyses of correctional programs that have shown some programs have no effect, or even negative effects on recidivism, while other programs achieve significant reductions in recidivism. By studying the variations in success, there is now a growing consensus of the core principles, practices, and programs that result in the greatest reductions in recidivism.

“[A] large body of rigorous research conducted over the last 30 years has proven that well-implemented rehabilitation and treatment programs carefully targeted with the assistance of validated risk/needs-assessment tools at the right offenders can reduce recidivism by 10% to 20%.

The research about “what works” is the product of diligent scientific investigation and analysis by researchers in the fields of criminology, psychology, mental health, substance abuse, criminal justice, and corrections. The research is particularly noteworthy because it has also proven that punishment, incarceration, and other sanctions do not reduce recidivism and, in fact, increase offender recidivism slightly. The principal significance of this body of research is threefold: first, we now know that treatment and rehabilitation can “work” to reduce recidivism; second, for appropriate offenders alternatives to imprisonment can be both less expensive and more effective in reducing crime; and third, even where alternatives to incarceration do not decrease recidivism, they often do not increase it either, thereby providing a cost-effective alternative to imprisonment without compromising public safety.

The concept of “evidence-based practice” in corrections emerged to describe those corrections practices that have been proven by the most rigorous “what works” research to significantly reduce offender recidivism. Recently, researchers and corrections practitioners have distilled from the research on evidence-based programs and practice several basic principles of Evidence-Based Practice (EPB) to reduce recidivism. The principles identify the key components or characteristics of evidence-based programs and practice that are associated with recidivism reduction.”²

Research-Based Principles to Reduce Recidivism

“The current research on rehabilitation and behavioral change is now sufficient to enable corrections to make meaningful inferences regarding what works in our field to reduce recidivism and improve public safety. Based upon previous compilations of research findings and recommendations (Burrell, 2000; Carey, 2002; Currie, 1998; Corbett et al, 1999; Elliott et al, 2001; McGuire, 2002; Latessa et al, 2002; Sherman et al, 1998; Taxman & Byrne, 2001), there now exists a coherent framework of guiding principles. These principles are interdependent and each is supported by existing research.”³

¹ Martinson, R. (1974). “Viewpoint.” *Criminal Justice Newsletter* 5 (November 18): 4-5.

² Crime and Justice Institute and Roger Warren (2007). *Evidence-Based Practice to Reduce Recidivism: Implications for State Judiciaries*. Washington, DC: National Institute of Corrections.

³ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) “Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention.” U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

Under a cooperative award from the U.S. Department of Justice, the National Institute of Corrections' Community Corrections Division and the Crime and Justice Institute issued a report that distills the What Works research into a framework of eight, interdependent, evidence-based principles. These principles help agencies evaluate the effectiveness of their correctional interventions in improving case outcomes and public safety:

1. **Risk/Needs:** Assess an offender's actuarial risk with a research-validated assessment tool.
2. **Enhance Intrinsic Motivation:** Motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.
3. **Target Intervention:**
 - a. **Risk Principle:** Prioritize resources for higher-risk offenders
 - b. **Need Principle:** Target interventions to criminogenic needs
 - c. **Responsivity Principle:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs
 - d. **Dosage:** Match level of treatment to level of need
 - e. **Treatment Principle:** Integrate treatment into full sentence/sanctions requirements
4. **Skill Train with Directed Practice:** Provide evidence-based programming that emphasizes cognitive-behavior strategies and is delivered by well-trained staff.
5. **Increase Positive Reinforcement:** Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.
6. **Engage Ongoing Support in Natural Communities:** Promote pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
7. **Measure Relevant Practices:** An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice.
8. **Provide Measurement Feedback:** Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.

Risk/Need: Assess Actuarial Risk

The effective treatment and supervision of participants requires a reliable and valid assessment of their criminogenic risks and needs administered by formally trained staff. Being able to identify individuals with a high probability of relapse is a crucial step in allocating resources, reducing recidivism, and improving public safety.

Enhance Intrinsic Motivation

Researchers investigating the factors that lead participants to respond to intervention discovered that the most effective approach was to encourage individuals to take responsibility for change. As a result, they recommend using an evidence-based approach called motivational interviewing,⁴ which was originally developed as a strategy for working with substance users. Motivational interviewing is not just a way of interviewing people; it is a communication style that avoids confrontation and arguing. It uses open-ended questions, affirmations, and reflective listening to encourage participants to discover goals and explore solutions.

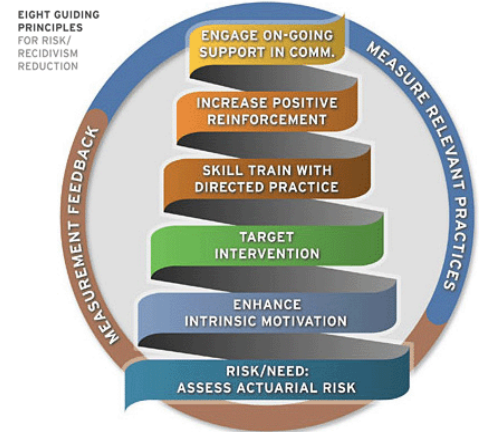


Figure 1. Eight Guiding Principles Based on Social Learning Theory

⁴ Miller, William R. and Stephen Rollnick (1991). "Motivational Interviewing." Guilford Press.

Target Intervention

Risk Principle: The risk principle follows from the finding that effective programs target high-risk individuals. It requires that the intensity of services and supervision be matched to the level of risk. Less hardened or lower risk individuals do not necessarily require intervention and actually may be made more likely to regress by intrusive interventions. Reserving correctional resources for the high-risk participant increases public safety, can significantly reduce recidivism, and makes the most efficient use of those resources.

The Need Principle: Most participants have many needs, but only certain needs are directly linked to crime. Criminogenic needs are issues that, when successfully addressed, influence the probability of recidivism. Effective treatment should be targeted toward these criminogenic needs. Any treatment not targeting criminogenic needs is counterproductive to efficiency and effectiveness.

The Responsivity Principle: The Responsivity Principle refers to the delivery of treatment programs in a manner that is consistent with the ability and learning style of an individual. Treatment effectiveness (as measured by recidivism) is influenced by the interaction between individual characteristics (relative empathy, cognitive ability, maturity, gender, race, motivation, etc.) and service characteristics (location, structure, skill and interest of providers, counselor characteristics, etc.).

Dosage: It is important to apply the correct “intensity” of supervision and treatment to identified criminogenic needs. High criminogenic needs require high levels of treatment; moderate criminogenic needs require moderate levels of treatment. Research has demonstrated that over-treating, or providing too much service, can actually increase an individual’s risk of regression.

Treatment Principle: There are two main ways of managing the risk of regression: risk control and risk reduction. Risk controls (e.g., confinement, drug testing, electronic monitoring, etc.) are immediate methods used to increase public safety. Risk reduction is the process that lowers the probability that an individual will recidivate when released to the community. To reduce recidivism, programs must not only identify higher-risk individuals and their criminogenic needs, but they must include treatment focused on addressing their needs. There is no empirical evidence that supervision or confinement alone reduce recidivism. Effectively applied social learning models, such as cognitive-behavioral treatment, reduce recidivism.

Skill Train with Directed Practice

The most effective programs are cognitive behavioral in nature, and center on the present circumstances and dynamic risk factors that are responsible for the individual’s behavior. In addition, they are action-oriented so that participants do something about their difficulties rather than just talk about them. Most importantly, they teach new, prosocial skills to replace antisocial behaviors, through modeling, practice, and reinforcement. Cognitive behavioral interventions are structured; emphasize modeling and role-playing, challenge cognitive distortions, and assist in developing good problem solving and self-control skills.

Increase Positive Reinforcement

Research indicates that a ratio of four instances of positive reinforcement for every one instance of negative reinforcement is optimal for promoting lasting behavior change. This does not mean that swift and real responses to negative and unacceptable behavior should not happen; participants with self-control problems usually respond well to reasonable and consistent structure and boundaries. People generally comply in the direction of more rewards and less punishment, and this extrinsic motivation can be helpful for beginning the process of behavior change.

Engage Ongoing Support in Natural Communities

By actively working to improve bonds and ties to prosocial community members, programs provide an environment that supports and positively reinforces desired new behaviors. Community members can include family members, spouses, supportive others, religious groups, 12-step programs, and other community organizations. These bonds and ties also continue to support offenders as they complete their supervision and treatment requirements and reintegrate more and more into the community.

Measure Relevant Practices

Accurate, detailed documentation and formal, validated outcomes measurement are foundational to evidence-based practices. Programs must have an established, periodic method of assessing whether program fidelity has been maintained. For example, performance reviews and case audits can help determine whether the program is performing as designed. Programs should also measure incremental changes in participant risk during their time under supervision.

Provide Measurement Feedback

Once program managers have outcome measurements, this information must be used to determine whether, in fact, the program is reducing the risk of recidivism. By analyzing outcome measurements, managers can strengthen effective program elements and change ineffective elements. It is also important to provide feedback to participants and staff. Providing feedback about progress builds accountability, enhances motivation, and improves outcomes. Providing feedback to staff keeps them focused on the ultimate goal of reducing recidivism.

Research-Based Intervention Practices to Reduce Recidivism

When examining **What Works** relative to effective intervention programs, we look to the fundamental lessons learned by researchers about effective treatment programs: intervention programs must be targeted to address the particular needs of a certain group of individuals in certain ways.⁵ This essential lesson, in part, accounts for the variations noted in studies regarding intervention program success. Therefore, rather than focus on a specific program or intervention, **What Works** has concluded that intervention programs most effective and achieving the greatest reductions in recidivism have common characteristics, which include:

- Focus on high-risk individuals
- Target the factors that contribute to criminal behavior
- Use cognitive behavioral treatments

Focus on High-Risk Offenders

With proper assessment, research has demonstrated that it is possible to predict the likelihood of recidivism with as much as 80% accuracy.⁶ The most reliable method for determining risk level is to use actuarial-based assessment instruments, such as the Level of Supervision Inventory - Revised (LSI-R). The LSI-R score indicates how much risk an individual is at for recidivism and allows programs to target higher-risk offenders. The table on the next page illustrates how LSI-R scores correlate with the risk of recidivism.

⁵ *Crime and Justice Institute and Roger Warren (2007). Evidence-Based Practice to Reduce Recidivism: Implications for State Judiciaries. Washington, DC: National Institute of Corrections.*

⁶ *Andrews, D.A. and J. Bonta (2006). "The Psychology of Criminal Conduct, Fourth Edition." Anderson Publishing.*

Research indicates that supervision and treatment of lower-risk offenders produces little or no change in recidivism rates, while focusing on higher-risk offenders can yield remarkable reductions in recidivism. Shifting available resources to the offenders with the greatest need for intervention results in a much greater return on investment in terms of increased public safety and a reduced burden on criminal justice agencies.

Target Factors that Contribute to Criminal Behavior

The factors that are most strongly correlated to criminal behavior, and are the best predictors of recidivism, are called *criminogenic risks factors*.

Criminogenic needs are dynamic risk factors—conditions research has demonstrated to be correlated to delinquent/criminal behavior. Some risk factors are “static” (unchangeable, such as age at first arrest) while others are “dynamic” (changeable, such as attitudes and use of drugs/alcohol). Research around criminogenic needs has identified eight factors most strongly correlated to future criminal/delinquent behavior:

1. Antisocial cognition (thoughts and beliefs)
2. Antisocial personality (temperament)
3. Antisocial associates
4. Family/marital (conflict, stressors, displays of antisocial values)
5. Substance abuse
6. Employment (lack of employment stability/achievement)
7. Education (lack of educational achievement)
8. Leisure (lack of prosocial leisure activities)

Furthermore, studies demonstrate that when moderate and high-risk offenders’ individual dynamic risk factors are identified and appropriately addressed, the likelihood of future illegal behavior is decreased. Not all criminogenic needs have equal influence in the recidivism equation (Andrews, 2007; Andrews, Bonta, & Wormith, 2006). Of the eight listed above, the three that have the most significant impact on future recidivism are antisocial cognition, antisocial personality, and antisocial associates; these should be considered the primary intervention targets for moderate and high-risk offenders. Because family factors can also be considered a major influence, especially for juvenile offenders, together these are considered the four most influential factors. The next four needs (substance abuse, employment, education, and leisure) are also important, but should generally be considered the secondary targets for intervention.

Higher-risk individuals typically do not have just one risk factor and, in fact, many of these risk factors influence one another, or “cluster.” For example, substance-use behavior typically puts an individual in contact with other substance users, many of whom may have antisocial attitudes and behaviors (e.g., dealing drugs). Similarly, an individual who has temperament issues such as anger, poor self-regulation, and impulse control (antisocial personality) will often also have family/marital conflict. It stands to reason, therefore, that the greater the number of needs addressed, the more likely it is that risk levels will decline. This point has been demonstrated well through research.

Use of Cognitive Behavioral Treatment

Given that the strongest predictors for criminal behavior include dynamic factors like antisocial attitudes, antisocial peers, and antisocial personality traits, then the most effective intervention for medium- to high-risk individuals includes a cognitive behavioral approach, which addresses thinking processes, beliefs, values, and life skills. Meta-

analyses of programs designed for those convicted of a crime have shown cognitive behavioral programs to be very effective in reducing recidivism rates.⁷⁸

Cognitive behavioral treatment emphasizes the important role of thinking in how we feel and what we do. If thoughts cause feelings and behaviors, then it is possible to change the way we behave by changing the way we think. In corrections, cognitive behavioral treatments can help participants identify and change the antisocial beliefs, thoughts, and values that contribute to their criminal behavior.

Cognitive behavioral strategies combine two very effective kinds of psychotherapy—cognitive therapy and behavioral therapy. Cognitive therapy encourages people to recognize and change faulty or maladaptive thinking patterns. For example, someone having trouble with a math problem may be thinking, “I’m stupid, I can’t do math.” Replacing negative thoughts such as these with thoughts that are more realistic such as “This is hard, I’ll ask for help,” has been found to help people succeed when before they experienced repeated failure. Behavioral therapy focuses on the effect of specific actions and environments on behavior. For instance, people who want to stop smoking may need to change their daily habits. Instead of having their daily coffee upon waking—which may trigger the urge to have a cigarette—they are encouraged to take a morning walk without their cigarettes.

Summary—Putting it all Together

The fundamental conclusion of **What Works** is that some corrections programs work and some do not. Programs that focus on principles and practices of evidence-based programming have a demonstrated ability to achieve reduced rates of recidivism. In order to maximize scarce resources and produce the largest impact on the reduction in recidivism, agencies need to focus on working with providers and programs that use effective, evidence-based principles, practices, and programs. It is in this way that agencies can significantly improve public safety, increase the return on taxpayer investment, and reclaim offenders as valuable, law-abiding citizens who enrich communities.

⁷ Lipsey, Mark W., Gabrielle L. Chapman, and Nana A. Landenberger (2001). “Research Findings From Prevention and Intervention Studies: Cognitive-Behavioral Programs for Offenders.” *The American Academy of Political and Social Science*.

⁸ Little, Gregory L. (2005). “Meta-Analysis of Moral Reconciliation Therapy(r): Recidivism Results From Probation and Parole Implementations.” *Cognitive-Behavioral Treatment Review* 14:14-16.

Part II: GEO Reentry Services Research- and Evidence-Based Principles, Practices, and Programs

GEO Reentry Services delivers comprehensive approaches to manage, rehabilitate, and treat adults and youth in community corrections and immigration proceedings. Aligned with **What Works** research, GEO Reentry programs are designed to address individual criminogenic risk and needs with appropriate programs and dosage. As the industry leader in reentry services, our company stays on the cusp of innovation by talking with leading researchers about their latest findings, and by listening to customers about how our program delivery could be even better. In other words, we are not only concerned with **What Works**, but also with “How It Works.”

For many decades, GEO Reentry has invested in the evidence-based principles, practices, and programs aligned with the large body of **What Works** research. Through our community corrections and in-custody work, GEO Reentry offers program services rooted in evidence-based practices and eight guiding principles of effective intervention (see Figure 1). Our company is committed to being the leader in evidence-based correctional programs that achieve positive outcomes for public agencies. Our commitment to our partners includes:

- Continually staying abreast of the latest in behavior change programs
- Researching and applying the latest in technology to drive accountability
- Helping agencies to understand and use data to maximize outcomes
- Delivering turnkey programs that can be rapidly implemented, saving cost and time getting professional programs in place
- Sharing best practices from around the nation—and world—to help agencies reduce recidivism and enhance public safety
- Maintaining rigorous training programs for staff

At the core of our treatment and training is Cognitive Behavioral Treatment, intended to change criminal attitudes, social skills, and interpersonal problem solving. All program services are delivered using evidence-based principles, practices, and programs, including but not limited to:

- Validated risk/needs assessment tools for individual treatment plans
- Motivational interviewing
- Substance use education and treatment
- Adult basic education
- GED preparation
- Life skills building
- Cognitive restructuring therapy
- Parenting and family reintegration group
- Anger management
- Work readiness/vocational skills
- Aftercare

Community Corrections—Residential Reentry Program Services

The goal of GEO Reentry’s residential programs is to return responsible, productive men and women to their families and communities through a structured approach that minimizes recidivism and maximizes offenders’ chances of successful reentry. Our residential programs offer the following services using programs, practices, and principles aligned with **What Works**:

- Risk/Needs Assessment using objective assessment tools to maximize resident potential while in the program
- Individual Meetings with Case Managers for Cognitive Behavioral Treatment and Community Reentry Planning
- Transitional Skills, including anger/stress management, budgeting, health, and nutrition, securing housing, and cultural awareness

- Employment Assistance Activities, including resume writing, job search strategies, job application assistance, and interview techniques
- Educational Assessment and Placement, including case management staff assisting residents with school enrollment procedures at various vocational, and trade programs
- Evidence-Based Practices, including implementation of positive reinforcement while supporting resident self-efficacy
- Community Relations Advisory Board Meetings, which involves ongoing collaboration with local stakeholders, such as law enforcement, nonprofit or social service agencies, to collaborate on effective ways to reintegrate residents into the community

Community Corrections—Non-Residential Reentry Program Services

GEO Reentry supports parole, probation, and pretrial service agencies to deliver treatment and training programs to offenders transitioning to or currently living in the community using programs, practices, and principles aligned with **What Works**. These programs and services provide a lower cost alternative to detention, hold individuals accountable, and promote successful community reintegration with evidence-based practices.

GEO Reentry offers different “day reporting” program options to match population risk and needs, and agency budget parameters. Commonly referred to as day reporting centers, these programs are easily scaled to address an agency need and support correctional agencies through supervision, cognitive behavioral treatment, and training. Centers deliver evidence-based practices proven to reduce recidivism. With implementation taking as few as 60 days, non-residential reentry programs can address an agency’s challenges quickly.

Kern County Day Reporting Center (2010-2012)

Established in 2010, the Kern County Day Reporting Center currently serves approximately 200-250 high- and medium-risk individuals each day. The DRC is focused on reducing recidivism by providing substance use and cognitive behavioral interventions, employment training, and educational services. In 2013, the Kern County Probation Department carried out an evaluation study to assess the impact of the Center on recidivism. That study compared participants who completed all phases of the program to two different groups. Successful completers were compared first to participants who remained in the program for at least 90 days, and then to a group of probationers who did not receive treatment. The probationers who did not receive treatment were selected based on their similarities to the Day Reporting Center participants on demographic information, risk level, and supervision start date. The 2013 evaluation study showed that Day Reporting Center graduates and participants had lower recidivism compared to probationers who did not receive services. Findings of the research showed that:

- Seven out of 10 DRC participants who successfully exited the program did not recidivate.
- Participation in the program reduced recidivism: participants had lower recidivism rates (47%) compared to non- participant group (51%).
- Graduates had fewer recidivistic activities (0.43 cases) compared to participants (0.79) and non-participants (1.07)

In-Custody Treatment Program Services

In-custody treatment programs start the reentry process at a crucial time to help individuals be better prepared for their transition to the community. Starting treatment before release facilitates consistency in treatment and promotes effectiveness in reducing recidivism. By assessing inmate risk and needs and initiating programming while in-prison, the transition to a community-based program is seamless and behavior change is expedited. GEO Reentry offers two in-custody programs aligned with **What Works**:

In-Prison Treatment Programs

GEO Reentry currently operates in-prison treatment services throughout the U.S. We work closely with agencies to provide reliable solutions that meet the rehabilitative needs of specific inmate populations. Services include a suite of validated assessments, comprehensive case management, structured Individual Cognitive Behavioral Treatment (ICBT) sessions, and transition planning.

Jail Reentry Programs

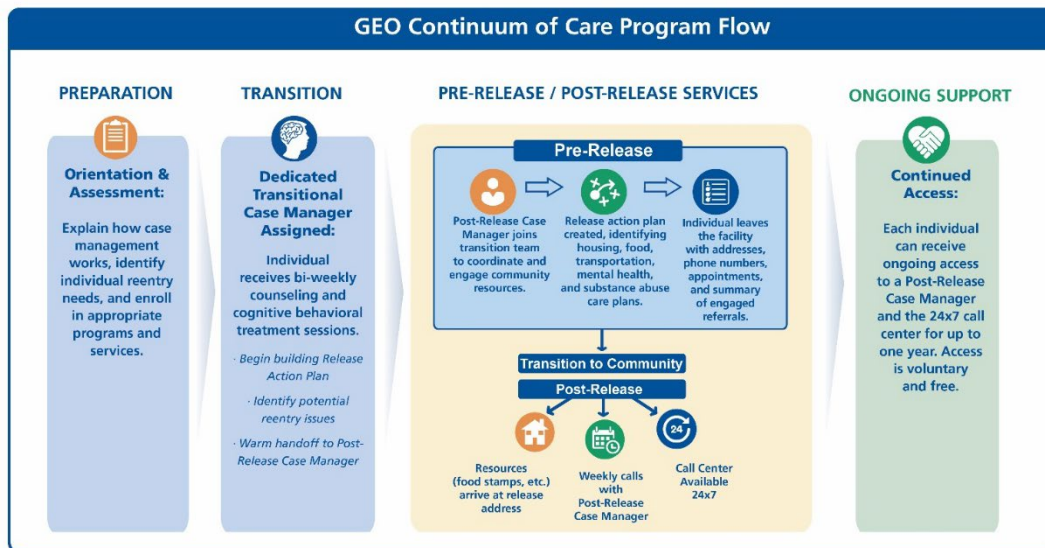
GEO Reentry provides evidence-based jail reentry programs that can include program components provided within the jail. Individual services are also offered to accommodate needed security measures. Flexible solutions to adopt within the jail environment include group treatment and individual services such as assessment, treatment planning, one-on-one treatment sessions, and self-directed journaling.

Research- and Evidence-Based Initiatives

GEO Reentry is helping to shape the direction of correctional best practices by serving as an important link between criminal justice best practices and real world experience. Demonstration of this is found in a few examples of GEO Reentry's **What Works** initiatives and use of evidence-based interventions outlined on the following pages.

GEO Continuum of Care®

The GEO Continuum of Care® provides complementary full-service solutions for government agencies. The Continuum of Care initiative streamlines the delivery of services to create a seamless transition from incarceration to the community and is led by a team of experts driving evidence-based interventions at all stages of the correctional system.



Use of Research Validated Assessments

The process by which individuals proceed through a GEO-operated program begins with assessing the risk and needs of the individual. GEO Reentry employs a variety of assessment tools, including Level of Service Inventory-Revised (LSI-R), Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), Static Risk and Offender Needs Guide (STRONG), and Correctional Assessment and Intervention System™ (CAIS). There is also a component of self-evaluation involved for offenders.

	Residential and Non-Residential Program Services	In-Prison and In-Custody Program Services
Level of Service Inventory-Revised (LSI-R)	✓	✓
Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	✓	✓
Static Risk and Offender Needs Guide (STRONG)	✓	✓
Correctional Assessment and Intervention System™ (CAIS)	✓	✓

Level of Service Inventory-Revised (LSI-R)

The Level of Service Inventory-Revised (LSI-R) is a validated risk/need assessment that identifies problem areas in an offender’s life and predicts his/her risk of recidivism. LSI-R is a 54-item instrument that assesses offenders across 10 domains known to be related to an offender’s likelihood of returning to prison. Addressing need areas through prison rehabilitative interventions can ultimately reduce an offender’s probability of re-incarceration. LSI-R’s are completed by trained assessors who conduct interviews with offenders and verify the information through external sources, when possible. **Please see Attachment 1 for detailed information on research and validity of the LSI-R Risk and Needs Assessment.**

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

The Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is an objective, research-based, risk and needs assessment tool for criminal justice practitioners to assist in the placement, supervision, and case management of offenders in community and secure settings. COMPAS is used to assist in determining: Risk—WHO to target; Needs—WHAT to treat; and Responsivity—HOW to go about it. **Please see Attachment 2 for detailed information on research and validity of the COMPAS Risk and Needs Assessment.**

Static Risk and Offender Needs Guide (STRONG)

The Static Risk and Offender Needs Guide (STRONG) is an evidence-based risk and needs assessment/supervision planning system for adult offenders. STRONG tools are being implemented to improve the classification of adult offenders in the community and make accurate decisions regarding which incarcerated offenders are awarded early release. The current STRONG tools are specifically designed to meet American Correctional Association (ACA) standards.⁹ **Please see Attachment 3 for detailed information on research and validity of the STRONG Risk and Needs Assessment.**

⁹ https://www.assessments.com/assessments_documentation/STRONG%20Fact%20Sheet.pdf.

Correctional Assessment and Intervention System (CAIS)

The Correctional Assessment and Intervention System (CAIS) is a supervision strategy model that integrates risk assessment and needs assessment. The CAIS interview targets an individual’s motivation for criminal behavior and helps caseworkers to manage the supervision relationship; it builds rapport and is one of the defining aspects of the assessment process. CAIS helps caseworkers identify issues they will face during supervision. Of note, seven separate evaluations of the CAIS supervision assessment (formerly known as Client Management Classification or CMC) by separate researchers in five states have found a significant reduction in recidivism.¹⁰ **Please see Attachment 4 for detailed information on research and validity of the CAIS Risk and Needs Assessment.**

Use of Research- and Evidence-Based Curricula

In addition to delivering program services aligned with **What Works**, GEO Reentry also carefully selects intervention programs, assessments, and evaluation tools that are research- and evidence-based.

	Residential and Non-Residential Program Services	In-Custody Program Services
Moral Reconciliation Therapy® (MRT)	✓	✓
Thinking for a Change (T4C)	✓	✓
Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)	✓	✓
Living in Balance (LIB)	✓	✓
Phoenix/New Freedom – Anger, Aggression, and Violence Program Model	✓	✓
Carey Guides	✓	✓
Cognitive Behavioral Interventions for Employment (CBI-EMP)	✓	✓

Moral Reconciliation Therapy® (MRT)

“Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of

¹⁰ <http://www.nccdglobal.org/assessment/correctional-assessment-and-intervention-system-cais>.

moral reasoning. Participants meet in groups once or twice weekly and can complete all steps of the MRT program in a minimum of three to six months.”¹¹

MRT is considered to be “evidence-based” because of the dozens of published outcome studies documenting that MRT-treated offenders show significantly lower recidivism, for periods as long as 10 years after treatment.¹² Research consistently shows that, in comparison to appropriate controls, MRT-treated offenders have re-arrest and re-incarceration rates that are 25% to 75% lower. MRT is SAMHSA (Center for Substance Abuse and Mental Health Services Administration) approved and is also included on the National Registry of Evidence-based Programs and Practices (NREPP). More than 50 studies are documenting the success of MRT, how it was tested and outcomes generated.¹³ **Please also see Attachment 5 for additional information on the research and efficacy of MRT.**

Thinking for a Change (T4C)

“The Thinking for a Change: An Integrated Approach to Changing Offender Behavior (T4C) curriculum, developed by Barry Glick, Jack Bush, and Juliana Taymans in cooperation with NIC, ‘uses a combination of approaches to increase participants’ awareness of themselves and others. It integrates cognitive restructuring, social skills, and problem-solving. The program begins by teaching individuals an introspective process for examining their ways of thinking and their feelings, beliefs, and attitudes. The process is reinforced throughout the program. Social-skills training is provided as an alternative to antisocial behaviors. The program culminates by integrating the skills participants have learned into steps for problem-solving. Problem-solving becomes the central approach individuals learn that enables them to work through difficult situations without engaging in criminal behavior’ (Milkman & Wanberg, 2007).”¹⁴ **Please also see Attachment 6 for additional information on the research and efficacy of T4C.**

An Intermediate Outcome Evaluation of the Thinking for a Change Program. Ohio Department of Rehabilitation and Correction, Bureau of Research and Evaluation. Bickle, Gayle (2013)

Evidence from recent studies suggests that the Thinking for a Change program positively impacts offender’s behavior (Gayle, 2013) and reduces recidivism (Lowenkamp et al., 2009; Golden et al., 2006). Findings from Gayle (2013) study indicate that offenders who complete the program performed significantly better compared to a similar comparison group on problem-solving skills and approaches. Golden et. al. (2006) finding also support this evidence and conclude that program completers improved significantly on interpersonal problem- solving skills after the program. Results from Lowenkamp et al. (2009) and Golden et al. (2006) studies showed that offenders attending Thinking for a Change Program had a significantly lower recidivism rates than a statistical similar group that did not receive the treatment.

Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)

The University of Cincinnati’s (UC) Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) was developed by UC’s Correction Institute for individuals who are moderate to high need for substance use treatment and the program is especially well-suited to criminal justice populations.

¹¹ Substance Abuse and Mental Health Services Administration, *National Registry of Evidence-based Programs and Practices*, <https://www.georeentry.com/wp-content/uploads/what-works-moral-reconation-therapy.pdf>

¹² Little, Gregory L. et al. (2010). “Twenty Year Recidivism Results for MRT-Treated Offenders.” *Cognitive Behavioral Treatment Review*, Volume 19, Number 1.

¹³ <https://www.georeentry.com/wp-content/uploads/what-works-moral-reconation-therapy.pdf>

¹⁴ U.S. Department of Justice, *National Institute of Corrections, Thinking for a Change and Cognitive-Behavioral Programs Annotated Bibliography*, November 2014.

CBI-SA is a comprehensive program that focuses on utilizing scientifically validated principles, methodology, and philosophy for helping address the substance use treatment needs of participants in community corrections programs. The principles used in the development of this program have consistently yielded the most favorable outcomes for this specific population, with their unique needs and characteristics. Informed by the National Institute of Correction's (NIC) treatment principle and the principles of effective intervention, the UC has designed one of the most empirically backed substance use treatment programs. GEO Reentry has experience delivering CBI-SA in Day Reporting Centers across the country. ***Please see Attachment 7 for information on the research and efficacy of CBI-SA.***

Living in Balance (LIB)

"Originally tested as part of a National Institute on Drug Abuse (NIDA)-funded project entitled Strategies To Enhance Cocaine Treatment and Outpatient Retention (SECTOR) from 1990 through 1993, Living in Balance has been implemented in every State, the U.S. Virgin Islands, Canada, and Slovenia and at U.S. military bases abroad. Key customers/implementers of the LIB program have been State and county departments of alcohol and other drug services and departments of corrections. Missouri, Nebraska, and Tennessee have adopted LIB as their treatment program of choice for alcohol and other drug use and have standardized its delivery in their representative agencies.

This program is considered to be "evidence-based" because of the significant reductions in participant drug and alcohol usage as demonstrated in the rigorous studies listed below. The program also contains many key elements of evidence-based principles such as extensive skills building, role-playing, and its attention to how participants spend leisure time."¹⁵ ***Please see Attachment 8 for information on the research and efficacy of LIB.***

Carey Guides

"Research demonstrates that traditional methods of supervision are ineffective in reducing recidivism among adults and juveniles. For behavior change and recidivism reduction to be possible, participants must understand the personal and environmental factors underlying their behavior and be taught the skills they need to make positive changes in the future. The Carey Guides are designed to equip corrections professionals with the information and tools they need to support these changes among their participants.

The Carey Guides includes 33 handbooks that help corrections professionals use EBP with their participants. The Guides are organized and presented in two binders: the blue binder includes 14 Blue Guides that specifically address criminogenic needs and the red binder includes 19 Red Guides that address common case management issues. Each Guide follows a consistent format. Background information provides the corrections professional with important research findings and contextual information to support the application of evidence-based approaches.

Each Guide also contains two to five Tools (worksheets). These Tools are designed for use by individuals—with the assistance of their corrections professional—to understand and address risk factors, triggers, and other conditions that are essential to their success. In total, the Guides contain 98 Tools that corrections professionals can use as they work with participants to address their skill deficits and make positive changes in their lives."¹⁶

Phoenix/New Freedom – Anger, Aggression, and Violence Program Model

The Phoenix/New Freedom Resources Anger, Aggression, and Violence Program Model is an evidence-based curriculum developed from cognitive behavioral change, social learning, risk/protective factors management, asset/strength building, and relapse prevention models. The curriculum uses the proven-effective strategies of skill-building for aggression replacement and role-playing. It has also been designed to actively support the Motivational

¹⁵ <https://www.georeentry.com/wp-content/uploads/what-works-living-in-balance.pdf>

¹⁶ <https://careygrouppublishing.com/CareyGuidesUsersGuide.pdf>

Interviewing approach in guiding participants through the stages of change. Reading levels range from grade four to six, depending on the subject matter. The curriculum is open cycle allowing new participants to be added at any time.

The curriculum's materials include:

- Lesson plans with behaviorally stated objectives
- Stage-based aggression-specific Motivational Interviewing toolkits
- Discussion starter/group opening activities
- Workbook-based resources
- Skills-based resources
- Competency checklists to evaluate participant progress

Phoenix/New Freedom resources are recognized as evidence-based by the Office of Juvenile Justice and Delinquency Prevention/National Gang Center/Bureau of Justice Assistance/US Department of Justice. Their curricula are provided to nearly 2000 programs and facilities in 49 states, including 50 Federal Bureau of Prisons' facilities, and statewide implementation in several states.

Phoenix/New Freedom Resources

Two South Carolina studies of the New Freedom resources measured in excess of a 50% drop in recidivism. The cumulative re-offense rate for those using the materials was 11.6%, as opposed to the control group recidivism rate of 67.6%.

In 2003-2004, a New Jersey program using the New Freedom program resources documented significant (>50%) impact on recidivism.

The Wisconsin Department of Corrections did research after 14 months of using New Freedom resources. They found they had realized a 99% drop in conduct reports, a 96% drop in Transitional Living Unit (TLU) placements, and a 97% drop in observation placements. They also found that fewer inmates were considering suicide, and that a positive change in attitudes occurs in the population using the program.

Cognitive Behavioral Interventions for Employment (CBI-EMP)

The University of Cincinnati's (UC) Cognitive Behavioral Interventions for Employment (CBI-EMP) was developed by UC's Correction Institute for individuals who are moderate- to high-need for employment and the program is especially well-suited to criminal justice populations.

CBI-EMP is a comprehensive program that focuses on utilizing scientifically validated principles, methodology, and philosophy for helping address the employment needs of participants in community corrections programs. The principles used in the development of this program have consistently yielded the most favorable outcomes for this specific population, with their unique needs and characteristics. Informed by the National Institute of Corrections' (NIC) treatment principle and the principles of effective intervention, the UC has designed one of the most empirically backed offender substance abuse treatment programs. GEO Reentry has experience delivering CBI-EMP in non-residential centers.

Use of Research- and Evidence-Based Program Service Evaluation Tools

As with the assessments and curricula, GEO Reentry uses in the delivery of our program services, we are committed to using research- and evidence-based evaluation tools to determine the extent to which our programs adhere to standards that indicate effectiveness. As standard practice, GEO Reentry uses the University of Cincinnati Correctional Program Checklist (CPC) to determine how closely our program services adhere to evidence-based standards and empirical standards of effective intervention.

Correctional Program Checklist

“The CPC is a tool designed to assess correctional programs¹⁷ and is used to ascertain how closely these interventions adhere to the principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile samples were used to develop and validate the indicators included on the CPC.¹⁸ These studies yielded strong correlations with outcome between individual items, domain scores, as well as overall scores (Holsinger, 1999; Lowenkamp & Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC is divided into two basic areas: (1) *Capacity* and (2) *Content*. The *Capacity* area is designed to measure whether or not a correctional program has the capability to deliver evidence-based interventions and services to justice-involved populations. There are three sub-components in this area: (1) *Leadership and Development*, (2) *Staff Characteristics*, and (3) *Quality Assurance*. On the other hand, the *Content* area focuses on the substantive domains of assessment and treatment.”¹⁹ **Please also see Attachment 9 for research on best practices to evaluate correctional programs and the efficacy of CPC.**

Table 3. Correctional Program Checklist Domains

Capacity	Program Leadership And Development <i>14 indicators</i>	<ul style="list-style-type: none"> Examines program director’s qualifications, experience, and current involvement with staff and program participants Evaluates consultation of literature, piloting of program, support from communities, and stability of the program
	Staff Characteristics <i>11 indicators</i>	<ul style="list-style-type: none"> Examines the staff’s qualifications, experience, training, supervision, and involvement Evaluates staff’s input and support of program treatment goals
	Quality Assurance <i>8 indicators</i>	<ul style="list-style-type: none"> Examines internal and external quality assurance; type of feedback, assessments, and evaluations used to monitor the program
Content	Assessment <i>13 indicators</i>	<ul style="list-style-type: none"> Examines appropriate offender /exclusion criteria, assessment on risk, need, and responsivity, and the manner in which characteristics are assessed
	Treatment <i>31 indicators</i>	<ul style="list-style-type: none"> Examines targeting criminogenic behavior, treatment, and procedures, use of reinforcers and punishers, matching offender to program and staff, use of relapse prevention, and aftercare quality

¹⁷The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews (1996); however, the CPC includes a number of items not contained in the CPAI. In addition, items were deleted that were not found to be positively correlated with recidivism.

¹⁸ These studies involved over 40,000 offenders (both adult and juvenile), and over 400 correctional programs, ranging from institutional to community-based. All of the studies are available on our website (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.

¹⁹ Draft Report, *Evidence-Based Correctional Program Checklist (CPC), Hancock County Adult Probation: Century Health, Findlay, Ohio, August 31, 2011.*

The information needed to complete the CPC is gathered by a University of Cincinnati trained evaluator via structured interviews with the program director, staff, and participants. Additional data sources are client files, observation of treatment groups, and a review of program manuals, staff assessments, and ethical guidelines.

The capacity and content areas are measured using 77 indicators. Each domain consists of a number of indicators as shown in Table 3. The number of indicators varies per domain and items that are not applicable are excluded from the score. The program rating provides 1) a capacity score that measures if the program has the capability to deliver evidence-based practices, 2) a content score that focuses on assessment and treatment, and 3) an overall score. Ratings and scores for each area of emphasis and all domains are shown in Table 4.

Table 4. Scoring Guides	
Very High Adherence	65% or higher
High Adherence	55% - 64%
Moderate Adherence	46% - 54%
Low Adherence	45% or lower

Part III: GEO Reentry Research- and Evidence-Based Practices in Action

As reviewed in *Part I: Research- and Evidence-Based Recidivism Reduction*, **What Works** research supports core principles and eight guiding practices that when used effectively in the delivery of intervention programs demonstrate effectiveness in reducing recidivism. In addition, to assist with the effective implementation of **What Works** research-based principles and practices, the U.S. Department of Justice National Institute for Corrections and Crime and Justice Institute’s “Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention” provides a series of questions aligned to the eight guiding practices that agencies and providers should ask to themselves and each other to ensure evidence-based practices are being used. These questions—which are asked and answered by GEO Reentry during the delivery and evaluation of our program services—and GEO Reentry’s actions aligned to the eight guiding practices are reviewed below.

1. **Assess Actuarial Risk/Needs:** Assess criminogenic risks and needs with a validated assessment tool.²⁰ A complete system of ongoing risk screening/triage and needs assessments collects the information at the individual and population levels. This principle builds the foundation to implement best practices in corrections, providing key information such as individual criminogenic needs.

What GEO Reentry is doing to align with Risk/Need: Assess Actuarial Risk

- GEO Reentry uses scientific, validated Risk/Needs assessment instruments such as Level of Service Inventory-Revised (LSI-R), Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), Static Risk and Offender Needs Guide (STRONG), and Correctional Assessment and Intervention System (CAIS)
- Specialty assessment tools are used for education, vocation, substance use, etc.
- Assessments instruments are automated to improve data input and reporting
- Through an Assessment Integrity Program, staff are reviewed annually for fidelity to instrument

Program Service Questions²¹

- *Does the assessment tool we are using measure for criminogenic risk and need?*
- *How are officers trained to conduct the assessment interview?*
- *What quality assurance is in place to ensure that assessments are conducted appropriately?*
- *How is the assessment information captured and used in the development of case plans?*

2. **Enhance Intrinsic Motivation:** Motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.²² People are more likely to change for personal reasons than by the persuasion of others. This principle requires staff to relate to offenders in ways that help them discover those personal reasons.

What GEO Reentry is doing to align with Enhance Intrinsic Motivation

- Staff are trained in Motivational Interviewing (MI) techniques
- MI proficiency program is in place for staff
- Desktop MI quick reference guides were created to encourage the use of skills
 - OARS (*Open-ended Questions, Affirm Positive Talk and Behavior, Reflect What You Are Hearing or Seeing, Summarize What Has Been Said*) posters have been created and displayed in all offices

²⁰ Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996.

²¹ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) “Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention.” U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

²² Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000.

Program Service Questions²³

- Are officers and program staff trained in motivational interviewing techniques?
- What quality assurance is in place?
- Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with participants?

3. **Target Intervention:**²⁴ Programs maximize their effectiveness when they follow the five interventions principles:

- a. **Risk Principle:** Prioritize supervision and treatment resources for higher-risk individuals
- b. **Need Principle:** Target interventions to criminogenic needs
- c. **Responsivity Principle:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs
- d. **Dosage:** Match level of treatment to level of need; structure 40 to 70% of high-risk individuals' time for three to nine months
- e. **Treatment Principle:** Integrate treatment into full sentence/sanctions requirements

What GEO Reentry is doing to align with Target Intervention

- Individualized Program Plan (IPP) is developed
- IPP targets dynamic criminogenic risks and needs
- Behavioral goals, action items, and responsivity factors are prioritized and customized for each client
- Individual cognitive case management sessions are focused on IPP goals

Program Service Questions²⁵

- How do we manage individual assessed as low-risk?
- Does our assessment tool assess for criminogenic need?
- How are criminogenic risk and need information incorporated into case plans?
- How are participants matched to treatment resources?
- How structured are our case plans for individuals, especially during the three to nine-month period in the community after leaving an institution?
- How are staff held accountable for using assessment information to develop a case plan and then subsequently using that case plan to manage a participant?

4. **Skill Train with Directed Practice:** Provide evidence-based programming that emphasizes cognitive-behavior strategies and is delivered by well-trained staff.²⁶ Programs that practice pro-social attitudes and behaviors are more effective in the adoption of new behaviors. In addition to teaching, this principle requires staff to practice or role-play new skills with participants and positively reinforce the new attitudes and behaviors when they are displayed.

What GEO Reentry is doing to align with Skill Train with Directed Practice

- Group Model uses behavioral practice
- Operates cognitive behavioral programs
- Skill building is promoted through behavioral practice
- One-on-one sessions emphasize skill building with role-playing

²³ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

²⁴ Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998.

²⁵ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

²⁶ Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002.

Program Service Questions²⁷

- How are social learning techniques incorporated into the programs we deliver?
- How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?
- Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?

5. **Increase Positive Reinforcement:** Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.²⁸ People respond better and maintain learned behaviors for longer periods when approached with carrots rather than sticks. This principle requires staff to strive for the optimal behavior change ratio of four positive to one negative reinforcement.

What GEO Reentry is doing to align with Increase Positive Reinforcement

- Behavior modification system is in place focusing on reinforcing desired behavior
- Behavior modification system uses rewards and recognition to reinforce positive behavior
- Four positive responses are targeted for pro-social behavior to every one negative consequence for non-compliance

Program Service Questions²⁹

- Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?
- Do our staff understand and use the four-to-one theory in their interactions with participants?

6. **Engage Ongoing Support in Natural Communities:** Promote pro-social support for individuals in their communities for positive reinforcement of desired new behaviors.³⁰ Successful interventions improve bonds and ties to pro-social community members, providing offenders a self-sustaining social structure. This principle requires programs to actively recruit and use family members, spouses, and supportive others in the participant's immediate environment to positively reinforce desired new behaviors.

What GEO Reentry is doing to align with Engage Ongoing Support in Natural Communities

- Reentry fairs are conducted several times per year
- Community service providers attend reentry fairs at facilities
- Dedicated staff positions focus on linking participants to community services
- Reentrants have access to GEOReentryConnect.com, a free website designed for reentrants to identify community services

Program Service Questions³¹

- Do we engage in community support for participants as a regular part of case planning?
- How do we measure our community network contacts as they relate to a participant?

²⁷ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

²⁸ Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al, 1963; Bandura, 1996.

²⁹ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

³⁰ Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O'Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter, 2003; Meyers et al, 2002.

³¹ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

7. **Measure Relevant Practices:** Accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice.³² Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. This principle requires programs to routinely assess individual change in cognitive and skill development, and evaluate offender recidivism, to ensure services remain effective.

What GEO Reentry is doing to align with Measure Relevant Practices

- Managers conduct monthly and quarterly internal audits of groups, case notes, and case files
- National Compliance Monitor conducts annual program reviews
- U.S. Corrections Institute conducts an annual Correctional Programs Checklist (CPC)

Program Service Questions³³

- *What data do we collect regarding assessment and case management?*
- *How do we measure incremental participant change while they are under supervision?*
- *What are our outcome measures and how do we track them?*
- *How do we measure staff performance? What data do we use? How is that data collected?*

8. **Provide Measurement Feedback:** Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.³⁴ Providing feedback is associated with enhanced motivation for change, lower treatment attrition and greater outcomes. This principle requires an overarching quality assurance system to monitor delivery of services, and to maintain and enhance fidelity and integrity.

What GEO Reentry is doing to align with Measurement Feedback

- Report tool will measure:
 - Program attendance
 - Improvement in education
 - Improvement in targeted risk areas
 - Urinalysis testing results

Program Service Questions³⁵

- *How is information regarding change and outcomes shared with officers? With participants?*
- *With whom do we share information regarding outcome measures?*
- *How is staff performance data used in the performance evaluation process?*

³² Henggeler et al, 1997; Milhalic & Irwin, 2003; Miller, 1988; Meyers et al, 1995; Azrin, 1982; Meyers, 2002; Hanson & Harris, 1998; Waltz et al, 1993; Hogue et al, 1998; Miller & Mount, 2001; Gendreau et al, 1996; Dilulio, 1993.

³³ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

³⁴ Miller, 1988; Project Match Research Group, 1997; Agostinelli et al, 1995; Alvero et al, 2001; Baer et al, 1992; Decker, 1983; Luderman, 1991; Miller, 1995; Zemke, 2001; Elliott, 1980.

³⁵ Bogue, Brad, Nancy Campbell, Elyse Clawson, et al. (2004) "Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention." U.S. Department of Justice National Institute for Corrections, and Crime and Justice Institute.

Part IV: What Works and What Does Not? Benefit-Cost Findings

Since the late 1990s, the Washington State Legislature has directed the Washington State Institute for Public Policy (WSIPP) to calculate the return on investment to taxpayers from a variety of education, prevention, and intervention programs and policies. In February 2015, in response to the Legislature’s mandate, WSIPP published a report titled, What Works and What Does Not? Benefit-Cost Findings from Washington Institute of Public Policy.

Within the report, WSIPP reviews research evidence from around the U.S. and elsewhere on the effectiveness of policy options in crime, child welfare, K–12 education, mental health, substance abuse, public health, prevention, and health care. To date, WSIPP has analyzed rigorous research evidence and computed return on investment findings for more than 200 programs. **A full copy of the report has been included as Attachment 10.**

The following are a few examples of WSIPP’s findings on the benefit-cost analysis of the research- and evidence-based principles, practices, and programs discussed throughout this paper:

Exhibit 1 . Adult Criminal Justice: Benefit-cost results for all of the programs and policies for which WSIPP has been able to estimate benefits and costs to date. ³⁶							
Program Name	Total Benefits	Taxpayer Benefits	Non-Taxpayer Benefits	Costs	Benefits Minus Costs (Net Present Value)	Benefit to Cost Ratio	Chance Benefits Will Exceed Costs
Therapeutic Communities for Offenders With Co-Occurring Disorders	\$27,658	\$7,511	\$20,148	(\$3,665)	\$23,994	\$7.56	100 %
Outpatient/Non-Intensive Drug Treatment (Incarceration)	\$15,982	\$4,195	\$11,788	(\$923)	\$15,060	\$17.35	100 %
Inpatient/Intensive Outpatient Drug Treatment (Incarceration)	\$16,436	\$4,390	\$12,046	(\$1,575)	\$14,861	\$10.45	100 %
Risk Need & Responsivity Supervision (For High And Moderate Risk Offenders)	\$18,571	\$5,311	\$13,260	(\$4,906)	\$13,665	\$3.79	100 %
Therapeutic Communities for Chemically Dependent Offenders (Community)	\$12,489	\$3,310	\$9,179	(\$1,541)	\$10,948	\$8.12	100 %
Cognitive Behavioral Treatment (For Moderate- To High-Risk Offenders)	\$11,201	\$2,884	\$8,317	(\$424)	\$10,777	\$26.47	100 %

³⁶ Lee, S., Aos, S., & Pennucci, A. (2015). *What works and what does not? Benefit-cost findings from WSIPP.* (Doc. No. 15-02- 4101). Olympia: Washington State Institute for Public Policy.

Part V: Attachments List

Attachment 1, Attachment 2, and Attachment 3—Levels of Service Inventory-Revised (LSI-R); Correctional Offender Management Profiling for Alternative Sanctions (COMPAS); and Static Risk and Offender Needs Guide (STRONG)

<https://csgjusticecenter.org/publications/risk-assessment-instruments-validated-and-implemented-in-correctional-settings-in-the-united-states/>

Attachment 4—Appendix A Profiles of Assessments: The Wisconsin Risk/Needs Scales Correctional Assessment Inventory System (CAIS)

https://www.ncsc.org/_data/assets/pdf_file/0014/27140/ran-appendix-a.pdf

Attachment 5—Moral Reconciliation Therapy, National Registry of Evidence-based Programs and Practices, Substance Abuse and Mental Health Services Administration

<https://www.georeentry.com/wp-content/uploads/what-works-moral-reconciliation-therapy.pdf>

Attachment 6—Thinking for a Change and Cognitive Behavioral Programs Annotated Bibliography

<https://info.nicic.gov/virt/sites/info.nicic.gov.virt/files/T4C%20Annotated%20Bibliography.pdf>

Attachment 7—Cognitive Behavioral Treatment, Integration Part 2 Strategies and Methods, Substance Abuse and Mental Health Services Administration

<https://www.georeentry.com/wp-content/uploads/what-works-cognitive-behavioral-therapy.pdf>

Attachment 8—Living in Balance, National Registry of Evidence-based Programs and Practices, Substance Abuse and Mental Health Services Administration

<https://www.georeentry.com/wp-content/uploads/what-works-living-in-balance.pdf>

Attachment 9—Evaluating Correctional Programs, The Evidence-Based Correctional Checklist (CPC)

<https://www.georeentry.com/wp-content/uploads/what-works-ebp.pdf>

Attachment 10—What Works and What Does Not? Benefit-Cost Findings from Washington Institute for Public Policy

http://www.wsipp.wa.gov/ReportFile/1602/Wsipp_What-Works-and-What-Does-Not-Benefit-Cost-Findings-from-WSIPP_Report.pdf