



California State Association of Counties



Support Hub for Criminal Justice Programming

Adult Criminal Justice Cost-Benefit Model Program Summaries



Adult Justice: Cost-Benefit Model Program Summaries

The following summaries will help you determine whether Adult Criminal Justice (ACJ) programs in your jurisdiction are similar to those in the Adult Justice: Cost-Benefit Model (AJ-CB).¹ They do so by summarizing the studies the Washington State Institute for Public Policy (WSIPP) used to conduct their meta-analysis and calculate the average effect size of each program in the model.²

The summaries provide WSIPP's description of the program, the total number of studies reviewed by WSIPP, and a table with key program outcome data that includes:

- **Outcomes:** There are two ACJ-specific outcomes that are monetizable: crime and technical violations. There are also other ACJ-specific outcomes that are not monetizable, including domestic violence and sex offenses. In addition, some studies measure other relevant outcomes, which are not ACJ-specific, such as alcohol use disorder (monetizable) and homelessness (not monetizable). These are displayed where applicable.
- **Adjusted effect sizes (1) and (2):** WSIPP provides two adjusted effect sizes for each program, one at the first follow-up period and then another at the second-follow up period.³ This is done to incorporate how program effects diminish, increase, or stay the same, as time passes following treatment. In many cases, the two effect sizes are the same; that is, the best research shows that program effects do not change over time but remain constant.
- **Number of effect sizes:** This is the number of effect sizes for each outcome. In general, this number will be smaller than the total number of studies WSIPP reviewed for the intervention, i.e. each study did not look at every outcome presented.
- **Total N in treatment group:** This shows the number of participants in the intervention across studies for each outcome.

The above information comes from the AJ-CB model and WSIPP's documentation of each program, which can be accessed via the hyperlink in the program title.

As many studies as possible were reviewed to provide additional information about the interventions included in the AJ-CB.⁴ The document provides the following information for each program, including: a general description of the intervention and its providers that was created by summarizing similarities across studies; a table with a brief explanation of the treatment groups and their corresponding treatment period/dosage from each study; and a link to each trademarked program's website, where applicable.

¹ The AJ-CB Program Summaries are for CSAC partner counties only. Please do not distribute this resource to others without the prior consent of Mike or Kevin.

² The summaries reflect the programs in the AJ-CB as of September 2019.

³ WSIPP uses various procedures to estimate the second effect size (and standard error) depending on the available information. When a topic has enough studies with extended follow-up measurements, they calculate program specific meta-analyses at various follow-up periods. However, since most programs do not have this information, they often need to rely on data from a broader group of research studies that they can apply to any program within that area.

⁴ While every effort was made to review *all* the studies used by WSIPP, this was not possible for most programs because some studies were no longer available or accessible. Nevertheless, most of the studies used by WSIPP were reviewed and we are confident that this is a comprehensive resource for our partners.

Please note that these summaries are very specific to the WSIPP cost-benefit model and AJ-CB model. Please do not share or distribute this document outside of the project team. Additionally, the summaries do not provide information on the core program components necessary to maximize impact. Instead, they describe the features of programs at the time they were evaluated, which may not represent current best practices. Therefore, this document should only be used for matching your jurisdiction's programs to those in the AJ-CB and not for designing or altering programs.

Contents

Case management (not “swift, certain, and fair”) for drug-involved persons	5
Case management (“swift, certain, and fair”) for drug-involved persons	8
Circles of Support and Accountability	12
Cognitive Behavioral Therapy (high and moderate risk offenders)	13
Community-based correctional facilities (halfway houses).....	17
Correctional education (basic skills)	18
Correctional education (post-secondary education)	20
Day Reporting Centers	21
Domestic violence perpetrator treatment (Duluth-based model).....	23
Drug courts	25
DUI courts	27
Electronic monitoring (parole/post-release community supervision).....	29
Electronic monitoring (probation)	31
Employment counseling and job training (transitional reentry from incarceration into the community) ...	33
Employment counseling and job training in the community	35
Employment counseling and job training with paid work experience in the community	37
Housing assistance with services.....	39
Housing assistance without services.....	41
Inpatient/intensive outpatient drug treatment (community)	42
Inpatient/intensive outpatient drug treatment (incarceration).....	44
Intensive supervision (surveillance & treatment)	46
Intensive supervision (surveillance only)	49
Jail diversion for offenders with mental illness (post-booking programs).....	51
Life skills education.....	53
Mental health courts	54
Outpatient/non-intensive drug treatment (community)	56
Outpatient/non-intensive drug treatment (incarceration).....	57
Police diversion for individuals with mental illness (pre-arrest).....	59
Police diversion for low-severity offenses (pre-arrest).....	60
Reentry courts	61
Restorative justice conferencing.....	62

Sex offender registration and community notification	63
Sex offender treatment (community).....	65
Sex offender treatment (incarceration)	67
Supervision with Risk-Need-Responsivity principles (high and moderate risk).....	69
“Swift, certain, and fair” supervision	71
Therapeutic communities for chemically dependent offenders (community)	76
Therapeutic communities for chemically dependent offenders (incarceration)	78
Therapeutic communities for individuals with personality disorders.....	81
Therapeutic communities for offenders with co-occurring disorders.....	82
Violence reduction treatment.....	85
Vocational education in prison	86
Work release	88
Appendix: Drug courts treatment table.....	90

Case management (not “swift, certain, and fair”) for drug-involved persons

WSIPP Program Description: In general, case management is a process that coordinates, and monitors services on behalf of a participant. The studies included in this meta-analysis evaluate a variety of case management approaches to community reentry and supervision for individuals involved in the criminal justice system who have histories of drug involvement. The primary goals of case management for this population are 1) to improve collaboration between correctional staff and substance abuse treatment staff and 2) to increase the individual’s participation in substance abuse treatment.

Case managers or specially-trained supervision officers use a variety of strategies to assess the participant’s treatment and programming needs, coordinate access to substance abuse treatment, monitor the participant, and advocate on the participant’s behalf. In some circumstances, the case manager or officer can provide these services (e.g. counseling, therapy) directly to the client. Program length ranges from three to six months.

This meta-analysis excludes case management studies focused on the "swift, certain, and fair" approach, which were analyzed separately.

WSIPP reviewed 15 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.047	-0.047	19	19

Information from 13 Studies Reviewed

Intervention: While the case management approaches varied across studies, they all consisted of case managers who conducted a needs assessment, facilitated placement in drug abuse treatment and other services, and oversaw coordination of services. A wide variety of services were offered to participants, including for substance abuse, housing, health, mental health, childcare, educational, employment, HIV/AIDS, and family and social relationships. Urinalysis testing was also offered. Studies used several approaches to case management including: Treatment Alternatives to Street Crime (TASC) program, a case management service for offenders that serves as a link between the criminal justice system and alcohol and drug treatment services; Collaborative Behavioral Management (CBM), a type of case management focusing on behavior and contingency planning; and Probation Case Management (PCM), which is differentiated from standard probation through the use of uniform assessment procedures, a therapeutic and advocacy orientation, and referrals to needed services.

Providers: Case managers, probation officers and counselors.

Treatment Groups	Treatment Period/ Dosage
Adults on probation with a documented substance abuse problem and a history in the criminal justice system.	Adults participated in a model where probation and treatment staff delivered services, such as cognitive behavioral group therapy sessions and drug testing (three

Treatment Groups	Treatment Period/ Dosage
	times per month). In response to a positive drug test or missed appointment, participants received graduated sanctions.
Drug involved high-risk offenders offered community-based treatment.	Participants received around 2.5 of the following: urinalysis testing (~100 days), drug counseling (~100 days), AIDS counseling (7-98 days) and personal counseling (~100 days).
Women ages 18+ with a substance abuse problem and involved in the criminal justice system.	Treatment lasted for at least one year. PCM involved 1) lower caseloads and increased contact with participants, 2) uniform client screening and assessment procedures, 3) a therapeutic self-advocacy orientation and, 4) referrals to health and human services. The case manager and the participant met at least two times per month in field visits, office appointments, or by telephone. Therapeutic and advocacy activities included gender-specific client education about addiction. Case management activities included attending treatment planning meetings at the client's treatment program, going to court or to the housing authority with the client, and making home visits or attending medical appointments with a client. In addition to substance abuse treatment, referrals for health and mental health resources were available.
Women ages 18+ who had a substance abuse problem, were involved in the criminal justice system, and were willing to enter substance abuse treatment.	This involved a PCM approach where participants had at least one face-to-face meeting with a case manager. Probation officers gave routine drug tests and referred participants to resources for substance use, housing and other services based on need.
Recently released parolees with a history of drug abuse.	Weekly urine monitoring combined with social support, such as counseling, case management, and case advocacy.
Parolees with a mandate for addiction treatment and a minimum of three months of parole.	This intervention followed a CBM approach, which used behavioral contract with the parolee and contingent reinforcement. Participants had an initial session with the parole officer and treatment counselor followed by 12 weekly contacts that the treatment counselor attended every other week.
Moderate- to high-risk parolees with pre-incarceration substance use disorders who were at least 18 years old and substance use treatment was a mandated or recommended condition of parole.	A 12-week CBM intervention that involved an initial session between the parole officer, substance use counselor, and offender, followed by weekly contacts between the parole officer and offender. The treatment counselor joined these sessions at least once every other week.
Drug-involved parolees.	All participants received 64 treatment days; Other services included a 12-step program; medical or dental care; received mental health care; housing assistance; transportation assistance; and received food or clothing assistance.

Treatment Groups	Treatment Period/ Dosage
Adults ages 18+ who had a substance use problem.	Participants received Assertive Community Treatment, which provided education, vocational training, leisure time and self-care. Counselors met face-to-face with participants during five stages: 1) intake assessment; 2) intensive drug treatments; 3) moderate treatment for educational and vocational; 4) relapse prevention; and, 5) case management (usually reaching this stage at the end of six months).
Parolees with a substance abuse problem.	The Treatment Alternatives to Street Crime (TASC) program is a case management service for offenders.
Offenders at least 18 years of age enrolled in a drug treatment program within a correctional institution, and about three months from release.	Protocol called for 12 weekly sessions between the case manager and the client: 69% attended at least four; 18% between one and three, and 13% attended none. Sixty-two percent received substance abuse treatment, which included 62 nights in residential treatment, 11 sessions of individual outpatient, and 15.6 sessions of group outpatient. Eight percent received other services, including housing, medical, mental health, family and social relationships, HIV/AIDS, employment and education.
Arrestees with a history of substance abuse.	Six months of case management. An average of two face-to-face contacts and two telephone contacts per month was established as a minimum level of service for each active client. In one site, 26% met or exceeded the original goal of 24 contacts; 62% had two or more contacts of some sort each month. In the other site, 35% had two or more contacts a month. In the first site, almost all clients received at least one referral to drug/alcohol treatment as well as to a self-help program and 75% received referrals to employment and to HIV counseling and testing. In the second site, 54% received referrals for drug/alcohol treatment, 45% to employment-related services, and 39% to housing-related services.
Adult women offenders with substance problems re-entering the community.	The Recovery Management Check-up model relied on treatment linkage, engagement, and retention protocols to help participants secure the care they needed over extended periods of time. During the 30, 60, and 90-day linkage meetings, the Linkage Manager used motivational interviewing to provide feedback and discuss barriers and motivations. The Linkage Manager either called or visited participants daily until they moved to the next level of care. After entering treatment (either residential or outpatient), the protocol included a combination of phone calls and face-to-face visits during the first 14 days.

Case management (“swift, certain, and fair”) for drug-involved persons

WSIPP Program Description: In general, case management is a process that coordinates and monitors services on behalf of a participant. The studies included in this meta-analysis evaluate a variety of case management approaches for individuals involved in the criminal justice system who have histories of drug involvement and are being supervised in the community under a “swift, certain, and fair” approach. The primary goals of case management for this population are 1) to improve collaboration between correctional staff and substance abuse treatment staff and 2) to increase participation in substance abuse treatment.

Case managers or specially-trained supervision officers use a variety of strategies to assess the participant’s treatment and programming needs, coordinate access to substance abuse treatment, monitor the participant, and advocate on the participant’s behalf. In some circumstances, the case manager or officer can provide these services, such as counseling or therapy, directly to the client. Program length ranges from three to six months.

“Swift, certain and fair” is an approach to community supervision wherein participants receive immediate sanctions when they violate the conditions of supervision. Sanction severity is proportional to the severity of the violation, with minor violations resulting in only a few days of incarceration. In response to repeat violations, sanctions gradually increase in severity. Participants are required to check in with their supervising officer regularly and are tested frequently and randomly for substance use. Case management studies that did not incorporate "swift, certain, and fair" approach were analyzed separately.

WSSIP reviewed nine studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.183	-0.183	9	4,570

Information from Nine Studies Reviewed

Intervention: The programs reviewed all utilized frequent drug testing, immediate sanctions for violations of drug conditions, drug treatment (sometimes mandatory) and case management. In most cases, graduated sanctions also were used. This grouping includes Hawaii’s Opportunity Probation with Enforcement (HOPE), Break The Cycle (BTC), Decide Your Time, as well as some more generic models, such as instant drug testing with consequences, multimodal community-based reentry with substance abuse treatment, a Behavioral Accountability Guide, and a Sanctions Court. More detail about each program is provided in the table below.

Providers: Drug counselors, parole and probation officers, and the courts.

Treatment Groups	Treatment Period/ Dosage
Low- and medium-risk offenders sanctioned to probation or parole who had been convicted of	Participants stayed in the program until they were discharged from supervision, which generally lasted 18-24 months. Drug Reduction of Probationers (DROP)

Treatment Groups	Treatment Period/ Dosage
<p>an alcohol or drug related offense and who had a documented substance abuse problem.</p>	<p>consisted of frequent urinalysis (UA) testing for substance use and access to treatment services combined with certain jail sanction for a positive test. The sanction for the first positive test was two to five days and it increased for subsequent failure. Participants received an average of 1.9 face-to-face contacts during the first month; this declined to 1.4 face-to-face contacts by the sixth month. They also had an average of nine urinalysis tests. Most participants participated in alcohol or drug treatment programs. Some were also involved in group or individual counseling.</p>
<p>Low- and moderate-risk male parolees with a history of drug problems and supervision conditions that prohibited substance abuse.</p>	<p>This instant drug testing with consequences program involved frequent, random drug testing of alcohol, cocaine, opiates/heroin, and THC (cannabis) with instant results, immediate sanctions, and referral to substance abuse treatment. Each weekday, participants called a toll-free number to find out if they had been randomly selected for testing that day. If so, they had to report to the county jail to submit a urine sample. The drug testing protocol assured that each individual was to be tested an average of twice per week. Individuals who tested positive were immediately incarcerated for three days. Individuals who failed to report for testing were also incarcerated for three days. Three consecutive missed tests led to the pursuit of a warrant. Those who were incarcerated for either a positive drug test or failure to report sanction were assessed for substance abuse treatment. Counselors had discretion to recommend treatment.</p>
<p>Low- and moderate-risk male parolees with significant substance dependencies under community supervision.</p>	<p>24-month parole program. Substance abuse treatment called for 10 hours of services per week during the first 30-45 days after release from prison (actual average was 6.5 hours) and required residence in a secure transitional facility. Sessions were also supplemented by 12-step facilitation therapeutic techniques. Participants moved to approved home residence contingent upon compliance with substance abuse treatment and testing. During the next 45 weeks, the program called for two individual counseling sessions per month. Participants were required to call a toll-free phone number each day for random drug testing. Positive drug tests resulted in immediate three-day sanctions to be served at the transitional housing facility. Continued non-compliance with treatment or testing led to additional three-day sanctions or graduated sanctions.</p>
<p>Persons on pretrial release arrested on felony charges.</p>	<p>Breaking The Cycle Program (BTC). Screening occurred within a week of release from incarceration. Regular drug tests were scheduled and administered for all clients who were not in inpatient treatment; average was 16 per client and ranged from 1 to 51 tests per client. The plan adopted by BTC for noncompliance called for initial sanctions to</p>

Treatment Groups	Treatment Period/ Dosage
	<p>be administered by BTC case managers (e.g., increased supervision, warning letter), whereas subsequent infractions were supposed to provoke more severe judicial sanctions (e.g., court admonishment, brief jail stays). The most common sanctions used for all types of infractions were alert letters and case reviews, but other appropriate sanctions (e.g., increased drug testing and reassessment) were utilized infrequently and more severe sanctions (e.g., jail time) were rarely used because of overcrowding in jails. Although most clients with infractions eventually got sanctioned, they were able to get away with several infractions, and clients were often able to avoid being held accountable for long periods of time.</p>
<p>Persons serving a felony sentence on probation or parole with a “drug condition.”</p>	<p>The BTC program used frequent drug testing and use of immediate sanctions for violations of drug conditions in an effort to encourage abstinence and participation in treatment.</p>
<p>Adults under community supervision (probation) who were at highest risk of failing probation through continued drug use, missed appointments, or reoffending.</p>	<p>The HOPE intervention started with a formal warning, delivered by the judge in open court, that any violation of probation conditions would not be tolerated: each violation would result in an immediate, brief jail stay. Each probationer was assigned a color code at the warning hearing. The probationer was required to call the HOPE hotline each morning and had to take a drug test if his or her color code was selected. Probationers were randomly tested at least once a week for the first two months. A failure to appear for testing led to the immediate issuance of a bench warrant, which the local Police Department served. Probationers who tested positive for drug use or failed to appear for probation appointments were brought before the judge. When a violation was detected, probation filed a Motion to Modify Probation. The hearing on the Motion to Modify was held within 72 hours. A probationer found to have violated the terms of probation was immediately sentenced to a short jail stay with credit given for time served</p>
<p>Adults under community supervision by probation officers. Participants were at highest risk of failing probation through continued drug use, missed appointments, or reoffending.</p>	<p>HOPE program. (see study directly above)</p>
<p>Drug-involved felony defendants, aged 18+, charged with a felony, and identified as drug-involved based upon a drug charge, positive drug test, or self-admission of drug abuse.</p>	<p>Drug testing of all offenders after arrest, early clinical assessment, and timely placement in a drug treatment or drug monitoring program depending on the assessment. There was also close judicial oversight of drug treatment participation. The BTC model called for consistent and timely use of pre-specified sanctioning schedule for noncompliance to provide immediate and certain response to offender violations with punishments increasing in severity.</p>

Treatment Groups	Treatment Period/ Dosage
<p>Adults under community supervision by specialized probation officers.</p>	<p>"Decide Your Time" (DYT) modified existing probation procedures to include frequent random drug testing, swiftly delivered sanctions, and treatment referrals. Participants were assigned a color and called in daily to see whether their color had been chosen that day for a random drug test. If they provided clean samples for three months, they would be placed on a lower level of probation, which required only monthly reporting. Testing and sanctions were provided according to a system of phases. During Phase 1, participants had weekly drug tests only. Failure at Phase 1 resulted in movement to Phase 2, which comprised (a) being held for four days in a probation violation center and (b) mandatory Saturday morning treatment sessions. Urine testing was also increased to regularly scheduled, twice-a-week tests for 30 days. Compliance (no failed urine tests or missed appointments) for 30 days resulted in placement back into Phase 1. Failure at Phase 2 resulted in movement to Phase 3, which added a 6 p.m. curfew to existing sanctions. Compliance for 30 days resulted in placement back into Phase 1. Failure in Phase 3 resulted in movement to Phase 4, which involved being held for five days at a probation violation center, followed by return to Phase 3. Subsequent failure in Phase 3 resulted in termination from DYT and a formal violation of probation and hearing in front of a judge.</p>

Circles of Support and Accountability

WSIPP Program Description: The Circles of Support and Accountability (COSA) model, originally developed in Canada, helps sex offenders reenter the community by providing them with social support. Each reentering participant is provided an “inner circle” and an “outer circle” of volunteers. An inner circle consists of four to six volunteers from the community. One inner circle volunteer serves as a primary volunteer and meets with the participant every day for the first two to three months, while other volunteers meet with the participant weekly. An outer circle is composed of community-based professionals (e.g. social workers, police) who volunteer their time to support the inner circle. Program duration is about 12 months.

WSIPP reviewed three studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.321	-0.321	3	110

Information from Three Studies Reviewed

Intervention: The studies reviewed for this intervention focus on community support for offenders at risk of reoffending for sex offenses. The Circles of Support and Accountability are made up of an “inner circle” that have four to six community volunteers and one primary volunteer and an “outer circle” of periphery volunteers that can be social workers, police or other community-based professionals. The circles meet with the ex-offender on a weekly basis while the primary volunteer meets daily with the ex-offender for the first few months after release. The intervention is focused on social support, friendship, and accountability, and usually lasts for 12 months.

Providers: Volunteers, psychologists, law enforcement officers, and social workers.

Treatment Groups	Treatment Period/ Dosage
Sex offenders classified as a “moderate public risk” and placed on intensive supervised release.	Offenders met weekly with their “inner circle” and daily with their primary volunteer, especially during the first 60 to 90 days after release. Offenders also met regularly with their “outer circle.”
High-risk sex offenders who had previously failed sex offender treatments.	In the initial phase of the Circle (typically 60 to 90 days following release), one primary volunteer met with the ex-offender on a daily basis. The “other circle” volunteers are also in contact with the ex-offender, at a minimum, on a weekly basis during this initial phase.
High-risk offenders returning to the community.	In the initial phase (60-90 days), one primary volunteer met with the ex-offender daily and other circle volunteers contacted the ex-offender at least once per week. In addition to these individual meetings, the full Circle met on a weekly basis.

Cognitive Behavioral Therapy (high and moderate risk offenders)

WSIPP Program Description: Cognitive-behavioral therapy (CBT) include various components, such as cognitive restructuring, behavioral activation, emotion regulation, communication skills, and problem-solving. Treatment is goal-oriented and generally of limited duration. CBT emphasizes individual accountability and teaches participants that cognitive deficits, distortions, and flawed thinking processes cause criminal behavior. For this broad grouping of studies, a variety of “brand name” programs (e.g., Enhanced Thinking Skills, Moral Reconciliation Therapy, Reasoning and Rehabilitation, and Thinking 4 a Change) were delivered to adults in either an institutional or community setting for an average of 2.5 months. Studies evaluating CBT delivered specifically as sex offender treatment were excluded from this analysis.

WSIPP reviewed 36 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.109	-0.109	42	32,830

Information from 33 Studies Reviewed

Intervention: Cognitive-behavioral therapy (CBT) programs are based on the assumption that anti-social behavior is the result of offenders lacking the cognitive skills to achieve their goals in a pro-social way. CBT programs assume that these skills can be learned and the curriculum aims to fill these deficits. Generally, the curriculum covers problem solving (problem recognition and identification, critical thinking, identifying alternative ways of responding to a problem, and cues to control impulsive reactions), as well as social skills (perspective taking values enhancement and recognizing the impact of actions on others).

In the studies reviewed, program settings varied, ranging from correctional institutions to community corrections centers (parole/probation, drug treatment centers, halfway houses, and other non-profit social service agencies). Skills were most often taught in group sessions involving discussion and role-play, but individual sessions and follow-up were also used. In some cases, homework assignments were also given to participants to work through hypothetical problem situations. One study mentioned the use of meditation as cognitive behavioral therapy.

The studies also evaluated a number of name brand programs, including:

- Enhanced Thinking Skills (ETS): ETS is a shorter alternative to R&R that targets the same thinking skills and uses a cognitive-behavioral framework.
- Moral Reconciliation Therapy (MRT): MRT identifies nine stages of moral development and provides a series of treatment steps to accompany them. The belief is that participants will begin to display more sophisticated levels of moral reasoning as they progress through the program.
- Reasoning and Rehabilitation Program (R&R): R&R consists of modules of problem solving, social skills, management of emotions, negotiation skills, critical reasoning, creative thinking, and values enhancement. Within each module, participants are taught to think before acting, to consider

the consequences of their behavior for themselves and others, and to increase the range of ways of responding to personal, interpersonal, and social problems.

- **Think First:** Think First is based on cognitive-behavioral principles and addresses offenders' social cognitive skills, with an explicit focus on how these skills are associated with offending.
- **Thinking 4 a Change (T4C):** T4C consists of 22 lessons that use problem solving to teach offenders pro-social skills and attitudes.

Providers: Providers were mainly corrections staff who received intensive training (length varies) in cognitive behavioral therapy theory, model, and methods of delivery. Less often, psychology graduate students were providers. Many providers were given guidebooks for specific programs and in some cases sessions were videotaped for training purposes.

Treatment Groups	Treatment Period/ Dosage
Male residents of a county detention center, ranging from 15 to 22 years old.	A minimum of 30 days of treatment.
Drug offenders released on probation or supervised release eligible for and referred to the R&R program.	Bi-weekly sessions for 20 weeks. The program required a minimum of 78 hours to complete the curriculum.
Male inmates evaluated for participation without psychopathic characteristics or high rates of recidivism. Major target groups were youth offenders, drug users, violent offenders and sex offenders.	Three months in 36 two-hour sessions.
High-risk probationers.	The "Choosing to Think, Thinking to Choose" program consisted of intensive supervision and a classroom-based, 14-week CBT program.
Male inmates at high-medium and maximum-security facilities who volunteered for the program.	Regularly for twenty minutes twice daily.
Adult high-risk inmates.	Four mornings per week for a total of nine hours. Participants attended anger management, criminal thinking, and substance abuse groups, conducted with a highly structured, cognitive-behavioral approach. In addition to the group programs, individual counseling was provided for specific personal needs.
Female offenders who started either ETS or R&R.	Not specified.
The study looked at two groups: adult males and young offenders (younger than 21 at sentencing) who had participated in either ETS or R&R.	Not specified.
Adult offenders placed under the supervision of the Probation Department by order of the court for a variety of offenses (i.e., relatively minor first offense misdemeanors to repeat felony offenses).	Treatment lasted four months and included eight 90-minute group sessions (one every two weeks) and three 1-hour individual sessions.
Adult male offenders who voluntarily participated in a prison-based cognitive skills program. Offenders received a custodial sentence of six months or more	The R&R course consisted of 36 two-hour sessions and ETS consisted of 20 two-hour sessions.

Treatment Groups	Treatment Period/ Dosage
and spent at least two years in the community following discharge.	
Adult male offenders who had been in the community for at least two years following their discharge from prison for a custodial sentence of two years or more.	The R&R program consisted of 36 sessions and the ETS program consisted of 20 sessions.
Offenders who had been sentenced to a community rehabilitation order.	CBT program that focused on three components, delivered in equal measures: skills training, anger control training, and moral reasoning training.
Male offenders incarcerated in a medium-security prison. To be eligible for the program, offenders had to have served six consecutive months at the facility, been incarcerated for a conviction in the state, and transferred out of the facility into the community or to another facility in preparation for release.	The program consisted of an 8-week orientation phase. Prior to the orientation phase, treatment groups met 3-5 times a week. Treatment length was largely dependent on the time left on an offender's sentence.
Sentenced male offenders with a probation order with a wide range of index offenses.	The R & R program was delivered in 38 two-hour sessions. ETS was run during 20 two-hour sessions. Think First consisted of 22 two-hour program sessions along with pre-and post-program sessions.
Adolescents and adults in any setting. The study looked at men, women, and boys from five different treatment facilities including non- profit social service agencies, halfway houses, drug treatment centers, and community correctional facilities.	110 hours of exercise.
Adult male probationers with a high risk of recidivism.	14 hours (orientation followed by six two-hour counseling sessions).
Adult male probationers with a high risk of recidivism.	14 hours (orientation followed by six two-hour counseling sessions).
Young adult offenders aged 16-22 in state correctional institutions with a history of chronic felonies or convicted of serious offenses (homicide, kidnapping, armed robbery, aggravated assault).	8 to 10 weeks. Individual meetings continued 15 months after post-release.
Misdemeanor and felony offenders serving up to 6-year sentences.	Not specified.
Offenders placed on probation for a felony offense referred to the program by the court as a condition of their release.	22 lessons.
Male and female repeat offenders at different correctional stages convicted of property offenses, drug dealing, and offenses against the person.	The R&R program consisted of 35 sessions lasting two hours for a total of 70 hours.
Male offenders ranging from 16 to 83 years old, with a mean age of 27. Offenders were convicted of a range of crimes with the most common being theft and handling stolen goods, burglary, and violence.	Think First consisted of 22 two-hour sessions. R&R consisted of 38 two-hour sessions. ETS consisted of 20 two-hour sessions.
Offenders in community correctional centers and penitentiaries.	35 sessions over approximately 8-12 weeks.
Offenders in an R&R program.	35 two-hour group sessions.

Treatment Groups	Treatment Period/ Dosage
Male offenders with of at least seven of 13 cognitive deficits.	36 session program.
Male incarcerated multiple DWI offenders.	The program had at least 6 six steps.
High-risk probationers.	80 hours of intensive training.
Adults, medium- to high-risk, with a need for cognitive skills intervention.	20 two-hour sessions, run between three and five times per week for a period of four to six weeks. Group sessions involved interactive exercises, assignments, role playing and discussions.
Parolees and pre-release inmates. Selection criteria for the study pool sought high-risk offenders, those with IQ scores above 80, no history of sexual offending, and an absence of substance abuse problems so severe as to interfere with the offender’s ability to attend or comprehend the program.	The program consisted of 35 lessons.
Parolees and pre-release inmates. Selection criteria for the study pool sought high-risk offenders, those with IQ scores above 80, no history of sexual offending, and an absence of substance abuse problems so severe as to interfere with the offender’s ability to attend or comprehend the program.	The program consisted of 35 lessons.
Adult offenders sentenced to R&R plus probation.	Not specified.
Released federal male offenders under community supervision.	25 sessions divided into 3 processes.
Female offenders with signs of post-traumatic stress disorder or a substance use disorder.	90-minute group sessions, typically three times a week for six to eight weeks while the participants were in prison. After release from prison, each woman was offered weekly individual 60-minute “booster” sessions for 12 weeks to reinforce material.

Community-based correctional facilities (halfway houses)

WSIPP Program Description: Community-based correctional facilities and halfway houses are models of housing support for individuals reentering the community from incarceration. This form of housing is a type of community supervision, similar to parole, with an additional residential component. Halfway houses are usually a condition of early release, and require tenants to participate in various forms of treatment, most commonly those related to substance abuse. Halfway houses provide an initial step towards full reentry by placing individuals back into the community in a group-home like environment with guided supervision intended to help provide stability and accountability. Halfway house programs provide services for a minimum of three months post-release. Failure in either community-based correctional facilities or halfway house programs may be grounds for parole revocation and a subsequent return to prison. Individuals in these studies spent between two and five months in halfway houses.

WSIPP reviewed four studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	0.016	0.016	7	22,371

Information from Two Studies Reviewed

Intervention: Community-based correctional facilities (halfway houses) are interventions targeted at offenders eligible for pre-release in the community, while they are still technically considered inmates. The intervention is designed to provide offenders with the resources necessary for transition back into the community. Generally, participants receive work-release trainings and additional programming based on their needs, such as substance abuse or life-skills counseling. If the offender completes the programming in the halfway house successfully, they are eligible for traditional parole. In the studies reviewed, individuals spent between two and five months in halfway house programs.

Providers: Case managers, law enforcement officials, probation officers, and social workers.

Treatment Groups	Treatment Period/ Dosage
Inmates who were within 24 months of parole eligibility and/or completion of sentence and who had been approved for community release programs.	An assessment of an individual’s needs took place 90 days before placement. In the facility, inmates underwent intensive treatments for eight hours per day, including individual and group counseling. Upon reentry, offenders were given services, such as work release, substance abuse treatment, and psychotherapy usually provided in and out of the house.
Federal offenders on pre-release status.	Participants were guided into resocialization into the community through programming both supervised and unsupervised. Parolees on average received ten hours of one-one counseling on job procurement within the first three weeks of residency and then specific need-based programming.

Correctional education (basic skills)

WSIPP Program Description: Correctional education in basic skills consists of classes in Adult Basic Education, General Educational Development (GED) preparation, and English as a Second Language. Classes are delivered in a prison setting and vary in length of enrollment depending on the individual’s education level, purpose or program of attendance, and length of incarceration.

This meta-analysis does not include post-secondary (college) correctional education classes.

WSIPP reviewed five studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.114	-0.114	7	8,603

Information from Four Studies Reviewed

Intervention: In general, the intervention consisted of participation in education programs while incarcerated. The education programs included mainly Adult Basic Education (ABE), preparation for the General Educational Development (GED), or basic life skills or literacy classes.

Providers: Bureau of Correction Education within the Department of Corrections, which used state certified teachers; and paid onsite and offsite (via internet connection) university instructors (funded by the university).

Treatment Groups	Treatment Period/ Dosage
Male inmates who participated in the ABE program (i.e. took any ABE classes, literacy classes, or cognitive life skill classes during his prison spell). This is then divided into two treatment groups: participants who completed a class and noncompleters.	Not specified.
A random sample of all inmates who were released between January 1 and June 30, 1987 directly from Federal prison or through halfway houses to the community, who had received prison sentences greater than 3 months, who were in prison for more than 1 year, and who had participated in an education program (i.e., Adult Basic Education (ABE), General Educational Development (GED), Adult Continuing Education (ACE), Post Secondary Education (PSE) including college courses and vocational training, and social skills courses (e.g., parenting)).	Not specified.
Male prisoners who served at least one year (so that they were in the system sufficiently long to benefit from education programs). On average, a prisoner served 44.7 months (3.7 years) in prison and was 32.25 years old at the time of his release.	Not specified.

Treatment Groups	Treatment Period/ Dosage
Inmates who participated in education programs (either GED or Adult Basic Education) while incarcerated.	Fifty-one percent of the treatment group participated in ABE classes and 78.1% completed. They spent on average 141 hours and 30 weeks in attendance. For GED classes, 44% of the group participated, and 73.6% of those participating received a GED. They were in attendance for 111 hours and 29 weeks on average.

Correctional education (post-secondary education)

WSIPP Program Description: Correctional post-secondary (college) education includes courses that contribute towards a post-secondary degree. Effects for correctional education basic skills classes are reported separately. Post-secondary education programs vary in length of enrollment depending on the individual's education level, purpose or program of attendance, and length of incarceration.

This meta-analysis includes only studies that have examined the effects of post-secondary correctional education and does not include studies that evaluate basic education programs.

WSIPP reviewed one study for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.227	-0.227	2	486

Information from One Study Reviewed

Intervention: The intervention consists of providing postsecondary education (i.e., coursework, either academic or vocational) for which an inmate may receive college credit that may be used toward a two-year, four-year, or graduate college degree.

Providers: Paid instructors, paid university instructors (funded by the university), or via one-way Internet instruction.

Treatment Groups	Treatment Period/ Dosage
Inmates who received some postsecondary education (PSE) during their incarceration in three different states. All held a high school diploma or a GED prior to receiving the education.	Not specified.

Day Reporting Centers

WSIPP Program Description: Day Reporting Centers (DRC) are non-residential facilities that are used as a form of intermediate sanction for offenders. DRCs have three primary goals: (1) enhancing supervision and surveillance of offenders, (2) providing treatment directly or through collaboration with community treatment programs, and (3) reduce jail and prison crowding. Day reporting centers differ in their implementation but generally require offenders to attend the facility for multiple hours each week for supervision and other programming such as counseling, educational courses, employment training, and referrals for additional services. The day reporting programs included here typically lasted for 3 months and required clients to report to the center every weekday.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.306	-0.306	3	319

Information from Two Studies Reviewed

Intervention: Day Reporting Centers (DRCs) are facilities that offer offenders rehabilitative programming and supervision. Offenders assigned to DRCs are required to report to the facility during daytime hours and allowed to return home each day after programming is complete. The two studies included in the meta-analysis focused on the effectiveness of DRCs in reducing recidivism for parolees. Services offered to the parolees included: educational and/or vocational training, job placement services, alcohol and drug abuse education and treatment, and life-skills training among others.

Providers: Providers included DRC staff and parole officers.

Treatment Groups	Treatment Period/ Dosage
Parolees with a violation of supervision that warranted increased supervision, who were unemployed, had at least three months left in their parole term, and were able to communicate in English for treatment purposes.	90 days. Offenders were expected to attend programming every weekday and submit to regular drug testing. The DRC used a three-phase system: <ul style="list-style-type: none"> • Phase 1: Orientation phase, which offered program orientation, life skills, and assessment for future treatment. • Phase II: Treatment phase, which lasted until such time as the parolee was gainfully employed or enrolled in a full-time educational program. Phase offered job training and programming consistent with treatment plan developed in Phase I. • Phase III: When offender achieves verified employment or attends an approved educational or vocational training program. Goal is to aid parolee in their reentry and to create a relapse prevention plan.
Parolees.	90 days. Services offered included: educational services, improving literacy and assisting the individual obtain a GED, vocational skills, training and job

Treatment Groups	Treatment Period/ Dosage
	placement, substance abuse education and programming, family counseling, and life skills training.

Domestic violence perpetrator treatment (Duluth-based model)

WSIPP Program Description: The Duluth-based model of domestic violence perpetrator treatment was developed in the 1980s in Duluth, MN and is now the most common treatment for domestic violence perpetrators. Washington’s legal standards for domestic violence treatment (as well as those of 25 other states) require treatment to be group-based and incorporate elements of the Duluth-based model. The treatment approach assumes that domestic violence “...is a gender-specific behavior which is socially and historically constructed. Men are socialized to take control and to use physical force when necessary to maintain dominance.”* Treatment involves educational meetings and peer-group therapy provided in prison or in the community. The focus of each element is usually on understanding the social conditions that foster domestic violence and building skills to make accountable decisions, though sometimes the programs also include elements of cognitive-behavioral instruction. Participants in these studies received between two and seven months of treatment in the Duluth-based model. They were compared to similar individuals who received monitoring, probation, or community service.

*Ganley, A. (1996). Understanding domestic violence. In: W. Warshaw & A. Ganley (eds.), *Improving Health Care Response to Domestic Violence* (pp. 15-44). San Francisco: Futures Without Violence.

WSIPP reviewed six studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	0.016	0.016	7	1,143

Information from Six Studies Reviewed

Intervention: The core of Duluth-based DV curriculum is the “Power and Control Wheel” which covers eight topics: (1) intimidation, (2) emotional abuse, (3) isolation, (4) economic abuse, (5) male privilege, (6) coercion and threats, (7) using children, and (8) minimizing, denying, and blaming. Duluth-based models typically require offenders to meet weekly in a group setting for approximately 26 weeks.

Providers: Community organizations and/or agencies working with state and local courts to provide required class sessions and counseling. Sessions are facilitated by trained professionals.

Treatment Groups	Treatment Period/Dosage
Male criminal court defendants who were mandated to attend the program after being convicted of third degree assault, felonious assault, violating restraining orders, harassment, menacing, or other charges.	39 hours received in 26 weekly sessions or bi-weekly sessions for eight weeks.
Adult males who had: 1) pled guilty or no contest to domestic violence battery charges or who were found guilty after trial and were placed on probation; 2) been placed on probation, whether adjudicated guilty or not, for the offense of domestic violence battery; or 3) been found guilty of or placed on probation for	Six months.

Treatment Groups	Treatment Period/Dosage
crimes of domestic violence and sentenced to one-year probation.	
Male domestic violence offenders sentenced to community corrections services, a sanction that allowed the convicted offender to reside in the community while still under criminal justice supervision, with mandatory domestic violence treatment.	Program duration ranged from 12-52 weeks.
Male offenders charged with a misdemeanor offense against a female partner.	One program involved 12 weekly group sessions of 60-75 minutes each. Groups of 10 focused on anger control, time outs, and the cycle of battering, stress, and communication skills. The other program provided a 12-week batterer treatment program. Groups of 10 met weekly for 90 minutes.
Offenders arraigned on a domestic violence misdemeanor, convicted of a violation, and sentenced to a conditional release with acceptance of a batterer program and judicial monitoring by both the prosecution and defense.	75-minute classes that met weekly for 26 weeks.
Male offenders convicted of violence against a current or former intimate partner who were assessed as medium or high risk.	A group program with 27 two-hour-long sessions divided across nine different themes such as non-violence, non-threatening behavior, and accountability. Prior to group work, offenders had three individual sessions that focused on assessing the motivation for intimate partner violence related behavior. Video clips were used to illustrate problematic behaviors and inspire discussions. An individual mid-program session evaluated treatment progress and, after the completion of all group sessions, another individual session summed up group work and plans for the future. A concluding series of four to six individual sessions encouraged the participant to establish an action plan with personal goals and steps.

Drug courts

WSIPP Program Description: Drug courts are an alternative to traditional criminal justice system processing for the sentencing and supervision of eligible drug-addicted persons. Drug courts share the primary goals of reducing criminal recidivism and substance abuse among its participants. Each drug court is unique in operations, method, and length of treatment. Drug courts typically use a combination of judicial oversight, supervision, drug testing, substance abuse treatment, and sanctions and incentives in an attempt to modify the behavior of drug-involved defendants. Length of drug court participation varied from 12 to 26 months in these studies.

Through a meta-regression analysis, we analyzed the impact of follow-up period, pre/post adjudication court condition, and length of treatment, but we found no statistically significant differences in recidivism due to these variables.

WSIPP reviewed 56 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.255	-0.255	72	29,452

Information from 45 Studies Reviewed

Intervention: Drug courts are court-based interventions in which the judge, prosecutor, defense attorney, probation officer, law enforcement and treatment providers work together in a non-adversarial fashion to change participants' behavior with a combination of intensive judicial supervision, escalating sanctions, mandatory drug testing, incentives, and drug treatment. In most cases, the drug treatment lasts at least 12 months and is divided in three to five phases of decreasing intensity. In order to advance from one stage to the next, participants must meet certain requirements, such as attending counseling sessions and 12-step program meetings, submitting to drug tests, and meeting with the judge. Successful completion of the treatment, as well as other components of the program, generally leads to the participant's charges being dismissed or reduced. Most drug court programs are voluntary and are for nonviolent felony drug offenders. Some require defendants to plead guilty while others are pre-plea programs.

Providers: Treatment providers were generally community-based and contracted by the county or the state. In some instances, treatment was provided by the state's or the county's health department. In a few instances, treatment programming was carried out by the drug court staff and in one case probation officers were trained as facilitators in Moral Reconciliation Therapy.

Due to the large number of studies, the table detailing the treatment groups and the corresponding treatment period/dosage from each study can be found in the appendix. Below is a brief summary.

Treatment Groups: The treatment groups consisted mainly of felony drug defendants or offenders with no previous convictions for violent offenses. In some of the studies, persons charged with or who had been convicted of misdemeanors also participated in the programs. Participants in the treatment groups generally showed signs of being addicted to drugs or had a diagnosed addiction problem; however, this was not a

requirement in all the studies. There was also variation in the treatment groups with respect to the number of prior offenses: some programs were only for first-time offenders while others included people with a criminal history. Lastly, one study looked specifically at convicted DWI misdemeanor offenders, including nonalcoholic first-time offenders and alcoholic first-time offenders.

Treatment Period/ Dosage: In general, the treatment period lasted a minimum of 12 months, with a few programs designed to last up to 18 months. The treatment consisted of three to four phases of decreasing intensity and included weekly random drug testing and attendance at group and/or individual counseling sessions, 12-step meetings, drug court hearings, and meetings with their probation officers.

DUI courts

WSIPP Program Description: Driving Under the Influence (DUI) courts are a type of therapeutic court for persons with a DUI offense. Participants enter into a contract with the court and agree to comply with treatment and supervision requirements. Non-compliance may result in the imposition of harsher sentences. DUI courts typically involve a team of stakeholders (e.g., participant, judge, treatment provider, case manager, and supervising officer). Most courts include required treatment and DUI education and involve judicial monitoring including random breath or transdermal testing. DUI courts include incentives, rewards, and sanctions as well progressive stages in which continued compliance with DUI court stipulations and requirements leads to less monitoring. DUI courts in these studies were typically 12 to 24 months in length.

WSIPP reviewed nine studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.233	-0.223	4	474

Information from Seven Studies Reviewed

Intervention: DUI courts apply legal sanctions and facilitate treatment programs for individuals convicted of driving under the influence of alcohol and/or while intoxicated. These interventions are complex since they address multiple aspects of the participant’s behaviors but have a series of “guiding principles,” including: clinical assessment; individualized treatment plans; supervision by the court, probation/supervision department, and treatment provider; case management; and practical challenges such as transportation needs and relationship-building.

Providers: Collaborative effort between state and local officials, including judges, court clerks, district attorney representatives, health/human service departments, law enforcement, probation offices, and public defenders.

Treatment Groups	Treatment Period/Dosage
Convicted DWI misdemeanor offenders, including nonalcoholic first-time offenders and alcoholic first-time offenders.	Four phases of treatment. In Phase I, participants attended weekly hearings for up to three months, combined with group counseling sessions twice a week and individual counseling sessions once a week. In Phase II, group and individual counseling sessions were reduced to once a week, there were Alcoholics Anonymous meetings, and participants met with the drug court judge on a monthly basis. In Phase III, group and individual counseling sessions continued to be held once a week. In Phase IV, there were monthly meetings with the judge, group sessions were held once a week, individual sessions were on a request-only basis,

Treatment Groups	Treatment Period/Dosage
	and AA meetings continued at the same frequency as in previous phases.
Repeat DUI offenders referred by a judge upon conviction.	Nine-month program for offenders with a blood alcohol level under .10. All others were required to complete an 18-month program, but for a minimum of one year. Two-track program: Track 1 was the accountability track in which participants attended court hearings at one month, six months, and one year and had to be compliant for one year. Track 2 was for participants who demonstrated that they were unable to comply with Track 1 requirements. Track 2 was the treatment track and participants attended court weekly and had to be compliant for the time they were assigned to treatment.
Non-violent DWI offenders with at least one previous DWI conviction (either felony or misdemeanor) who pled guilty.	Participants were generally placed on 3-5 years of probation, conditional upon successful completion of the program. The program required at least six months of continuous-wear alcohol-monitoring ankle device and submission to random drug/alcohol screenings.
Non-violent offenders with only one previous DUI conviction, living either in or adjacent to the county housing the court.	Minimum of 17 weeks in which participants were required to track activity through web-based portal and meet with DUI court coordinator every two weeks. Participants also met bi-weekly with their respective judge to report their progress.
Individuals who had been convicted three times for Operating While Intoxicated (OWI).	The goal was for treatment to last 14 months. In the treatment group, about 27% spent 1 year or less in the program, about 31% stayed 13 months, 12% spent 14 months, and about 31% spent 15 months or longer in the program.
Felony DUI offenders assigned to the program by a judge.	Eight-stage model, designed to take approximately one year to complete, with an additional three months of minimum supervision probation and six months of unsupervised probation.
Repeat DUI offenders diagnosed as chemically dependent and currently charged with alcohol/drug use and driving offense. Those with convictions or pending charges for manufacturing or mass distribution of drugs, violent misdemeanor, or violent felony were not eligible.	Four-phase court model with a minimum completion time of 65 weeks. The first phase included court sessions and case manager meetings twice per week; the second phase required biweekly court sessions and case manager meetings; the third phase scaled back required case manager meetings to one per month; and the fourth phase required monthly meetings for both case manager and court session. All four phases require participation in AA/NA meetings and urine/breath tests.

Electronic monitoring (parole/post-release community supervision)

WSIPP Program Description: Electronic monitoring involves the use of either radio frequency or Global Positioning System (GPS) devices to monitor the location of an individual. Electronic monitoring is used to enforce requirements that an individual remain at home except for approved activities such as work, school, or treatment. It may be used in lieu of, or in addition to, confinement and depends on the individual’s sentence.

This meta-analysis includes studies on individuals who were on parole with electronic monitoring. They were compared to similar individuals who received intensive supervision, parole, or continuation of sentence without electronic monitoring.

WSIPP reviewed seven studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.069	0.000	8	11,777

Information from Seven Studies Reviewed

Intervention: Electronic monitoring (EM) generally involves tracking the location of offenders through the use of an ankle bracelet. An RF unit permits the monitoring of an offender’s movements within the home: the ankle bracelet communicates with a base unit connected to the landline at the offender’s home that transmits a signal to alert a monitoring center when the offender moves beyond a pre-determined distance from the base during the times established. A GPS unit tracks an offender’s location (including outside of the home) in “real time,” but otherwise operates in a very similar manner: the ankle bracelet communicates with a larger device carried by the offender at all times that transmits a signal to a monitoring center through a cell phone within the device. Officers are able to track the exact location of the offender and thus determine whether he or she has violated the conditions of supervision by entering prohibited areas. In the studies reviewed, EM was used specifically for post-prison forms of supervision (i.e., parole).

Providers: Parole agents.

Treatment Groups	Treatment Period/ Dosage
High risk sex offender parolees who were placed on GPS units.	Not specified.
Offenders on EM (GPS and RF) who were under one of the following forms of community supervision: felony probation, drug offender probation, sex offender probation, and community control. This group also included offenders under post-prison supervision including conditional release, parole, and addiction recovery supervision.	Not specified.
Those eligible for a program that allowed suitable inmates to be released up to two months before their normal release date, provided that they complied with an electronically	Average duration was 45 days.

Treatment Groups	Treatment Period/ Dosage
monitored (RF) curfew for their remaining sentence. This included prisoners aged 18 or over serving a sentence of three months or more but less than four years. Sex offenders were not eligible.	
Violent male parolees, included those convicted of sex offenses, placed on EM upon their release from prison.	Minimum of 90 days.
Persons (almost all men) serving a prison term of at least two years who participated in the EM program, which allowed them to leave prison up to four months prior to the date on which they would normally have been eligible for release on parole. The requirements for acceptance into the program were that the inmate had a place to live, an occupation, no more than one previous court conviction prior to the current prison term, and was not to have abused drugs or alcohol in prison during the 6-month period prior to the application.	Not specified.
High-risk sex offenders who were released onto parole and placed onto GPS electronic monitoring fewer than 7 days after release from prison.	One-year. Parole agents were supposed to: meet face to face with the parolee and at his residence within a specific number of days after release; meet face to face with each parolee and at his residence a specific number of days each month; and establish a specific number of collateral contacts per month.
High-risk gang offenders who were released from prison and placed on parole supervision with GPS.	Parole agents were supposed to: meet at the parolee's residence within a specific number of days after release; conduct a minimum number of face-to-face contacts with the parolee each month; conduct a minimum number of collateral contacts per month; and conduct a minimum number of random drug tests each month.

Electronic monitoring (probation)

WSIPP Program Description: Electronic monitoring involves the use of either radio frequency or Global Positioning System (GPS) units to monitor the location of an individual. Electronic monitoring is used to enforce requirements that an individual remain at home except for approved activities such as work, school, or treatment. It may be used in lieu of, or in addition to, confinement and depends on the individual’s sentence.

This meta-analysis includes studies on individuals who were on probation with electronic monitoring. They were compared to similar individuals who received intensive supervision, parole, continuation of sentence, or home confinement without electronic monitoring.

WSIPP reviewed nine studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.164	0.000	10	7,036

Information from Nine Studies Reviewed

Intervention: Electronic monitoring (EM) generally involves tracking the location of offenders through the use of an ankle bracelet. An RF unit permits the monitoring of an offender’s movements within the home: the ankle bracelet communicates with a base unit connected to the landline at the offender’s home that transmits a signal to alert a monitoring center when the offender moves beyond a pre-determined distance from the base during the times established. A GPS unit tracks an offender’s location (including outside of the home) in “real time,” but otherwise operates in a very similar manner: the ankle bracelet communicates with a larger device carried by the offender at all times that transmits a signal to a monitoring center through a cell phone within the device. Officers are able to track the exact location of the offender and thus determine whether he or she has violated the conditions of supervision by entering prohibited areas. In the studies reviewed, EM was used specifically for probationers.

Providers: Parole and police officers.

Treatment Groups	Treatment Period/ Dosage
Males with a nonviolent and nonsexual offense, a less-than-6-months sentence, and an assessment of moderate risk who had been released into the community under EM.	Not specified.
Male offenders under EM and Intensive Supervision Probation program.	It varied in the three sites: 139.3 days, 71.6 days and 37.3 days.
Men who were born after January 1, 1958 and whose last period under the supervision of the penal system was spent under electronic monitoring (i.e., they were placed under EM (RF) while under criminal indictment awaiting trial).	Not specified.
Offenders placed on home confinement using EM (RF and GPS). These “placements” included original sentences to home	Not specified.

Treatment Groups	Treatment Period/ Dosage
confinement, split sentences (prison followed by supervision) to home confinement, post-prison sentences, and sentences to home confinement for a violation of parole.	
Male and female convicted felons who were sentenced to probation and classified as “high risk” on the NIC risk-needs instrument. RF electronic monitoring was used.	Minimum of 90 days.
Low-risk offenders participating in the electronic monitoring program.	Continuous electronic monitoring while participating in the program along with monthly face-to-face contacts.
Adult offenders whose substance abuse led to failure(s) in prior substance abuse programs or to parole/probation violations.	28 weeks in total. The first 14 weeks included continuous electronic monitoring along with weekly treatment sessions. In the second 14 weeks, monitoring was reduced but weekly treatment continued.
Offenders under house arrest with electronic monitoring (RF) who had been convicted of a property felony or misdemeanor, a drug felony or misdemeanor, or a violent or sexual felony.	Average duration of the monitoring was 90 days.
Offenders sentenced to curfew orders with electronic monitoring and considered to be at medium-to high-risk of reconviction.	Average duration was 3 to 4 months.

[Employment counseling and job training \(transitional reentry from incarceration into the community\)](#)

WSIPP Program Description: Employment counseling and job training programs teach skills necessary for seeking employment after incarceration. These include both hard skills (e.g., job preparedness and skills training) and soft skills, (e.g., effective job searches, applications, and resumes). These programs may be sequential, where participants first undergo job training and then receive work experience, or follow individualized employment plans. Participants may also receive employment placement assistance from a specialist. Some programs may also specifically address barriers to employment for convicted persons.

For this group of studies, job training and employment assistance first began during incarceration and continued upon reentry into the community for up to 12 months. Compared with other employment and job training programs reviewed by WSIPP, this program is the most intensive due to its transitional nature as well as its focus on hard skills and soft skills.

WSIPP reviewed two studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.224	-0.224	2	338

Information from Two Studies Reviewed

Intervention: Employment and job training assistance during incarceration helps offenders prepare for the workforce upon release to the community. Such assistance, including skills assessments, were provided prior to release and continued for a period of time upon reentry in the community. One study provided subsidized employment post-release, followed by monetary assistance transitioning to unsubsidized employment. The other study provided employment services and assistance for up to 12 months post-release.

Providers: One study used social workers, job coaches, and parole officers with reduced caseloads. The other study used job training specialists.

Treatment Groups	Treatment Period/ Dosage
High risk male offenders with a history of violence or gang involvement. To be eligible for the program, offenders had to be under the age of 35 and could not be convicted sex offenders.	Prior to release, offenders were given a case-management write-up; vocational skills assessment training; soft skills training; cognitive therapy; and assistance finding housing, planning transportation, and obtaining employment documents, such as driver’s licenses and social security cards and the opportunity to participate in restorative justice circles, employment services, remedial education, and substance abuse services. Following release, participants were assigned to enhanced community supervision and were

Treatment Groups	Treatment Period/ Dosage
	eligible for subsidized employment for six months, as well as monetary assistance to help make the transition to unsubsidized employment.
Inmates within five years of release with at least six months of experience working in correctional industries.	Participants met with a job training specialist 60 to 90 days prior to release for two 8-hour sessions. During the meetings, the job training specialist covered material relating to skills assessments, resumes, job searching techniques, and interviewing skills. The week before a participant was released from prison, a job development specialist helped them search for job leads based on their vocational skills and the geographic area where they were releasing to. Once the participant was released, they met with a retention specialist who provided them with a portfolio containing copies of the offender's resume, any relevant certification that was submitted by the DOC, job leads, and any additional resources or tools (e.g., bus fare, interview clothing, supplies, etc.) to assist them with their job search. After the initial meeting, the retention specialist maintained contact with each participant and provided support and/or referral, as needed. The retention specialist conducted follow-up meetings with participants 1 month after release and then again at 3 months, 6 months, and 12 months.

Employment counseling and job training in the community

WSIPP Program Description: Employment counseling programs teach skills necessary for seeking employment. These include both hard skills (e.g., job preparedness and skills training) and soft skills, (e.g., effective job searches, applications, and resumes). Some programs may specifically address barriers to employment for convicted offenders. The studies in this category differ from those in the “Employment counseling and job training with paid work experience,” as each program in this category does not include subsidized or transitional jobs to help participants transition to regular employment. For this broad grouping of studies, programs were delivered in the community for a period ranging from one to eight months.

WSIPP reviewed seven studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.025	-0.025	9	5,045

Information from Seven Studies Reviewed

Intervention: Programs evaluated in these studies provide employment and job training assistance to members of their communities. See WSIPP’s description above for more detail.

Providers: Job development specialists, employment retention specialists, and skills trainers.

Treatment Groups	Treatment Period/ Dosage
Male probationers ages 18-25.	Not specified.
Those released on parole or probation supervision who successfully completed a federal or federally-contracted Community Treatment Center program.	Not specified.
Parolees released after participating in a Community Treatment Center.	Not specified.
School dropouts between 17 and 21 years of age who did not have a high school diploma or GED, read below the eighth-grade level.	The program involves 200 hours of basic education and 500 hours of occupational training. Participants were provided a combination of basic skills education, occupational training, support services, and job placement assistance.
Inmates within the last five years of their sentence who also had at least six months of current or prior work experience in the Correctional Industries program.	Program provided participants with employment assistance from the last several months of their confinement period through the 1 st year following their release from prison.
Program was open to the public, but targeted offenders who had been released from jail or prison within the past six months.	Participants attended job readiness training classes for 40 hrs./week (9am to 5pm, Monday–Friday). The employment readiness component was a four-week course, followed by employment placement assistance and computer labs (accessible during business hours) that all program participants can use for

Treatment Groups	Treatment Period/ Dosage
	resume writing and job-seeking activities. Participants who graduated from the program can receive services from the program for life (access to the computer laboratory, help with job placement, etc.).
Participants had been incarcerated at an adult Federal, State, or local correctional facility for at least three months and had been released within six months of program participation, and established a pattern of income-producing offenses.	Participants received both comprehensive employment-related services (for example, job counseling and placement assistance) and special follow-up services for six months after they were placed. The special services provided during the post-placement period included weekly contact with the client, crisis intervention, and referral to other agencies when necessary.

Employment counseling and job training with paid work experience in the community

WSIPP Program Description: Employment counseling programs with job training teach skills necessary for seeking employment. These include both hard skills (e.g., job preparedness and skills training) and soft skills, (e.g., effective job searches, applications, and resumes). Some programs may also specifically address barriers to employment for convicted persons. The studies in this category differ from those in the “Employment counseling and job training in the community,” as each program in this category also includes subsidized or transitional jobs to help participants transition to regular employment. For this broad grouping of studies, programs were delivered in the community after release from incarceration for a period of three to nine months.

WSIPP reviewed six studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.076	-0.076	10	5,777

Information from Six Studies Reviewed

Intervention: No additional information to add, please see WSIPP’s description above.

Providers: Case managers, transitional specialists, or employment coaches.

Treatment Groups	Treatment Period/ Dosage
Former prisoners.	Unemployment benefits were extended to individuals immediately upon release. Ex-prisoners received either 13 or 26 weeks of financial support. The job placement treatment consisted of special counseling efforts and grants of up to \$100 for the purchase of tools, special work clothes, and other work-related expenses.
High-risk offenders with a history of violence or gang involvement.	About one-year total. Six months prior to release, offenders received intensive programming intended to help them stay off drugs, stay away from gangs, and prepare for employment. Post-release they were eligible for subsidized employment for six months.
Ex-offenders with a high probability of committing theft crimes and with no known history of substance use.	Participants received financial aid of \$60/week for three months and job-placement services for up to one year after release.
Male prisoners within three months of their release.	Case management prior to release, pre-employment support services, group activities focused on developing soft skills, and then offenders were placed in transitional jobs. Job placements were either with existing enterprises, scattered sites, or contracted work.

Treatment Groups	Treatment Period/ Dosage
	All sites paid the federal or state minimum wage and participants worked between 30 and 40 hours/week and jobs lasted approximately 90 days.
Criminal offenders, hard core drug users and youth dropouts with a history of both chronic and recent unemployment and referred to the program by criminal justice, social service, and job-training agencies. Offenders were required to have been incarcerated in the past 6 months, addicts were required to have attended a drug treatment program, and at least half of the youth dropouts were required to have an official delinquent or criminal record.	Either 12 or 18 months of employment.
Offenders in state prison were referred by a parole officer.	A four-day pre-employment life skills class followed by assignment to a daily work crew for four days/week (average length of time in a work crew was eight weeks). On-the-job coaching and weekly meetings with an office-based job coach. Participants were then placed into a permanent unsubsidized position and were eligible for a job retention incentive program which offered noncash incentives for continued employment.

Housing assistance with services

WSIPP Program Description: Housing assistance programs for individuals reentering from incarceration are intended to mitigate the negative impacts of homelessness on the reentry process. These forms of housing are considered voluntary and last a minimum of three months post-release. Housing programs in this analysis are service-enriched, meaning they provide services such as job training, employment, or substance abuse treatment in addition to temporary or transitional housing options.

Housing assistance programs are distinct from community based correctional facilities (e.g., halfway houses) in the following ways: 1) they do not act as a formal model of supervision in the community; 2) participants are not required to participate in the provided treatment and programming services for release; and 3) violation of supervision conditions in these programs is not automatically grounds for parole or probation revocation.

Community based correctional facilities (e.g., halfway houses) and stand-alone housing programs are not included in this analysis; they are analyzed separately. Housing assistance programs without service provision are also excluded from this analysis and analyzed separately.

WSIPP reviewed five studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.078	-0.078	5	1,329

Information from Five Studies Reviewed

Intervention: Housing support programs provide recently released offenders with resources to re-integrate into society. The program provides an affordable, safe, and stable transitional residence (that is not considered a state/local institutional home) to offenders upon release from an institution. Parolees enter the program soon after release (only one study involved a pre-release population) and receive a variety of services, including drug treatment, general counseling, education, and vocational training. In one program, clients received employment for up to one year.

Providers: Public housing, human service, and welfare agencies; non-profit organizations; corrections agencies; and courts.

Treatment Groups	Treatment Period/ Dosage
Individuals who had behavioral health disabilities and histories of housing instability or were at risk for housing instability as they were released from prison.	Offenders received housing and other support services in the community (e.g. mental health services and substance abuse services)
Parolees.	In addition to non-intensive, outpatient substance abuse treatment, participants received transitional employment, transitional housing, vocational training, 12-step programs,

Treatment Groups	Treatment Period/ Dosage
	and courses on financial management. All participants can live in the facility if they are in need of housing, and after nine months participants search for permanent employment. Participants graduate from the program by obtaining permanent housing.
Inmates returning to the community who did not have an outstanding warrant, sex offense conviction, or a conviction for an offense against a child.	Services may last up to two years. A case manager meets with the participant at least once pre-release and then immediately post-release assists with securing identification, medication, etc. The services provided include education, substance abuse treatment, transitional housing, employment services, and vocational training. Some clients also participate in an ex-offender support group.
Inmates preparing for release.	Eight-week intervention delivered immediately prior to release. Participants attended six hours of program classes each day. Participants received cognitive behavioral therapy, life skills education, employment assistance and job readiness training, housing services, drug relapse prevention and drug education, linking inmates to community-based services, and collaboration with parole officers.
Substance abusing offenders.	Individuals entered Oxford Houses or another form of a substance-free transitional housing facility. Oxford Houses offer a self-directed community setting where residents are primarily under the supervision of their peers rather than professional staff and in which there is no set length of stay (although typically participants remain for more than 6 months, and some-times more than a year).

Housing assistance without services

WSIPP Program Description: Housing assistance programs for individuals reentering from incarceration are intended to mitigate the negative impacts of homelessness on the reentry process. These forms of housing are considered voluntary and each last a minimum of three months post-release. Programs in this category may include federally-owned housing projects, privately-owned housing projects, and housing vouchers that provide temporary or permanent housing options. They do not include added services such as job training, employment, or substance abuse treatment seen in other some housing programs.

Housing assistance programs are distinct from community based correctional facilities (e.g., halfway houses) in the following ways: 1) they do not act as a formal model of supervision in the community; 2) violation of supervision conditions in these programs is not automatically grounds for parole or probation revocation; and 3) they do not provide added services. Community based correctional facilities (e.g., halfway houses) are not included in this analysis; they are analyzed separately. Housing assistance programs with service provision are also excluded from this analysis and analyzed separately.

WSIPP reviewed three studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.098	-0.098	3	1,973

Information from Three Studies Reviewed

Intervention: These programs provide housing support to offenders upon release from an institution. Participants receive housing supports via vouchers or rent subsidies that allow them some time to find full-time employment and be able to afford housing independently.

Providers: Public housing, human service, and welfare agencies; non-profit organizations; corrections agencies; and courts.

Treatment Groups	Treatment Period/ Dosage
Offenders returning to the community.	Participants received state-paid vouchers that cover the entire costs of their rent for up to three months (given continued financial need).
Offenders being released from prison or jail.	Program paid the majority of a participant’s rent at the beginning with the intent of transitioning offenders to self-sustainability at the end. Wraparound services were also available.
High risk offenders returning to the community.	Up to 12 months of housing support and wraparound services.

Inpatient/intensive outpatient drug treatment (community)

WSIPP Program Description: This group of programs includes a variety of community-based inpatient and intensive outpatient substance abuse treatment programs delivered to individuals who have substance abuse problems. Treatment types include cognitive behavioral therapy, relapse prevention, or a combination of approaches. Participants generally attend treatment for one to five months, with treatment up to six hours per day. This meta-analysis includes studies of both inpatient and intensive outpatient models of drug treatment when delivered in the community.

WSIPP reviewed five studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.007	-0.007	5	8,683

Information from Four Studies Reviewed

Intervention: Treatment modalities included residential and outpatient. Treatment modalities included residential and outpatient. In three of the studies, participation in a treatment program was offered in lieu of incarceration and was therefore mandatory. In another study, the treatment program was for felons already on parole and appeared to be voluntary. Alcohol and drug free housing also was available to outpatient participants in that program.

Providers: Residential facilities and community treatment center staff. In one study, services were provided through public and private vendors, which worked under contract with county drug program offices.

Treatment Groups	Treatment Period/ Dosage
Male and female parolees who self-enrolled in the program or were referred to it by their parole agent.	Eligible for up to 180 days of treatment: 59% used outpatient only and 30% used only residential.
High- and medium-risk male offenders soon to be released from prison, placed under 24-month community correctional supervision, with significant substance dependencies.	One-year intervention. Phase 1 took place during the first 30 to 45 days post-release and required residence in a secure transitional facility. Substance abuse treatment during Phase 1 consisted of 10 hours of direct services per week. These ten hours included one individual counseling session (one hour), three group/didactic sessions (4.5 hours), one family group therapy session (1.5 hours), and three Alcoholics Anonymous or Narcotics Anonymous meetings (three hours). Drug testing in Phase 1 was conducted each day of the week. Phase 2 allowed the participant to move to an approved home residence and was

Treatment Groups	Treatment Period/ Dosage
	contingent upon compliance with substance abuse treatment and testing. Phase 2 required continued participation in individual and family substance abuse treatment through the remainder of the first post-release year. During Phase 2, substance abuse treatment consisted of two group/didactic sessions (three hours), one family group session (1.5 hours), and three Alcoholics Anonymous or Narcotics Anonymous meetings (three hours) per week. Participants also received two individual counseling sessions per month. Randomized drug testing in Phase 2 was conducted each business day.
Drug-involved offenders who entered probation supervision.	Not specified.
Parolees with past drug problems.	Not specified. Intensive case management approach used Assertive Community Treatment (ACT).
Offenders who had a history of substance abuse or dependence prior to incarceration, and were subsequently approved for early parole to a community-based substance abuse treatment facility. Offenders were eligible for early parole if they had served at least half of their minimum sentence, had a range of six months to one year remaining on their prison term, and met criteria for substance abuse or dependence.	<p>Parolees remained in treatment an average of 4.7 months and were then referred to aftercare programs (a minimum of six months was preferred). Treatment was in one of two models. The first program model required participants to attend an average of 10 hours of substance abuse treatment over three days. Treatment consisted of one individual counseling session and approximately nine hours of group work. The second model provided about two hours of individual counseling, six hours of facilitated group counseling, six hours of social rehabilitation, and six hours of skill development.</p> <p>All offenders were transported directly to the treatment program from the correctional facility. No offenders were released into the community and then asked to report.</p>

Inpatient/intensive outpatient drug treatment (incarceration)

WSIPP Program Description: This group of programs includes a variety of inpatient and intensive outpatient substance abuse treatment programs that are delivered to incarcerated individuals who have substance abuse problems. Treatment types include cognitive behavioral therapy, psychoeducation or a combination of approaches. Participants generally attend treatment for 1-18 months with treatment for up to five hours per day. This meta-analysis includes studies of both inpatient and intensive outpatient models of drug treatment when delivered during incarceration.

WSIPP reviewed six studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.123	-0.123	8	1,968

Information from Six Studies Reviewed

Intervention: Treatment in two of the studies used a cognitive behavioral approach, treatment in the third study was based on a therapeutic community model, and there was no information on treatment in the last study. Treatment consisted of individual and/or group counseling sessions with some focus on relapse prevention. Specific aspects included learning to recognize internal and external cues and self-destructive behavior, cognitive restructuring, drug refusal skills, stress and personal responsibility management, and how to interact with others. Participants were housed separately from the rest of the prison or jail population, except for females in one program (due to their small number). Two of the programs included inpatient treatment followed by community custody.

Providers: Correctional staff and counselors.

Treatment Groups	Treatment Period/ Dosage
Male prisoners assessed as having a need for substance abuse treatment who had been incarcerated for at least 180 consecutive days.	Treatment consisted of 30 outpatient group sessions three days a week for 10 weeks.
Male and female inmates who were classified as chemically abusive or dependent.	The program, based on the therapeutic community model, offered medium-term (180 days) and long-term (365 days) treatment. Participants were involved in 15–25 hours of programming per week.
Inmates with an alcohol or drug dependency.	72 hours of group therapy over a four-week period that focused on a deconditioning drug use and learning alternative behaviors.
Jail inmates with a substance abuse problem.	Five weeks of jail-based treatment. Inmates typically spent five hours a day, five days a week for five weeks receiving group treatment. Each client also received one individual therapy session (usually 30-60 minutes in length) each week. Alcoholics Anonymous and

Treatment Groups	Treatment Period/ Dosage
	Narcotics Anonymous meetings were usually held each week during the evening hours.
Inmates who had been returned to custody for a parole violation, screened and recommended for drug treatment participation (in lieu of return to the general prison population) by a parole revocation review panel, and screened and approved for eventual release to a community corrections center by Department of Correction staff.	The program had three phases. Phase 1 (six months): in-prison treatment that included intensive individual and group exercises. Phase 2 (six months): less intensive drug treatment in a community corrections center. Every week, participants had to attend two two-hour group sessions in relapse prevention and one individual session. Phase 3 (remainder of the sentence): intensive parole supervision during which participants were required to attend weekly group sessions and monthly individual counseling sessions.
Male and female jail inmates who had a history of substance abuse and a custody classification level suitable to the program living unit. Half of the participants were sentenced. Three of the five sites also required that there be some minimum period of incarceration (usually 90 days) remaining.	Three of the programs were designed to take three months from entry to completion; two reported no designated length of stay. Among the study sample, the average length of stay in the programs was 83 days and ranged from 54-113 days.

Intensive supervision (surveillance & treatment)

WSIPP Program Description: Intensive supervision probation/parole (ISP) emphasizes a higher degree of surveillance than traditional supervision in the community. ISP is delivered in lieu of incarceration, as a conditional release from incarceration in the form of parole, or as a probation sentence. Conditions of supervision vary, but often include urinalysis testing, increased face-to-face or collateral contacts, or required participation in treatment. Persons who are supervised can incur violations, or sanctions, when these conditions are not followed.

In this meta-analysis, we only included studies that delivered intensive supervision in concert with treatment such as cognitive behavioral therapy, chemical dependency treatment, or education and life skills training. Supervision occurred over an 8- to 18-month period, and participants experienced an average of 12 face-to-face monthly contacts.

WSIPP reviewed 12 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.156	-0.156	17	3,078

Information from 12 Studies Reviewed

Intervention: The programs provided closer supervision than traditional parole/probation programs through some combination of curfew, personal contact with probation/parole officers (e.g., face-to-face, phone, etc.), unscheduled drug testing, strict enforcement of program conditions, house arrest, house confinement (i.e., electronic monitoring), and counseling referrals. Some programs offered access to other treatment services and/or life skills and cognitive training. Treatment included counseling, substance abuse treatment, education and/or vocational training, medical and dental services, crisis management services, and legal services. Some programs also required offenders to obtain employment, education, or conduct job searches while under supervision. In addition, a few programs included electronic monitoring or house arrest.

Providers: Parole/probation officers or other corrections staff.

Treatment Groups	Treatment Period/ Dosage
Males with a nonviolent and nonsexual offense, a less-than-6-months sentence, and an assessment of moderate risk who had been released into the community under electronic monitoring. They spent very little time in prison, an average of 2 to 3 days for processing. They also were required to get intensive treatment.	Treatment was offered four mornings per week for a total of nine hours. On average, offenders received 65.1 hours of treatment.
Two groups were examined: 1) low-risk offenders with a prison sentence of 27 months or less that were diverted back to their communities; and 2) high-risk	The program lasted for the duration of the supervised release or expiration of sentence. There were four phases: the first lasted about

Treatment Groups	Treatment Period/ Dosage
offenders who were scheduled to be released from prison within six months and who were eligible for residential placement.	6 months or half of the sentence or time to sentence expiration; the second lasted about 4 months; the third for at least 2 months; and the fourth lasted as long as was left on supervised release or sentence. Offenders received an average of 8 face-to-face contacts and 4 drug tests per month. They also had to spend 40 hours every week working, looking for a job, in treatment, or taking classes.
Non-violent offenders already sentenced to prison and presenting an acceptable risk to the community.	Five face-to-face weekly contacts per week and 132 hours of community service.
The study examined two groups at different sites. The first consisted of mostly high-risk probationers (some medium and minimum risk were also inadvertently included) and the second included high risk probationers and parolees.	Offenders were in the program an average of 6.77 months and during that time the first group received an average of .42 treatment/support services per month and the second received an average of 1.2 services per month.
The study examined the lowest and highest risk offenders included in a previous Rand study, which looked at a variety of offenders in ISP programs in 12 different sites in 8 different states (i.e., High Risk Probationers, High-Risk, Low Need Felons with History of Drugs, Probationers and Parolees Convicted of Drug Offenses, and Adult Felons Sentenced to Prison). This study included probationers and parolees in 14 sites in 9 states. The average age at the time of the first arrest was 19, the average number of prior arrests for the sample was 7.32, and the average number of prior felony convictions was 1.96.	During the 12-month supervision period, the average total number of direct contacts was 38.84, while the range of direct contacts varied greatly (0-424). The average number of treatment contacts was 12.62, with the highest average number of treatment sessions being drug counseling. Nevertheless, ¾ of the sample received no drug counseling.
Females between 15 and 16 years of age.	A personal development curriculum for each participant was developed. The duration of the program was six weeks with each module open for two weeks.
Offenders currently convicted of a drug offense and whose pre-sentence report included drug dependency and a recommendation for probation, parolees currently convicted of a drug offense or who were convicted of burglary but had serious drug abuse histories, high risk or high need probationers and parolees who were being sentenced for new crimes or being considered for revocation of their current probation/parole sentences.	Face-to-face contacts ranged from an average of 3.4 per month to 22.8 over the 12-month study period in the different sites. The <i>actual</i> lengths of the programs were not reported, but the <i>typical</i> lengths were: Site 1 was 1 year; Site 2 was 6-12 months; Site 3 had no info; Sites 4-6 were 1 year; and Site 7 was a minimum of 6 months.
Three sites were studied, all of which used both surveillance only and with treatment. Site 1 included drug-involved adult probationers and Sites 2 and 3 included high-risk adult probationers. Site 3 also used electronic monitoring for part of its treatment group.	Average monthly face-to-face contacts during the 12-month study were 2.7 in Site 1, 7.4 in Site 2 and 4.1 in Site 3. As designed, the programs were expected to last 1 year in Site 1, a minimum of 9 months in Site 2, and 1 year in Site 3.

Treatment Groups	Treatment Period/ Dosage
Probationers between 18 and 30 years old convicted of non-violent felonious property offenses.	Approximately 2 years.
Low-risk, nonviolent felons who applied to and were accepted into an ISP program. They generally served 3½ months in prison before being released into the program.	Program lasted 18 months. During the first 6 months, the median number of contacts with participants was 31 per month, including 12 face-to-face contacts by the ISP officer, seven curfew checks and four urinalysis tests per month. In the remaining months, there were a maximum of four contacts per month.
High-risk/high need parolees.	Not specified.
High-risk adult offenders.	A three- to nine-month program with intensive treatment and surveillance-oriented activities. Treatment included substance abuse services, vocational training and life skill development.

Intensive supervision (surveillance only)

WSIPP Program Description: Intensive supervision probation/parole (ISP) emphasizes a higher degree of surveillance than traditional supervision in the community. ISP is delivered in lieu of incarceration, as a conditional release from incarceration in the form of parole, or as a probation sentence. Conditions of supervision vary across the studies but often include urinalysis testing or increased face-to-face/collateral contacts. Persons who are supervised can incur violations, or sanctions, when these conditions are not followed. The average number of face-to-face monthly contacts for studies included in our meta-analysis was 12.

In this meta-analysis, we considered studies in which supervision occurred without supplemental treatment. Supervision occurred over a 6- to 18-month period.

WSIPP reviewed eight studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.005	-0.005	14	2,094

Information from Six Studies Reviewed

Intervention: The programs provided closer supervision than traditional parole/probation programs through some combination of curfew, personal contact with probation/parole officers (e.g., face-to-face, phone, etc.), unscheduled drug testing, strict enforcement of program conditions, house arrest, house confinement (i.e., electronic monitoring), and counseling referrals. Some programs also required offenders to obtain employment, education, or conduct job searches while under supervision. In addition, a few programs included electronic monitoring or house arrest.

Providers: Parole/probation officers or other corrections staff.

Treatment Groups	Treatment Period/ Dosage
Furloughed violent and non-violent offenders, who had served long sentences	Weekly face- to-face contact and daily telephone checks.
Mostly male felony offenders who had an average age of 29 years, and had two or more arrests. However, just over 50% did not have any prior felony convictions.	All the programs included some form of control mechanisms (e.g., required contacts with probation officer, drug tests, and restitution) and offered treatment services (e.g., drug treatment, education, counseling, mental health treatment), but the degree to which these were implemented varied greatly.
Three sites were studied. Site 1 included drug-involved adult probationers and Sites 2 and 3 included high-risk adult probationers. Site 3 also used electronic monitoring for part of its treatment group.	Average monthly face-to-face contacts during the 12-month study were 2.7 in Site 1, 7.4 in Site 2 and 4.1 in Site 3. As designed, the programs were expected to last one year in Site 1, a minimum of nine months in Site 2, and one year in Site 3.
Information from four sites was included. Three sites included nonviolent offenders who were	Face-to-face contacts ranged from an average of 3.4 per month to 22.8 over the 12-month study

Treatment Groups	Treatment Period/ Dosage
<p>sentenced to ISP by judges, sentence prisoners deemed ISP eligible by staff and for whom judges rescinded prison orders, and probationers revoked to prison for whom judges agreed to rescind orders. In addition, two of them used forms of electronic monitoring. The additional site included high-risk probationers and paroles with current drug or drug-related convictions, and/or prior histories of drug abuse.</p>	<p>period in the different sites. The actual lengths of the programs were not reported, but the typical lengths were 1 year; and the fourth site had a minimum of six months.</p>
<p>Male convicted felons who were sentenced to 24 months in the Community Control Program, which is an intermediate sanction program (home confinement) for felons.</p>	<p>Active program participation ranged from six to 18 months.</p>
<p>Parolees in two sites who were currently under supervision, were already evidencing poor parole performance, and possessed a serious prior criminal record.</p>	<p>It was designed to last nine-12 months. Contact levels varied at the two sites: face-to-face occurred 3.3 and 4.0 times per month; telephone contacts were 1.5 and 2.5 times per month; collateral contacts were 0.2 times and 2.6 times per month; and monitoring/employment checks were 1.1 and 3.1 times per month.</p>

Jail diversion for offenders with mental illness (post-booking programs)

WSIPP Program Description: Diversion programs for individuals with mental illness redirect these individuals from the traditional criminal justice system into mental health treatment programs. This review focuses on post-arrest diversion programs, which are jail- or court-based programs. These programs typically offer probation, deferred prosecution, or withdrawal of charges in lieu of incarceration. The level of treatment provided to individuals varies widely. Some programs consist only of referrals to treatment options. Other more-substantial programs integrate aspects of the criminal justice system to monitor participants and require treatment attendance, or involve community-based treatment providers. Mental health courts and pre-arrest diversion programs were reviewed separately from this meta-analysis.

WSIPP reviewed two studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.020	-0.020	6	556

Information from Two Studies Reviewed

Intervention: In general, diversion programs are used to divert offenders with co-occurring mental illness and substance use disorders from the traditional criminal justice system process by giving them access to treatment. There are two main types of diversion approaches: pre-booking, which occurs prior to arrest, and post-booking, which occurs after someone is arrested and booked on charges. One study reviewed eight different site-specific diversion programs; WSIPP excluded three of the sites because they used the Crisis Intervention Team model or a specialized court, which were reviewed separately. Of the five remaining, one was a pre-booking site and the other four were post-booking (the point of diversion was jail in three and arraignment in the fourth). In the pre-booking site, police officers determined at the time of the encounter whether a potential arrestee should be diverted and taken to an emergency room or other facility instead of to jail. In the post-booking sites, jail personnel or local officers identified potential participants, who then received treatment while in jail awaiting diversion. The degree to which treatment services were integrated into the program differed among the sites. It ranged from simple referral to actual provision of integrated substance abuse and mental health counseling.

Providers: Law enforcement officers, emergency room personnel, jail personnel, and courts.

Treatment Groups	Treatment Period/Dosage
All participants were 18 years of age or older, met the local program criteria for diversion, and had either been arrested (post-booking sites) or had police contact (pre-booking sites). Criminal justice charges ranged from misdemeanors to felonies and included violent and non-violent offenses. Participants included in the study had a current DSM-IV diagnosis of a psychotic or major	Not specified.

Treatment Groups	Treatment Period/Dosage
<p>affective disorder and substance abuse or dependence determined by the clinical staff (psychiatrist or psychologist) at the emergency room or treatment center for pre-booking sites or in the jails or court for the post-booking sites. Subjects with cognitive deficits or florid psychosis who were unable to engage in informed consent and/or complete the research interview were excluded.</p>	
<p>Adults ages 18+ who had two or more jail stays and demonstrated having a severe and persistent mental health and/or substance abuse diagnosis.</p>	<p>The average length of stay for program completers was approximately nine months. Services provided through the program included treatment, intensive case management, benefits coordination, vocational services, housing, and systematic collaboration with the criminal justice system. Phase I (Pre-engagement) included motivational enhancement and interviewing, program orientation and education, and linkages to community resources. Phase II (Recovery Services) included individual/group therapy, case management, medication management, and drug testing. Phase III (Community Transition) included individual/group therapy, case management, medication management, drug testing, and increased use of peer support services. Phase IV (Aftercare) included continued participation in group therapy, drug testing, and predominant use of peer support services.</p>

Life skills education

WSIPP Program Description: Life skills education programs provide incarcerated persons with training to build basic personal management skills, which may include communication, parenting guidance, financial literacy, job seeking, or time management. Participants typically attend life skills classes intensively over the course of two to four months and receive between 80 to 350 hours of programming.

WSIPP reviewed three studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	0.009	0.009	4	1,130

Information from Three Studies Reviewed

Intervention: Life skills education interventions are delivered to eligible inmates in group settings with at least one facilitator. Facilitators use open-ended discussion and role-play to target self-development to increase financial literacy, time management, and relationship skills. Classes meet for at least one hour several times per week for two to four months. Although it varies by program, participants focus some time on preparing for reentry.

Providers: Case managers and facilitators.

Treatment Groups	Treatment Period/ Dosage
All inmates with the ability to attend weekly classes.	A ten-week life skills education program focused on self-development, financial literacy, personal management, and parenting skills with homework. Class size averaged between 20-60 participants and was led by two facilitators. Each class met weekly for 90-120 min.
Low-risk inmates.	Participants attended a six-week life skills program for a total of 60 hours. Participants met five days per week for two hours each and met with their assigned case manager at least once every other week to discuss plans for reentry. The program had an open-ended structure focusing on time management, goal-setting, relationship building, financial literacy and recovery.
All inmates with the ability to attend weekly classes.	Participants met for three hours every weekday for four months. The program focused on academics, violence reduction and life skills using Moral Reconciliation Therapy. Participants used workbooks and group exercises to assess the quality of their relationships. Participants also completed at least 20 hours of volunteer work.

Mental health courts

WSIPP Program Description: Mental health courts, modeled after other therapeutic courts (e.g., drug courts, DUI courts), divert individuals with mental health issues from incarceration to treatment in the community. These courts use mental health assessments, individualized treatment plans, intensive case management, and judicial monitoring with the goal of providing participants with the resources needed to avoid criminal behavior while improving public safety. Most programs have a graduated system of requirements, meaning that as participants progress through the program, assessment and monitoring become less frequent. In some courts, charges are dropped with successful completion of the program. Programs can vary in length; the programs represented in this meta-analysis range from 6-24 months of delivered services.

WSIPP reviewed seven studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.168	-0.168	6	1,424

Information from Seven Studies Reviewed

Intervention: Characteristics common to mental health courts include: a separate docket for persons with mental illness; a team decision-making approach within the courtroom; monitoring by the court with consequences for noncompliance; guarantee of capacity for continued treatment; referring persons with mental illness to community treatment; and defendants agreeing to follow treatment plans and be monitored by the court with the expectation of dropped or reduced charges.

Providers: Providers included a variety of people: a dedicated judge; public defenders; private attorneys; criminal justice and mental health professionals; probation officers; and mental health practitioners.

Treatment Groups	Treatment Period/Dosage
Defendants charged with nonviolent misdemeanors, ordinance violations, or criminal traffic charges (excluding charges for domestic violence and driving under the influence); 7% of the defendants had a diagnosis of schizophrenia; 25%, major depression; 24%, bipolar disorder; and 34% other diagnoses.	Not specified.
Mental health court defendants not convicted of felony, domestic violence, or drunk driving charges.	Not specified.
Adults charged with either a felony or misdemeanor who were diagnosed with a serious mental illness and booked into the county jail.	Mental health treatment court plus intensive case management using the Assertive Community Treatment (ACT) model. Participants had weekly or bi-weekly court supervision. ACT services were in place for a maximum of 18 months.

Defendants charged with ordinance violations eligible for mental health court.	Defendants who successfully completed the program were monitored for an average of 11 months.
Defendants were 18 or older, charged with felonies, and diagnosed as having a DSM-IV axis I mental disorder (or, in some circumstances, developmental disabilities).	Not specified.
Persons with mental illness and/or substance abuse disorders who had been charged with criminal misdemeanor or felony offenses.	Defendants who elected to go through MHC and agreed to their treatment plans were required to come to court for monitoring monthly for at least six months.
Newly enrolled mental health court participants.	Participants received 20.2 hours of mental health treatment on average.

Outpatient/non-intensive drug treatment (community)

WSIPP Program Description: This group of programs includes outpatient and non-intensive substance abuse treatment programs delivered in the community to criminal justice system-involved individuals with substance abuse problems. Treatment approaches include individual counseling, cognitive behavioral therapy and other approaches with the goal of reducing substance abuse. Participants generally attend treatment for 2-18 months with weekly two-hour sessions.

WSIPP reviewed three studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.122	-0.122	3	42,338

Information from Three Studies Reviewed

Intervention: Only one study provided details on the treatment; the others only specified that it was nonresidential. In that study, which looked at substance abuse treatment in six locations, treatment ranged from brief residential through individual, group, and family treatment approaches contracted through local service providers. Providers employed urinalysis testing, close monitoring of treatment participation, generally more intensive supervision than non-program offenders would receive (e.g., electronic monitoring and house arrest), and graduated stages of treatment and supervision intensity. Treatment consisted of a clear plan for reintegrating the offender once the program was complete and most programs in the study employed a cognitive approach which focused on “criminal thinking patterns.”

Providers: Local treatment providers and nonresidential substance abuse treatment contracted by the Department of Corrections.

Treatment Groups	Treatment Period/ Dosage
Offenders with serious, assessed substance abuse problems for which treatment was mandatory.	Three to 12 months.
Drug-involved individuals (i.e., individuals who were ever arrested for a drug-related offense, ever participated in a drug court program, ever enrolled in drug-offender probation, ever tested positive on a criminal justice system-administered drug test, and/or ever referred to substance abuse treatment by the criminal justice system) sentenced to community supervision.	Not specified.
Offenders with a first or second offense of drug possession and a high-risk criminal history score.	Individual/family or group treatment.

Outpatient/non-intensive drug treatment (incarceration)

WSIPP Program Description: This group of programs includes outpatient and non-intensive substance abuse treatment programs delivered to incarcerated individuals who have substance abuse problems. Treatment types include individual counseling, cognitive behavioral therapy, reflective journaling, and other approaches. Participants generally attend treatment for one to five months, with treatment up to five hours per day in brief programs and substantially less-frequent programming in long-term programs.

WSIPP reviewed six studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.098	-0.098	6	2,205

Information from Five Studies Reviewed

Intervention: The intervention consisted of a variety of substance abuse treatment programs provided to inmates in prison and jail with substance abuse problems. Treatment included group and individual counseling, drug education classes, self-help groups (e.g., Alcoholics Anonymous and Narcotics Anonymous), parenting, life skills, and relapse prevention training. One of the programs offered an outpatient component and two offered referrals to continue treatment after release. In addition, participants were housed separately in two of the studies.

Providers: Providers were specified in only one study and consisted of two full-time masters-level alcohol and drug therapists and volunteers for Alcoholics Anonymous and Narcotics Anonymous.

Treatment Groups	Treatment Period/ Dosage
Inmates with an alcohol or drug dependency.	72 hours of group therapy over a four-week period that focused on a deconditioning drug use and learning alternative behaviors.
Offenders between 17 and 29 years old who were incarcerated in an adult institution for the first time, committed a non-violent Class 1 or lesser offense, and had a one to five-year sentence. There were three levels of offenders: Level I inmates had no identified substance abuse problem; Level II were considered to be probable substance abusers; and Level III were inmates determined to be probable drug addicts.	Treatment depended on the level: Level I participated in two weeks of drug education classes; Level II received four works of drug abuse treatment and two weeks of drug education; and Level III received 10 weeks of drug treatment services and two weeks of drug education.
Jail inmates with a substance abuse problem.	Five weeks of jail-based treatment. Inmates typically spent five hours a day, five days a week for five weeks receiving group treatment. Each client also received one individual therapy session (usually 30-60 minutes in length) each week. Alcoholics Anonymous and Narcotics Anonymous meetings were usually held each week during the evening hours.

Treatment Groups	Treatment Period/ Dosage
Male inmates with substance dependence and at least one previous arrest.	Participants read a 24-page interactive journal that was used as a brief intervention strategy. Content and coursework of the journal focused on the connection between substance use and criminal activity.
Male inmates.	The average time spent in the program was 5.3 months. Counseling (either group or individual) was given once a week.

Police diversion for individuals with mental illness (pre-arrest)

WSIPP Program Description: Diversion programs for individuals with mental illness redirect these individuals from the traditional criminal justice system into mental health treatment programs. This review focuses on pre-arrest diversion programs, which are police-based programs. Police-based diversion programs divert participants to services without applying criminal charges. Programs included in this meta-analysis followed the Crisis Intervention Team model, which involves specialized police training and partnerships between police and mental health providers in the community. Mental health courts and post-arrest diversion programs were reviewed separately from this meta-analysis.

WSIPP reviewed one study for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	0.089	0.089	3	290

Information from One Study Reviewed

Intervention: The pre-arrest diversion program reviewed for this intervention is for individuals with mental illness. Police bring individuals with mental illnesses to an emergency room or treatment center where they are linked to a treatment system without further criminal justice involvement. The diversion program includes psychosocial supports through the partnership of mental health providers and police in the community.

Providers: Law enforcement and service providers.

Treatment Groups	Treatment Period/ Dosage
Adults at least 18 years of age and who met the local program criteria for diversion.	The diversion model was a police led pre-booking program, following a Crisis Intervention Team model.

Police diversion for low-severity offenses (pre-arrest)

WSIPP Program Description: Pre-arrest diversion programs for low-severity offenses redirect individuals suspected of these offenses from the traditional criminal justice system into services in the community. Service referrals are specific to the assessed needs of each individual (e.g., mental health treatment or substance abuse treatment in the community). This review focuses on pre-arrest diversion programs, which are police-based programs. Police-based diversion programs divert participants to services without applying criminal charges.

WSIPP reviewed two studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.093	-0.093	2	247

Information from Two Studies Reviewed

Intervention: Police diversion for low-severity offenses are programs that intervene with individuals committing low-level drug or prostitution offenses prior to a conviction. The intervention acts as an alternative to prison by assigning each individual a case manager who refers them to treatments in the community for psychosocial issues, such as substance use and mental health issues. Other key program features are coordination of prosecution in any other pending criminal cases participants have in local courts and legal assistance. Six months after the initial entry into the program, case managers meet individually with clients.

Providers: Case managers, law enforcement, and service agency staff.

Treatment Groups	Treatment Period/ Dosage
Adults who were suspected of low-level drug or prostitution offenses.	Participants enrolled in a collaborative pre-arrest diversion program to divert those suspected of low-level drug and prostitution criminal activity to case management, supportive services, and legal aid, instead of jail and prosecution. Each participant had a fund for basic needs with the case manager’s supervision. After six months, participants completed one-on-one interviews with their case managers.
Female adult offenders arrested for low-severity offenses.	Participants were referred by police and after screening, they participated in a one-on-one interview. They then had access to support, including courses designed to help women with skills such as parenting, relationships, confidence building, IT and basic skills, anger management, and domestic abuse awareness. Counselling, access to drug and alcohol specialists, mentoring, and debt and financial advice were also provided.

Reentry courts

WSIPP Program Description: The purpose of reentry courts is to help facilitate successful reentry into the community for formerly incarcerated individuals. These specialized courts utilize a judge and other court staff to impose comprehensive supervision, graduated sanctions, and incentives as well as coordinate services (e.g. substance abuse treatment) to defendants. While each reentry court is unique in operations, method, and length of treatment, they share the primary goals of supporting reintegration into the community and reducing criminal recidivism. The programs represented here provided about six months of services.

WSIPP reviewed two studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.174	-0.174	2	584

Information from Two Studies Reviewed

Intervention: No additional information to WSIPP’s description above.

Providers: Judges, court staff and parole officers.

Treatment Groups	Treatment Period/ Dosage
Parolees returning from state prison to the community (average age of 30).	The court engaged parolees for six to nine months and had several core elements: 1) pre-release engagement, assessment, and reentry planning; 2) active judicial oversight; 3) coordination of support services; 4) graduated and parsimonious sanctions; and 5) positive incentives for success.
Parolees returning from state prison to the community.	The court was designed to encompass the first six months of the parolee’s term and consisted of two phases. In Phase One, parolees reported to their parole officer every week and attended hearings before the Administrative Law Judge (ALJ) every two weeks. In Phase Two, which was designed to last four months, the parolee reported to their parole officer every other week and appeared before the ALJ once per month. After program completion, parolees were transferred to a traditional parole caseload for the remainder of their supervision term.

Restorative justice conferencing

WSIPP Program Description: Restorative justice conferences are face-to-face meetings, typically between the victim and the convicted individual, facilitated by a professionally trained mediator. The purpose of conferences is to discuss the harm done and to come to an agreement between all parties about reparations. Conferences may also include other supporting persons or community members to resolve the harm done by the convicted individual. Conferences can take place during incarceration, before sentencing following a guilty plea, as a diversion program, or during re-entry. This intervention is brief, typically one or two conferences that last an hour or two.

WSIPP reviewed two studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.072	-0.072	6	266

Information from Two Studies Reviewed

Intervention: The intervention consisted of bringing offenders and victims together to discuss the offense and its implications for both parties. Different program paradigms were used, including indirect mediation (information passed between victim and offender through a mediator), direct mediation (meetings involved victim and offender with one or more mediators present), and conferencing (meetings involved victim, offender, and supporters, such as family members and friends of the victim and offender).

Providers: Program administrators, mediators/facilitators, victims, and, in one study, magistrates.

Treatment Groups	Treatment Period/ Dosage
Drunk driving offenders (offenders of any age who had a blood alcohol content level of at least 0.08 when arrested) and people under the age of 30 years old who had committed a violent offense.	Not specified.
Male and female offenders, some of whom were convicted of very serious offenses.	Not specified.

Sex offender registration and community notification

WSIPP Program Description: Registration laws require individuals convicted of certain sex offenses to register with local law enforcement. Notification laws authorize officials to notify the public when high-risk individuals are released from confinement into the community. These measures aim to increase community safeguards and assist law enforcement in tracking convicted persons. In this meta-analysis, WSIPP analyzed both the specific and general deterrent effects of the law. Specific deterrence refers to the concept of discouraging further criminal behavior through the experience of punishment. General deterrence refers to the concept of discouraging criminal behavior through the threat of punishment. In this analysis, the benefit-cost results rely solely on the effects of specific deterrence effect size.

WSIPP reviewed 10 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	0.016	0.016	7	19,142

Information from Eight Studies Reviewed

Intervention: The interventions involve sex offender registration and community notification policies. Although all states are required to have a sex offender registry, each state is responsible for developing a procedure to notify the public and assigning a risk-level of recidivism to each offender prior to release from prison. Generally, local law enforcement agencies release details (name, address, photograph and reason for offense) on sex offenders who are considered at highest risk to reoffend sexually. Methods for notifying the public vary, but can include flyers, public meetings, internet postings and media coverage. The objectives of this intervention are increased crime prevention and enhanced ability of law enforcement agencies to investigate crime. Registries are routinely updated depending on the state’s policies.

Providers: Law enforcement officers, case managers, and prison wardens.

Treatment Groups	Treatment Period/ Dosage
Convicted sex offenders of forcible rape incidents.	Offenders reported periodically to a local authority to verify their current address in an online sex offender registry. Community notification happened through community meetings, flyers and the internet.
Offenders convicted of any felony sex offense.	All sex offenders were registered online with different levels of notification matching their offense. Local law enforcement had the ability to modify the sex offender’s level if they lived in their jurisdictions.
High-risk sex offenders.	In this state, offenders were assigned a risk-level determined by the prison warden, a law-enforcement officer, a sex-offender treatment professional, a specialized caseworker, and a victim-services professional, prior to their release from prison. Level three was considered “high public risk” and the

Treatment Groups	Treatment Period/ Dosage
	highest level of the continuum. Police departments were responsible for broad public notification of any “level three” sex offenders residing in their district, usually by holding a public meeting and distributing information to media.
Male sex offenders.	In this state, sex offenders were mandated to register and assigned a risk level (level one to level three) based on the court’s assessment regarding (a) an offender’s likelihood to repeat the same or similar registerable offense and (b) the potential danger to the community. Risk level determined the length of registration and the extent of community notification.
Sex offenders.	After evaluation, offenders were assigned to one of three risk levels correlating to their probability of recidivating. The community was notified based of that risk level.
Sex offenders.	Local law enforcement officials determined which offenders required community notification, what types of information to release, and who should be notified. The list was updated on a monthly basis.
Low- and high-risk offenders.	Sex offender’s identities and residential locations were made public.
Male sex offenders.	Sex offenders were assigned a risk level according to: (1) recidivism levels, (2) days to first re-arrest, and (3) level of harm in the registry.

Sex offender treatment (community)

WSIPP Program Description: Programs providing treatment for individuals convicted of sex offenses use a broad range of therapeutic components, including individual and/or group counseling, cognitive behavioral therapy (CBT), aversion therapy, and other forms of psychotherapy. Participants in these studies were on probation or parole while receiving services and received increased supervision while in the programs. The programs in this meta-analysis vary in duration, ranging from 6 to 24 months. Treatment typically involves weekly outpatient sessions that last one to two hours.

WSIPP reviewed seven studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.050	-0.050	7	960

Information from Five Studies Reviewed

Intervention: There were a variety of different treatments provided in the studies, including electric shock aversion therapy, covert sensitization, assertiveness training, stress-management, psychotherapeutic behavioral therapy, cognitive behavioral therapy, and psychotherapy. In some studies, therapy was provided only on an individual basis, whereas in other studies it was provided in both individual and group settings. In two of the studies, treatment was combined with intensive supervision, i.e., extensive surveillance (e.g., polygraph testing) with immediate confrontation and punishment of violations.

Providers: Psychologists contracted by the Department of Corrections, clinic staff, and psychiatrists.

Treatment Groups	Treatment Period/ Dosage
Low-risk sex offenders under an intensive community supervision program.	Participation extended until the end of supervision, typically longer than two years. Officers had face-to-face with offenders 1.5 times per month on average. The majority of participants received treatment counseling and employment services, and some received substance abuse treatment. A variety of sanctions were employed for technical violations including house arrest, jail detention, electronic monitoring, and increased supervision as well as revocation.
Male sexual offenders who had received a sentence of two years or more.	Weekly treatments until the end of their sentence. Most offenders received general skill-building, group psychotherapeutic therapy paired with individual sessions. Other treatments provided included behavioral therapy, group and individual cognitive behavioral therapy, and individual psychotherapy.
Adult sex offenders who offended against children.	Program lasted a minimum of 52 weeks and up to two years and consisted of cognitive behavioral therapy with a strong emphasis on Relapse Prevention. The treatment included individual, family, and group therapy services.

Treatment Groups	Treatment Period/ Dosage
Two groups of exhibitionists consisting of males who had been charged with and admitted to having exposed their genitals to an unwilling adult female.	Group one got a combination of different individual aversion therapies. Minimum contact was 10 sessions over four months, max was 30 sessions over 9 ½ months, and the mode was 16 sessions over six months. Group two's treatment included covert sensitization and stress-management.
Males with convictions of all categories of sex offenses (rape, pedophilia, and exhibitionists), and under intensive probation supervision.	Group psychotherapy was provided once a week for approximately one hour. The optimum duration was 40 weeks.

Sex offender treatment (incarceration)

WSIPP Program Description: Programs providing treatment for individuals incarcerated for sex offenses use a broad range of therapeutic components, including individual and/or group counseling, cognitive behavioral therapy (CBT), aversion therapy, and other forms of psychotherapy.

Programs in these studies were delivered during incarceration. Treatment typically occurs daily, and lasts for two to seven hours per day. The programs represented in this meta-analysis vary in duration of services, ranging from five months to many years.

WSIPP reviewed 12 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.070	-0.070	12	2,939

Information from Eleven Studies Reviewed

Intervention: The different treatment methods employed reflect the different time periods of the studies. The earlier studies included aversion therapy that used images and electrical shocks, biofeedback procedures, and covert sensitization. The more recent treatment programs all used a cognitive-behavioral approach. Specific components included psycho-educational classes, behavioral treatment, family involvement, relapse prevention, and a risk-needs-responsivity model. One program also included a chemical dependency treatment component. All programs used both group and individual therapy. Most of the treatment programs took place in separate therapeutic settings, such as a psychiatric center on the prison grounds or a secure state hospital.

Providers: Psychologists, therapists and nursing and clinical staff.

Treatment Groups	Treatment Period/ Dosage
Sex offenders assessed as high-risk of recidivism or presenting with significant treatment needs, or both.	Not specified. Inpatient-based treatment (both individual and group) that followed a cognitive-behavioral relapse prevention model.
Males who had been convicted of a sex offense, were in medium or lower custody classification, admitted guilt, participated voluntarily and had at least one year remaining in prison.	One year. Treatment was a combination of treatment techniques including group therapy, psycho-educational classes, behavioral treatment, and family involvement.
Moderate- to high-risk male sex offenders who had at least nine months to serve in prison. Treatment was provided in a separate unit.	The average dosage consisted of approximately 10-15 hours of direct, staff-facilitated services per week for a duration that often ranged from one to three years. More specifically, inmates participated in an average of six hours per week of staff-facilitated group therapy sessions; additional individual therapy based on the needs of the

Treatment Groups	Treatment Period/ Dosage
	inmate and the availability of staff; psycho-educational classes, which were typically provided for 1.5-hour sessions three to four times per week in 12-week (quarter) sessions; and additional support groups, such as Alcoholics Anonymous, which met for 1.5 hours per week.
Sex offenders ages 21+ who read at a sixth-grade level, had a felony conviction, and were held in minimum or medium security custody.	20-week program that included daily participation in six to eight hours of group therapy.
Male child molesters in a maximum-security prison who had been sentenced to two-24 months for a sexual offense against a child. Treatment was provided in a separate, minimum-security setting.	An average of five months (range = one-12 months). Treatment included aversive conditioning training, which paired shocks to images.
Male sexual offenders assessed as presenting a high risk of recidivism, significant treatment needs or both. Roughly 69% were classified as rapists.	Three to four months. Treatment included aversion therapy, covert sensitization and biofeedback procedure.
Men who were serving sentences for child molestation or rape. In addition, they (a) were within 18-30 months of release, (b) were between the ages of 18 and 60 years, (c) had no more than two felony convictions prior to their instant offenses, (d) admitted committing a sexual offense, (e) did not have pending immigration holds or felony warrants, (f) had estimated IQs above 80, (g) spoke English, (h) did not have a psychotic or organic mental condition, (i) were not so medically debilitated as to require skilled nursing care, and (j) had not presented severe management problems in prison. Inmates who had offended in concert (e.g., gang rape) or only against their biological children (incest) were excluded from eligibility. Treatment was provided in a state hospital.	Two years. Treatment consisted of a core relapse prevention group, which met for three 90-minute sessions each week throughout the program, as well as participation in specialty groups. All participants also completed a prerelease class designed to prepare them for life on the streets and were scheduled for weekly individual sessions with their assigned clinicians and nursing staff.
High risk male sex offenders.	Six to eight months of treatment.
Extrafamilial male child molesters in a maximum security psychiatric institution.	An average of 20 aversion therapy treatment sessions that lasted one hour each.
Male offenders. The minimum criterion for program eligibility was the presence of at least seven of 13 cognitive deficits included in the assessment scale.	36 two-hour group sessions of cognitive skills training.
Adults considered repetitive, compulsive sex offenders who received specialized treatment at the Adult Diagnostic Treatment Center (separated from other sex offenders and sentenced specifically to this facility).	Not specified. Cognitive-behavioral treatment and relapse prevention strategies were delivered under a hierarchy of five levels, with each level building on the previous stage.

Supervision with Risk-Need-Responsivity principles (high and moderate risk)

WSIPP Program Description: This meta-analysis represents a broad grouping of supervision programs which utilize “Risk Need Responsivity” (RNR) principles. Following these principles, corrections officers provide amounts of services in accordance with the individual’s risk for re-offense (risk principle), provide types of services based on the individual's unique assessed needs (need principle), and determine a treatment method that is appropriate for the individual based on individual abilities and motivation levels (responsivity principle). Supervision using RNR principles focuses on high to moderate risk individuals. Interventions are either cognitive behavioral or social learning techniques. This means that the supervising parole or probation officer uses motivational interviewing techniques (e.g., open ended questions, affirmations, elicitation of person reflection, etc.) as well as a behavioral or contingency management style of supervision (i.e., systems of incentives for reinforcement, disapproval, and an emphasis on self-management). Supervising officers may issue violations when individuals violate the conditions of supervision.

WSIPP reviewed 10 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.109	-0.109	14	8,575

Information from Seven Studies Reviewed

Intervention: At the beginning of the intervention, participants are assessed for their supervision and treatment risks and needs. The assessment results guide the participants’ treatment and case plans, which try to address dynamic factors that are assumed to contribute to the risk of reoffending. Probation officers provide training in cognitive behavioral methods and basic skills in order to address internal factors. Treatment for external factors includes substance abuse and mental health services. Controls such as curfews, drug testing, and house arrest are used throughout the process, with reduced controls as the participant progresses.

Providers: Probation officers.

Treatment Groups	Treatment Period/ Dosage
Supervised adult offenders, at least 18 years of age.	Participant attended 11 group activities focused on role-plays of changing criminal attitudes, responsivity, cognitive behavioral links and problem solving.
There were two treatment groups: 1) volunteer probation officers and their high-risk probationers; and 2) probation officers and their low- and high-risk male probationers without mental illness and not convicted of a sexual offense.	Not specified.
Probation officers and their moderate- to high-risk probationers.	Not specified.

Treatment Groups	Treatment Period/ Dosage
<p>The study looked at offenders at four sites. One site included a large population of parolees of color, two sites included a multi-racial population of offenders in mixed residential-urban areas, and the last site included predominately white offenders in a rural setting. Offenders at all sites started supervision during the calendar year 2004, served a minimum of 6 months on supervision, had been rated moderate to high risk for recidivism using a validated screener, and had been sentenced to a parole, probation, or mandatory release type of community supervision.</p>	<p>Offenders had to serve a minimum of six months supervision.</p>
<p>Community corrections officers and their adult probationers.</p>	<p>Not specified.</p>
<p>Medium- to high-risk offenders.</p>	<p>Participants attended a series of seven modules. The first few meetings with the probation office focused on understanding the impact of offender's crime. The subsequent modules worked on problem solving, mental health and/or substance use issues.</p>
<p>Medium to high-risk offenders.</p>	<p>Participants attended a series of seven modules. The first few meetings with the probation office focused on understanding the impact of offender's crime. The subsequent modules worked on problem solving, mental health and/or substance use issues.</p>

“Swift, certain, and fair” supervision

WSIPP Program Description: Swift, certain, and fair (SCF) is a strategy used by supervising officers to address violation behavior of persons being who are supervised in the community on probation or parole. Probationers or parolees are required to follow rules and conditions (e.g., abstaining from drugs or alcohol) in order to complete their sentence in the community successfully. When officers observe violations of these rules, the premise of SCF is for the officer or judge to 1) quickly address violations (swift), 2) address all violations (certain), and 3) follow specific sanctioning guidelines (fair). Sanctioning guidelines are dependent upon the type of violation and how many violations the probationer or parolee has received in the past. Sanctions for low-level violations are less severe than sanctions for high-level violations, which can result in no more than three days in jail. Swift, certain, and fair aims to structure the use of prison or jail as a sanction for violation behavior, with the goal of decreasing overall costs. The length of supervision can vary depending on the underlying sentence and the population being served.

WSIPP reviewed 12 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.095	-0.095	11	6,790

Information from Twelve Studies Reviewed

Interventions: The programs evaluated in these studies included Drug Reduction of Probationers (DROP), Hawai’i Opportunity Probation with Enforcement (HOPE), Break The Cycle (BTC), Decide Your Time, as well as some more generic models, such as instant drug testing with consequences, multimodal community-based reentry with substance abuse treatment, a Behavioral Accountability Guide, and a Sanctions Court. Most programs targeted moderate and high-risk offenders, involved frequent random drug testing, and had clear sanctions for sanctions for failed tests, which were often immediate and graduated. Some programs also included behavioral services. More detail about each program is provided in the table below.

Providers: Court judges, case managers, and probation and/or parole officers with specific training in motivational interviewing and cognitive behavioral therapy, and/or the sanctioning program.

Treatment Groups	Treatment Period/ Dosage
Low- and medium-risk offenders sanctioned to probation or parole who had been convicted of an alcohol or drug related offense and who had a documented substance abuse problem.	Participants stayed in the program until they were discharged from supervision, which generally lasted 18-24 months. Drug Reduction of Probationers (DROP) consisted of frequent urinalysis (UA) testing for substance use and access to treatment services combined with certain jail sanction for a positive test. The sanction for the first positive test was two to five days and it increased for subsequent failure. Participants received an average of 1.9 face-to-face contacts during the first month; this declined to 1.4 face-to-face contacts by the sixth month. They also

Treatment Groups	Treatment Period/ Dosage
	had an average of nine urinalysis tests. Most participants participated in alcohol or drug treatment programs. Some were also involved in group or individual counseling.
Low- and moderate-risk male parolees with a history of drug problems and supervision conditions that prohibited substance abuse.	This instant drug testing with consequences program involved frequent, random drug testing of alcohol, cocaine, opiates/heroin, and THC (cannabis) with instant results, immediate sanctions, and referral to substance abuse treatment. Each weekday, participants called a toll-free number to find out if they had been randomly selected for testing that day. If so, they had to report to the county jail to submit a urine sample. The drug testing protocol assured that each individual was to be tested an average of twice per week. Individuals who tested positive were immediately incarcerated for three days, each time they tested positive. Individuals who failed to report for testing were also incarcerated for three days each time they did not report. Three consecutive missed tests led to the pursuit of a warrant. Those who were incarcerated for either a positive drug test or failure to report sanction were assessed for substance abuse treatment. Counselors had discretion to recommend treatment. Referral was an offer of treatment and was not a condition of community supervision.
Low- and moderate-risk male parolees with significant substance dependencies under community supervision.	24-month parole program. Substance abuse treatment called for 10 hours of services per week during the first 30-45 days after release from prison (actual average was 6.5 hours) and required residence in a secure transitional facility. Sessions were also supplemented by 12-step facilitation therapeutic techniques. Participants moved to approved home residence contingent upon compliance with substance abuse treatment and testing. During the next 45 weeks, the program called for two individual counseling sessions per month. Participants were required to call a toll-free phone number each day for random drug testing. Positive drug tests resulted in immediate three-day sanctions to be served at the transitional housing facility. Continued non-compliance with treatment or testing led to additional three-day sanctions or graduated sanctions.
Individuals sanctioned to community supervision (all risk levels).	The Department of Corrections created a Behavioral Accountability Guide for persons supervised in the community. Violations were categorized as either Low or High. The sanction for the first Low violation required participant to sign a behavioral agreement. Second to fifth Low violations received up to three jail confinement days. A High violation required

Treatment Groups	Treatment Period/ Dosage
	mandatory arrest, up to 30 days in jail or possible revocation of supervision. Low violations did not require sanction hearings, but new crimes were reported to law enforcement and filed with prosecutor.
Persons on pretrial release arrested on felony charges.	Breaking The Cycle Program (BTC). Screening occurred within a week of release from incarceration. Regular drug tests were scheduled and administered for all clients who were not in inpatient treatment; average was 16 per client and ranged from 1 to 51 tests per client. The plan adopted by BTC for noncompliance called for initial sanctions to be administered by BTC case managers (e.g., increased supervision, warning letter), whereas subsequent infractions were supposed to provoke more severe judicial sanctions (e.g., court admonishment, brief jail stays). The most common sanctions used for all types of infractions were alert letters and case reviews, but other appropriate sanctions (e.g., increased drug testing and reassessment) were utilized infrequently and more severe sanctions (e.g., jail time) were rarely used because of overcrowding in jails. Although most clients with infractions eventually got sanctioned, they were able to get away with several infractions, and clients were often able to avoid being held accountable for long periods of time.
Persons serving a felony sentence on probation or parole with a “drug condition.”	The BTC program used frequent drug testing and use of immediate sanctions for violations of drug conditions in an effort to encourage abstinence and participation in treatment.
The intervention targeted all drug using adult defendants charged with a felony (excluding serious, violent, or sexual offenses).	The BTC program included drug testing of all offenders as soon as possible after arrest, early clinical assessment, and timely placement in a drug treatment or drug monitoring program depending on the assessment. This program started during pre-trial and continued through after adjudication and sentencing. The BTC model also required close judicial oversight of drug treatment participation and a pre-specified sanctioning schedule for noncompliance to provide immediate and certain response to offender violations with punishments increasing in severity.
Adults under community supervision (probation) who were at highest risk of failing probation through continued drug use, missed appointments, or reoffending.	The HOPE intervention started with a formal warning, delivered by the judge in open court, that any violation of probation conditions would not be tolerated: each violation would result in an immediate, brief jail stay. Each probationer was assigned a color code at the warning hearing. The probationer was required to call the HOPE hotline each morning and had to take a drug test if his or her color code was selected. Probationers were randomly tested at least

Treatment Groups	Treatment Period/ Dosage
	<p>once a week for the first two months. A failure to appear for testing led to the immediate issuance of a bench warrant, which the local Police Department served. Probationers who tested positive for drug use or failed to appear for probation appointments were brought before the judge. When a violation was detected, probation filed a Motion to Modify Probation. The hearing on the Motion to Modify was held within 72 hours. A probationer found to have violated the terms of probation was immediately sentenced to a short jail stay with credit given for time served.</p>
<p>Adults under community supervision by probation officers. Participants were at highest risk of failing probation through continued drug use, missed appointments, or reoffending.</p>	<p>HOPE program. (see description from study above)</p>
<p>Probationers assessed as high or medium risk. Eligibility was limited to individuals who had one year or more remaining on their probation sentence. Individuals newly sentenced to probation were the primary target, but individuals who had served less than six months of their probation sentence and had a violation were also eligible for the program.</p>	<p>HOPE program. (see description from study above)</p>
<p>Adults under community supervision by specialized probation officers.</p>	<p>"Decide Your Time" (DYT) modified existing probation procedures to include frequent random drug testing, swiftly delivered sanctions, and treatment referrals. Participants were assigned a color and called in daily to see whether their color had been chosen that day for a random drug test. If they provided clean samples for three months, they would be placed on a lower level of probation, which required only monthly reporting. Testing and sanctions were provided according to a system of phases. During Phase 1, participants had weekly drug tests only. Failure at Phase 1 resulted in movement to Phase 2, which comprised (a) being held for four days in a probation violation center and (b) mandatory Saturday morning treatment sessions. The Saturday sessions were developed solely for DYT participants and were conducted by DYT probation officers based on motivational interviewing and cognitive behavioral therapy principles. Urine testing was also increased to regularly scheduled, twice-a-week tests for 30 days. Compliance (no failed urine tests or missed appointments) for 30 days resulted in placement back into Phase 1. Failure at Phase 2 resulted in movement to Phase 3, which added a 6 p.m. curfew to existing</p>

Treatment Groups	Treatment Period/ Dosage
	<p>sanctions. Compliance for 30 days resulted in placement back into Phase 1. Failure in Phase 3 resulted in movement to Phase 4, which involved being held for five days at a probation violation center, followed by return to Phase 3. Subsequent failure in Phase 3 resulted in termination from DYT and a formal violation of probation and hearing in front of a judge.</p>
<p>Adults sanctioned to probation for felony offenses and who scored high on a risk assessment instrument (excluding sex offenders). Also, individuals who had high "needs" or failed to comply with probation conditions by failing drug or alcohol tests, noncompliance with treatment plans, or committed other serious technical violations.</p>	<p>The Sanctions Court required attending court sessions one to four times per month. This first phase also required supervision on a high-risk caseload, random drug testing, and attendance in treatment programming. Sanctions Court utilized progressive sanctions in a manner that quickly addressed probation violations in order to deter future violations. These sanctions included a court admonishment, increased community service hours (CSR), jail time, increased reporting, and additional fines. The court also applied incentives for probationers in compliance with conditions of probation. These incentives included a reduction in supervision contacts, a decrease in CSR, reduction in fines, and early termination of probation in some cases.</p>

Additional information: For more information on the HOPE program, visit the developer's website at <http://hopehawaii.net/>.

Therapeutic communities for chemically dependent offenders (community)

WSIPP Program Description: Community-based therapeutic communities are an intensive form of substance use disorder treatment provided to individuals with substance use disorders who are involved in the criminal justice system. Participants live in residential units within the community that provide a continuous therapeutic environment. Therapeutic communities use a hierarchical social learning model, wherein participants earn increased social and personal responsibility as they progress through stages of treatment. Treatment involves a highly structured therapeutic environment, peer support and peer accountability intended to teach participants prosocial norms and behaviors.

This meta-analysis focuses on therapeutic communities in the community. It excludes evaluations of programs targeting persons with co-occurring mental health and substance use disorders. Participants in the programs in this meta-analysis remained in community-based therapeutic communities for 2 to 21 months with treatment on weekdays and live-in staff.

WSIPP reviewed five studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.102	-0.102	4	669

Information from Four Studies Reviewed

Intervention: Therapeutic communities (TCs), an enhancement to routine probation, integrate treatment within a controlled environment and maximize supervision. As such, participants live together and are monitored closely by correctional authorities. TCs also encourage a culture wherein self-help advances learning and promotes change, both in oneself and in others. Participants progress through program stages, gradually assuming greater independence as they demonstrate greater responsibility. In general, offenders in the studies were mandated to attend this specific type of intensive substance abuse treatment program.

Of note, two of the studies looked specifically at work-release transitional therapeutic community treatment. Participants in these programs were segregated from the rest of the work-release population and participated in treatment when not working. Two other studies looked specifically at offenders with co-occurring mental and substance use disorders. The programs in these studies used a modified TC model that accommodated the many needs of the population, including psychiatric symptoms, cognitive impairments, and level of functioning. New components to address criminal thinking and behavior; to recognize and respond to the interrelationship of substance abuse, mental illness, and criminality (triple recovery); and to use strategies for symptom management were also added.

Providers: Clinical staff included professionally trained counselors and former drug users who were TC clients. Clients, themselves, were also an important provider as mutual self-help is a key component of TC. For the clients with co-occurring disorders, providers included three aftercare TC staff trained in both mental health and substance abuse.

Treatment Groups	Treatment Period/ Dosage
Adults convicted of a substance use related offense.	An 18- to 24-month drug treatment program as an alternative for prison.
Drug involved prisoners who participated in a work-release TC during the transitional period between prison and the community.	Treatment lasted six months. During the first three months, the TC participants were not employed in the outside community, but for the final three months, they were allowed access to the community for employment opportunities.
Recently released offenders with a substance use disorder.	For the first few months, participants had to attend five self-help meetings per week, make a minimum of four “recovery-related” phone calls per week (through which they received a sponsor’s support), and obtain full or part-time employment. During later months, residents served as role models and helped orient newer residents, attended four 12-step meetings a week, continued making four phone calls to their sponsors, and moved toward financial stability. After 12 months, residents moved to independent living arrangements, continued random drug screening tests, and followed a regimented plan of recovery.
Inmates eligible for work release.	A nine- to 12-month program that emphasized the development of prosocial values and recovery methods for drug use.

Therapeutic communities for chemically dependent offenders (incarceration)

WSIPP Program Description: Prison-based therapeutic communities for substance use disorders are an intensive form of substance abuse treatment provided to individuals with substance use disorders. Although participants remain within correctional facilities, they live in a 24/7 therapeutic milieu apart from the general prison population. Therapeutic communities use a hierarchical social learning model, wherein participants earn increased social and personal responsibility as they progress through stages of treatment. Treatment involves a highly structured therapeutic environment, peer support, and peer accountability intended to teach participants prosocial norms and behaviors.

This meta-analysis excludes evaluations of programs targeting persons with co-occurring mental health and substance use disorders. Participants remained in these programs for 2 to 18 months with treatment on weekdays and live-in staff.

WSIPP reviewed 15 studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.089	-0.089	19	6,263

Information from Twelve Studies Reviewed

Intervention: Therapeutic Communities (TC) interventions are residential treatment programs that provide an intensive, highly structured pro-social environment for the treatment of substance abuse and addiction. It differs from other treatment approaches in its use of the community as the key agent of change, in which treatment staff and recovering clientele interact in both structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use. The TC uses a staged, hierarchical model in which treatment stages are related to increased levels of individual and social responsibility. Peer influence, mediated through a variety of group processes, is used to help residents learn and assimilate social norms and develop more effective social skills. The therapeutic approach generally focuses on changing negative patterns of thinking and behavior through individual and group therapy, group sessions with peers, and participation in a therapeutic milieu with hierarchical roles, privileges, and responsibilities. Strict and explicit behavioral norms are emphasized and reinforced with specific contingencies (rewards and punishments) directed toward developing self-control and responsibility.”

Providers: Therapists, counselors and prison staff.

Treatment Groups	Treatment Period/ Dosage
Female offenders with a history of substance abuse and a minimal desire to become actively involved in treatment.	The program was designed to last 270 days if the inmate remained in prison or 180 days if the inmate was released immediately afterwards; only 11% completed the program. Sixty percent spent less than 90 days in treatment and 40% spent more than 90 days. Treatment consisted of daily group therapy and individual counseling.

Treatment Groups	Treatment Period/ Dosage
At-risk female offenders.	A six-month cognitive-behavioral program that met four hours per day, five days per week and stressed relapse prevention as well as individualized support, counseling, group interaction and 12-step programs.
Medium- to high-risk offenders.	Nine months of intensive behavior-based interventions in three stages: Orientation, Treatment and Maintenance. Orientation was a one-month induction that consisted of intensive assessment and treatment planning. The treatment phase of the program lasted six months. Participants met at least 70 hours, which included 20 hours of group-based CBT, 10 days of employment or education, weekly community meetings, weekly individualized feedback sessions, and monthly case reviews. Prisoners also engaged in education and vocational training during this phase of the program.
Chemically dependent offenders with less than two years to serve who hadn't served time in prison before.	The program was supposed to last 14 weeks and called for at least one face-to-face individual chemical dependency counseling session each week and 20 hours of treatment each week, of which 10 could be for education. Most offenders received between 250 and 300 hours of treatment. Over half of the offenders (56%) were in treatment between 70 and 100 days, while 41% spent between 50 and 75 days in treatment.
Adult male inmates.	Nine to 12 months of therapeutic care to increase personal and social responsibility.
High risk substance abusing felons recommended for residential treatment who had enough time before release to receive an adequate treatment dosage, approximately 6-12 months, and who had not received a disciplinary violation in the last six months. Offenders convicted of a sex offense were excluded.	Minimum stay of 180 days in treatment program was required.
Participants had to have at least 15 months remaining until their release dates, a history of moderate to severe drug abuse, no history of violence or assaultive behavior during the current incarceration, and no serious medical, psychiatric, or psychological problems that would interfere with full program participation.	There were two types of residential treatment programs. The first type offered 1,000 hours of treatment over a 12-month period and the second offered 500 hours of treatment over a 9-month period. For both, there were 450 hours of programming that consisted of: screening and assessment; treatment orientation; criminal lifestyle confrontation; cognitive skill building; relapse prevention; interpersonal skill building; wellness; and transitional programming. There were also three stages of treatment: stage one was one of the unit-based programs listed above (9-12 months); stage two was for when inmates returned to general population (12 months); and stage three was for inmates when they were transferred from the institution to a halfway house prior to release from custody.
Adult inmates with documented substance use issue.	Formal programming occurred four hours a day during weekdays, with staff available 24-hours per day. This

Treatment Groups	Treatment Period/ Dosage
	therapeutic community intervention used a three-phase treatment model. The first two to three months involved clinical observation and assessment; the next five to six months focused on emotional counseling; and the last six to eight months prepared inmates for community reentry. After release, participants received residential treatment for six to 12 months.
Inmates identified as needing intensive substance-abuse intervention.	TC inmates moved through three phases of treatment. The first phase (orientation) lasted 1-3 months; the second phase (primary treatment) lasted 3-7 months; and the third phase (reentry) lasted 1-3 months. Of the five programs reviewed, three offered 15 hours per week of treatment (individual or group counseling) and two offered weekly programming of 30 hours or more. Three programs lasted 12 months; one lasted 9 months; and another lasted 12-16 months. On average, participants received 912 hours of treatment.
High-risk offenders.	Participants had morning meetings, individual and group therapy, and group life skills development.
Male and female inmates with severe drug problems.	Optimal treatment duration was 9-12 months. Actual treatment was 7.2 months for males and 6.5 months for females.
Inmates who had a documented history of substance use or abuse.	The treatment lasted as long as 18 months in prison, and it involved three phases: orientation, primary treatment, and prerelease transitioning. Programs included a minimum of 20 hours per week of substance abuse treatment activities, as well as 10 hours or more of structured optional activities.

Therapeutic communities for individuals with personality disorders

WSIPP Program Description: Prison-based therapeutic communities are an intensive form of therapeutic treatment. Participants live in a continuous therapeutic environment apart from the general prison population. Therapeutic communities use a hierarchical social learning model, wherein participants earn increased social and personal responsibility as they progress through stages of treatment. Treatment involves a highly structured therapeutic environment, peer support and peer accountability intended to teach participants prosocial norms and behaviors. Participants may remain in the therapeutic community for 12 to 22 months with programming on weekdays and live-in staff.

WSIPP reviewed one study for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.175	-0.175	1	694

Information from One Study Reviewed

Intervention: No additional information from WSIPP’s description above.

Providers: Not specified.

Treatment Groups	Treatment Period/ Dosage
Male prisoners who had been admitted to a therapeutic community and diagnosed with a personality disorder. Life sentence prisoners and some others serving long sentences were excluded.	The average length of stay was around 12 months.

Therapeutic communities for offenders with co-occurring disorders

WSIPP Program Description: Therapeutic communities are an intensive form of substance use disorder treatment generally provided to individuals with substance use disorders involved in the criminal justice system. Participants live in a continuous therapeutic environment apart from the general population. Therapeutic communities use a hierarchical social learning model, wherein participants earn increased social and personal responsibility as they progress through stages of treatment. Treatment involves a highly structured therapeutic environment, peer support and peer accountability intended to teach participants prosocial norms and behaviors.

This meta-analysis includes only therapeutic communities designed for persons with co-occurring substance use and mental health disorders in the community. Participants in the programs in this meta-analysis remained in therapeutic communities for 3 to 12 months with treatment on weekdays and live-in staff.

WSIPP reviewed seven studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.160	-0.160	6	588

Information from Six Studies Reviewed

Intervention: These interventions contained the main components of therapeutic communities (TCs). For instance, the interventions worked to develop a culture where clients learned through self-help and community affiliation to foster change in themselves. There were behavioral consequences/reward systems, use of program graduates as inmate program aides, and participants assumed greater independence as they progressed through program stages. Lastly, in order to create a total treatment environment, participants were physically segregated from the general population inmates and they participated in meals and recreational activities together.

However, since the treatment population consisted of offenders with co-occurring mental and substance use disorders, the programs in these studies used a modified TC approach that included increased flexibility, decreased intensity, and more individualization. New components to address criminal thinking and behavior; to recognize and respond to the interrelationship of substance abuse, mental illness, and criminality (triple recovery); and to use strategies for symptom management were also added. In addition, many of the programs incorporated psycho-educational classes, cognitive behavioral protocols, and medication.

Providers: Providers in one study included three aftercare TC staff, trained in both mental health and substance abuse. Providers in two other studies received initial immersion training, then monthly sessions using a manual and curriculum, and weekly consultation/supervision.

Treatment Groups	Treatment Period/ Dosage
Homeless individuals with mental health and substance use disorders.	A stratified, structured, and active program based on mutual self-help in a “homelike” setting. Treatment involved four stages: admission, primary treatment, live-in reentry, and live-out reentry. Treatment stages corresponded to stages within the recovery process and to a level of care.
Adults with co-occurring disorders.	Nine hours per week for 12 weeks. Sessions covered substance use, crime, employment and psychosocial counseling in group and individual meetings.
Male offenders who had been diagnosed with co-occurring mental and substance use disorders (COD); participated in one of two prison substance abuse treatment programs within the DOC; were approved by the Community Correction Board for placement in a community corrections facility; and were accepted by the provider agency for placement in a community corrections facility.	Six months. During that time, participants attended formal program activities from 3-7 days per week for 3-5 hours each day. They also attended weekly group psycho-educational classes and individual counseling sessions. In addition, they received medication daily and weekly psychiatric services, as well as mental health counseling.
Male inmates who had both a serious mental disorder and a substance (including alcohol) use disorder (referred to as MICA inmates).	Planned program duration was 12 months. In general, once an inmate entered treatment he remained within the program until his release. The typical inmate attended formal program activities five days per week for 4–5 hours each day; the remainder of the day was spent working within the prison. Upon release from prison, offenders in the MTC treatment group could elect to continue treatment for six months in an MTC aftercare program.
MICA inmates.	The planned duration of stay in the prison MTC was 12 months. Upon release from prison, offenders in the MTC treatment group could elect to continue treatment for six months in an MTC aftercare program.
Male inmates diagnosed with a severe and persistent mental illness such as schizophrenia, schizoaffective disorder, bipolar disorder, or delusional disorder and substance abuse or substance dependence.	Graduates participated in the residential TC for an average of nine months (281 days), while terminations participated for an average of nearly four months (113 days). The TC component included an orientation phase and four two-month residential treatment program phases. Participants attended community meetings, treatment groups, and social activities each weekday throughout the treatment phases. Each day participants attend a morning meeting, a community meeting to address community-level issues, and a wrap-up meeting late in the afternoon. They also participated in mental illness and substance abuse treatment groups, individual sessions with the primary staff person, structured social activities, daily living skills groups, and groups addressing health, anger management, and relapse prevention. Participants also were given

Treatment Groups	Treatment Period/ Dosage
	urinalysis testing randomly on a weekly basis and at the end of each treatment phase.

Violence reduction treatment

WSIPP Program Description: Violence reduction treatments use therapeutic methods to help participants manage anger and avoid violence. These programs are intended to improve participants’ attitudes, reasoning abilities, communication skills and self-awareness. For the studies in this meta-analysis, participants received between 188 and 330 hours of programming over 3.5 to 7 months.

WSIPP reviewed one study for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.019	-0.019	2	409

Information from One Study Reviewed

Intervention: Violence reduction treatment is an intervention that uses skill-based approaches for violence awareness, anger control, and social relationship management to develop a pro-social lifestyle. The intervention aims to achieve attitudinal and behavioral change within a participant. Offenders receive group sessions of different violence reduction methods for four to seven months.

Providers: Parole officers and program staff.

Treatment Groups	Treatment Period/ Dosage
Federal male offenders who have committed a minimum of two violent offenses and who are at high risk of committing future violent crimes.	Persistently violent offenders received 10 modules presented over the course of 94 two-hour group sessions, at the rate of six sessions per week. The modules were: Making Change (6 sessions); Violence Awareness (12 sessions); Anger Control (12 sessions); Solving Problems (10 sessions); Social Attitudes (10 sessions); Positive Relationships (8 sessions); Conflict Resolution (8 sessions); Positive Lifestyles (8 sessions); Self-Control (8 sessions); and Violence Prevention (12 sessions).

Vocational education in prison

WSIPP Program Description: Vocational education programs delivered in prison involve instruction for a specific trade, occupation, or vocation such as welding, auto repair, building maintenance, and graphic arts. The primary goal of vocational education is to help offenders develop marketable job skills upon release to the community. Certificates or college credit can be earned for some vocational programs.

WSIPP reviewed three studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.167	-0.167	3	1,950

Information from Three Studies Reviewed

Intervention: Two of the three studies did not provide detail on the intervention itself but only mentioned that it involved participation in industrial work within prison (for at least six months prior to release), vocational training, apprenticeship training, or some combination of these. The Vocational Education in Prison program in the third study consisted of:

- Working individually with inmates to identify vocational interests and aptitudes.
 - Inmate met with an Evaluator who performed a battery of tests to determine the inmate's vocational interest and aptitudes.
- Developing individual plans of study for developing vocational skills.
 - A Case Manager developed a correctional plan based on the inmate's test results.
- Providing the identified training as well as other needed services.
 - The Case Manager scheduled appropriate vocational training for the inmate's correctional plan along with academic programs, self-improvement, and life-enrichment activities.
- Helping inmates secure post-release employment.
 - The Case Manager and inmate discussed post-release employment opportunities with an Employment Specialist. Prior to release, the inmate met with the Employment Specialist to discuss job prospects as well as complete Community Re-entry Training, which provided job interview skills. Upon release, the inmate either started a job or worked with the Specialist until employment was found.

Providers: Correctional facility staff and, in some cases, administrators, case managers, and teachers.

Treatment Groups	Treatment Period/Dosage
Prisoners participating in some form of vocational education and training prior to release.	Not specified.
18-22-year-old medium- and minimum-custody male inmates who: committed an income-producing offense; expected an in-state release; had an IQ greater than or equal to 70; expected a prison stay of eight months to three years; and were in good health.	Those enrolled in the program participated for an average of approximately seven months.

Treatment Groups	Treatment Period/Dosage
Inmates who participated in industrial work within prison for at least six months prior to their release or had received in-prison vocational instruction or apprenticeship training.	Not specified.

[Work release](#)

WSIPP Program Description: Work release programs are a form of partial confinement that enables certain offenders to serve all or a portion of their prison/jail sentence in a residential facility while employed in the community.

WSIPP reviewed eight studies for this intervention.

Outcomes	Adjusted Effect Size (1)	Adjusted Effect Size (2)	Number of Effect Sizes	Total N in Treatment Groups
Crime	-0.036	-0.036	9	24,013

Information from Six Studies Reviewed

Intervention: Program participants were permitted to work in the community and return to a residential work release facility or correctional institution in the evening. In some cases, participants kept their earned wages except for deducted administrative fees. Some programs also provided job placement and other treatment services.

Providers: Department of Corrections’ staff or contractors.

Treatment Groups	Treatment Period/Dosage
Inmates in minimum custody facilities who served 85 percent of their sentence and were approved for work release (i.e., inmates were excluded from consideration if they had an escape history, had been terminated from work release, had four prior prison spells, had committed a sexual offense, or had a violent detainer).	Participants had 10 months remaining on their sentence. The intervention occurred daily while participating in the program.
Inmates who were accepted into work release. In order to be eligible, they must have had a minimum-security status, less than 2 years left to serve, not convicted of rape in the first degree or are beyond the first 3 years of confinement, and they were not convicted of murder in the first degree.	Offenders had one to two jobs during their three- to four-month work release stay.
Inmates with at least a minimum 30-day sentence who held jobs prior to the execution of their sentence or those who did not have jobs but were approved on a provisional basis could apply to the work furlough program. Sex offenders, narcotics offenders and violent criminals were excluded.	Not specified.
Male inmates.	Not specified.
Offenders who participated in work release. The treatment group tended to have more criminal history, but less serious and less violent offenses than the general prison population. Offenders convicted of First Degree Murder and offenders convicted of First	Offenders worked an average of 40 hours a week. Actual length of stay in work release averaged 104 days.

Treatment Groups	Treatment Period/Dosage
Degree Rape are restricted from participating in work release.	
Inmates meeting the minimal eligibility requirements for work release.	Length of participation in work release ranged from two to six months.

Appendix: Drug courts treatment table

Treatment Groups	Treatment Period/ Dosage <i>(In most cases, the requirements to complete the program, instead of the actual experiences of the treatment group members, are detailed.)</i>
There were six different treatment groups, corresponding to six different drug courts in one state. In general, participants were defendants who were charged with a drug possession offense, had a drug/alcohol problem, had no history of violent offenses, and had no history of mental health problems.	Not specified.
Low-level drug users charged with possession or attempting to obtain a controlled substance by fraud.	Treatment program was designed to last 12 months.
Defendants who had been arrested on a felony drug possession charge, had no prior adult convictions for sex or violent offenses, agreed to the conditions of treatment, waived their rights to a speedy trial, and stipulated to the evidence.	Treatment was provided in three phases lasting 12 to 15 months in total. Phase I was one month, Phase II was two months and Phase III was 9 months. Almost all participants received outpatient treatment with the average number of group sessions being 36 (range of 0 to 145 sessions). Participation in individual counseling sessions varied from 1 to 54 sessions, with the average being 12. Half also received some acupuncture, an average of 11 times (range of 1 to 119 times). Drug testing also occurred during the three phases.
Offenders charged with non-mandatory drug offenses who were not under probation or parole supervision when charged with the offenses and had no prior record for violent offenses.	Participants were required to remain for at least 90 days in each of the three phases of the program. Phase 1 entailed at least two probation officer (PO) contacts per week, two drug tests per week, and a Drug Court appearance every one to three weeks. During Phase Two, PO contacts and drug testing were reduced to once per week and Drug Court appearances were required once every two to five weeks. In Phase Three, PO contacts and drug testing were further reduced to once every two weeks and Drug Court appearances to every four to six weeks.
Non-violent, non-dealing felony offenders ages 19-60.	Approximately two years. Phase I lasted a maximum of 60 days; Phase II lasted between four and eight months; Phase III lasted six to 12 months; Phase IV lasted four to six months; and Phase V was a minimum of six months. Non-compliant behaviors resulted in sanctions, which generally lengthened the time spent in each phase. Participants in all phases randomly received home visits and employment verifications from the field officer to check on their compliance with the program.
Participants of a drug court.	Not specified.
Offenders convicted of felonies or misdemeanors that entered the Drug Treatment Court (DTC) as a condition of probation. To be eligible for the	Three phases of treatment: Phase 1 (month 1), Phase 2 (months 2 and 3), Phase 3 (months 4-5). During treatment, there was supposed to be three face to face

Treatment Groups	Treatment Period/ Dosage
DTC, they couldn't have any arrests for violent offenses and they had to be at least eighteen years of age.	meetings between the program participant and his or her Parole and Probation Agent per month; two home visits per month; and urine testing twice a week during Phase 1, once a week during Phase 2, and twice per month during Phase 3.
Non-violent drug offenders charged with felony possession and who showed signs of being addicted to drugs.	The drug court program duration was no less than 12 months in one location and 18 months in another. In both places, there were four phases, which included highly structured outpatient counseling (individual and group), random drug testing, graduated sanctions, twelve-step meetings, probation meetings and court appearances. In both locations, the orientation phase lasted a minimum of 30 days, Phases 1 and 2 each lasted a minimum of 90 days, and Phase 3 lasted at least 120 days. For those participants that did not complete the program, the average length of participation was 350 days. For graduates, the average length was 18.6 months.
Felony level drug offenders, except those also charged with felony person offenses and/or stand-alone weapons offenses.	The three tracks were diversion, post-conviction not referred to treatment, and post-conviction referred to treatment. Each track was designed to have three to five phases generally lasting over a period of two years. Offenders in the post-conviction track also participated in Moral Reconciliation Therapy (MRT) for 12 weeks.
Nonviolent felony drug defendants charged with possession of narcotics or of a controlled substance who were referred to a comprehensive and judicially monitored program of drug treatment and rehabilitation services.	Four phases of treatment over 12 months that included intensive outpatient treatment, 12-step self-help meetings (6 times per week), optional acupuncture treatment, mandatory drug testing, and numerous court appearances before the drug court judge who oversaw each case from beginning to end.
People with Possession of Controlled Substance charges as well as other drug-related charges such as tampering with drug records (e.g., forging prescriptions for pharmaceutical drugs). They did not have any prior convictions for violent charges.	There were three phases of treatment, starting with more frequent treatment sessions in Phase I (group sessions a minimum of three times per week and individual sessions once per month) and ending with less frequent sessions in Phase III (group sessions a minimum of once per week and individual sessions still once per month). Drug tests occurred randomly at least once per week. Participants needed 365 days in treatment to graduate.
Defendants charged with third-degree felony drug possession offenses and no prior convictions.	Required one year's participation during which the defendant would proceed through four phases: detoxification (phase I), counseling (phase II), educational/vocational assessment and training (phase III) and graduation (phase IV). The median length of time in the program was 331 days for all participants. Defendants with unfavorable outcomes had median program stays of 225 days, while those with favorable outcomes had median program stays of 364 days.
Participants in drug court programs in two different states.	Not specified.

Treatment Groups	Treatment Period/ Dosage
<p>Defendants with a confirmed addiction who faced felony level drug possession with intent to deliver, involving quantities not subject to a mandatory sentence and not accompanied by firearms violation charges. Defendants with more than two prior nonviolent convictions or with any convictions or open cases involving crimes of violence were not eligible.</p>	<p>Involved a five-phase Treatment Court regime of attending court (participants were required to appear in Treatment Court for a review at roughly the two-week mark, at one-month intervals over the next three months, and then at two-month intervals through graduation) and participating in a designated treatment program for a period of at least twelve months. The Treatment Court plan required drug testing of all participants on a regular basis until graduation.</p>
<p>Defendants who were at least 18 years of age who did not have any past or current convictions for violent offenses.</p>	<p>The guidelines of the drug court recommended: (1) a minimum of three face-to-face contacts per month between defendants and probation officers; (2) two home-visits per month; and (3) verification of employment status once per month. There was also frequent drug testing: all clients were required to provide two urine samples per week for the first three months of the program; during the next three months, tests were completed once per week; clients were then tested once per month for a period of six months. After that time, urinalyses were completed randomly for as long as the client remained under drug court supervision. Program participants were also required to receive treatment from one of eight providers: three provided intensive outpatient services; two provided methadone maintenance; two provided inpatient care; and one provided transitional housing. Lastly, defendants were required to attend status hearings once every two weeks. Those who graduated from drug court spent, on average, nearly 22 months (665 days) in the program. Those who had been terminated from the program participated in it an average of 17 months (509 days).</p>
<p>Non-violent offenders with drug abuse problems who were required to participate in a drug treatment program as a condition of parole or probation. Three different groups were examined: those from District Court, those from Circuit Court, and those who had violated probation.</p>	<p>Intensive supervision, drug testing, drug treatment, and judicial monitoring over the course of approximately two years.</p>
<p>Persons arrested on a felony or misdemeanor charge under the Controlled Substances Act.</p>	<p>There were six treatment levels: (1) no intervention; (2) drug and alcohol education and intensive urinalysis; (3) weekly therapy; (4) intensive outpatient therapy; (5) intensive residential treatment; and (6) therapeutic community.</p>
<p>Defendants who were not convicted of a violent crime or didn't have significant participation in drug trafficking and that agreed to plead guilty to their charged crime prior to beginning treatment.</p>	<p>Treatment was designed to last 12 months and was conducted on an outpatient basis. Treatment was divided into three phases: 1) assessment and evaluation (two weeks); 2) intensive outpatient treatment (14 weeks); and 3) transition and aftercare (eight months).</p>

Treatment Groups	Treatment Period/ Dosage
<p>Offenders charged with a felony offense but did not have more than one prior conviction for a felony possession charge.</p>	<p>Four phases with each phase lasting approximately three months. Within each phase, offenders were subjected to weekly urinalysis, participated in individual and 24 group sessions, attended substance abuse education, and engaged in other rehabilitative activities. Phase one consisted of at least two weekly urinalyses and participation in cognitive self-change, substance abuse education, and process groups. In phase two, offenders were drug tested at least once a week, participated in individual counseling sessions, and completed cognitive and substance abuse relapse packets. Phase three consisted of at least one weekly urinalysis and individualized treatment concentrated on living and recovery. The final phase (Phase four) required the completion of the treatment plan, which was focused on using program tools geared towards long-term recovery and at least one weekly urinalysis. Graduation requirements from the drug court included the completion of all treatment requirements and six months of clean drug tests.</p>
<p>Offenders with a drug-related charge other than drug trafficking and fewer than two prior supervision terms. Both pre-trial and post-conviction groups were included.</p>	<p>Pre-trial participants received 12 to 18 months of status hearings, urine tests at least once per week, and several treatment components (screening, individual counseling, group counseling, acupuncture, and outside self-help meetings). Post-conviction participants were involved in 24 to 36 months of status hearings, drug-offender probation or community control, random drug testing, and a range of treatment components.</p>
<p>Two groups: 1) offenders charged with felony drug offenses and were adjudicated (Common Plea Courts); and 2) adult misdemeanor offenders or felony offenders whose charges had been reduced to misdemeanor charges that were convicted mostly of drug offenses (Municipal Drug Courts).</p>	<p>Common Plea: 100 percent were referred to substance abuse treatment and 51 percent of the drug court participants began treatment in the residential phase, 46 percent in the intensive outpatient phase, 3 percent in the outpatient phase, and less than 1 percent in the aftercare phase. Municipal: the majority of drug court participants (96.6%) were referred to substance abuse treatment. Roughly 15 percent of the participants entered residential services for the first phase of treatment while 32 percent of the individuals were referred for intensive outpatient services, 53 percent to outpatient, and three individuals (1%) received aftercare services.</p>
<p>Felony level four and five offenders who had been charged with drug abuse, possession, or complicity.</p>	<p>There were four phases. Throughout all four phases, participants were required to attend 12-step groups either 1-2 times per week. The first lasted for two to three months and includes outpatient therapy for 1 1/2 hours each week. The second phase lasted for 12 weeks during which participants continued to receive services 1 1/2 hours each week. The third phase lasted for 26 to 36 weeks and in it, clients participated in substance</p>

Treatment Groups	Treatment Period/ Dosage
	abuse treatment twice a month. The final phase of the program lasted three months and only the 12-step program was required.
Defendants who were drug dependent or in danger of becoming drug dependent, charged with a fourth or fifth degree felony, had no history of violent behavior, had no active mental illness, had no acute health conditions, and whose current and/or past criminal behavior was drug driven.	The treatment program had three phases. The first phase was residential treatment and participants were required to stay a minimum of 2 weeks and could remain for up to a maximum of 90 days. The second phase, intensive outpatient, lasted approximately 4 weeks during which groups met 3 hours a day, four times a week. During the last phase (continuing care or aftercare), services were provided twice a week for 1 hour but then scaled down to one meeting every 2 weeks. Services offered during all three phases included group and individual counseling, sobriety meetings, educational services, and family involvement. The total amount of time in treatment was an average of 15 months.
Drug dependent adults charged with a non-violent drug or alcohol related misdemeanor or felony offense.	Four phases of treatment. In the first phase, participants engaged in a six- to eight-week intensive outpatient (IOP) program. Programming was provided four days per week for three hours per day. The services offered include individual and group counseling, crisis intervention services, occupational therapy, activities therapy, expression therapy (art, drama, poetry, music, movement), and drug screening. The agency also provided alcohol and drug education, relapse prevention education, and individual counseling once a week. Phase II, called continuing care, included group and individual counseling for five hours a week for approximately twelve weeks. Phase III, also considered continuing care, offered group and individual counseling for three hours a week for eight weeks. Phase IV offered services once a week for the remainder of the program. The total amount of time between phases I to IV spanned an average of 17 months.
Two treatment groups: 1) non-violent drug defendants charged in District Court with possession of schedule I, II or III controlled substances, forged prescription, some possession with intent to sell and some property crimes. Offenders with a violent or sexual history were ineligible for the program; and 2) individuals arrested with felony possession offenses and selected chemically dependent defendants.	<p>Group One: The program was designed to last twelve months and included three phases. Phase 1, lasting approximately 8 weeks, included 72 hours of intensive outpatient treatment. Phase 2, lasting an average of seven months, included 32 hours of aftercare services with a minimum of one hour of counseling per week. Phase 3, which lasted three months, included three hours of treatment with a minimum of one-hour counseling per month.</p> <p>Group Two: The treatment is a four-phase outpatient treatment program lasting a minimum of one year. Each phase lasted roughly three months. Phase 1 included urinalysis at least two times per week and participation in cognitive self-change, substance abuse education, and process groups. Phase 2 included urinalysis at least once</p>

Treatment Groups	Treatment Period/ Dosage
	<p>a week, and participation in individual sessions and cognitive and substance abuse relapse packets. Phase 3 included urinalysis at least once a week, and individualized treatment focusing on living in recovery. Phase 4 required the completion of a treatment plan and urinalysis at least once a week.</p>
<p>Selected participants processed through 11 felony drug courts, each of which had its own eligibility criteria. Court 1: people charged with a felony but with no more than one prior previous felony conviction or a felony possession charge. Courts 2, 3, 4 and 8: people charged with a drug or drug related offense who had alcohol/drug problem for which recovery attempts had been unsuccessful. Courts 5-6: people with a felony charge, most often drug or drug related. Courts 7, 9 and 11: people who had a felony charge and an alcohol/drug problem that had reached a chronic level. Court 10: first time felony offenders (typically drug related) with no history of violence, sex offenses, or prior felony convictions.</p>	<p>All 11 courts had treatment programs with four phases. They were designed to last between 14 and 21 months.</p>
<p>Participants in three drug courts in one state. In the first court, clients had to: have a self-admitted drug problem; meet criteria for drug abuse from the Addiction Severity Index (ASI); have drug use or drug and alcohol use problems; consent to a urine drug test; have a non-violent criminal history; and sign an agreement of participation. The second court contained drug offenders. The third court included non-violent offenders who current charges were drug related.</p>	<p>There were three program phases which took an average client approximately 18 months to complete. Court One: There were three different phases, which took an average of 12 to 24 months to complete. During Phase I, which was generally completed in 6 weeks, clients were required to provide a minimum of three random drug screens per week; attend four NA/AA meetings per week; attend 5-6 group and/or individual counseling sessions per week; and attend one Drug Court session per week. Phase II took about 8-10 months to complete and required providing a minimum of two random drug screens per week; attending two to three NA/AA meetings per week; attending 3-4 group and/or individual counseling sessions per week; and attending one Drug Court session every other week. Phase III took about 4 months and required providing at least one random drug screen per week; attending one NA/AA meeting per week; attending 2-3 group and/or individual counseling sessions per week; and attending one Drug Court session per month. Court Two: Clients spent an average of 18 months in the program, which is divided into three phases. Phase I lasted a minimum of 12 days, Phase II 108 days, and Phase III 8 months. Court Three: The average time spent in the three-phase program before graduation was one to two years. Phase I took a minimum of one month to complete, Phase II 8 months and Phase III three months.</p>

Treatment Groups	Treatment Period/ Dosage
<p>First-time offenders with an alcohol- or drug-related or motivated criminal charge and no felony charge. Defendants with a history of violence, weapons charges, a charge of possession with indication of drug distribution, or serious driving record violations were excluded.</p>	<p>The program had four phases that took a minimum of 9½ months to complete. Two regular phase requirements included treatment attendance (individual counseling and group therapy) and drug testing at least once per week. Phase 1 lasted a minimum of 8 weeks during which participants had to complete eight individual counseling sessions and Step 1 of the 12-step process in AA booklet and attend court hearings every other week. Phase 2 required a minimum of 10 weeks during which participants completed ten individual counseling appointments and attended court hearings twice monthly, and parole and probation appointments. Phase 3 lasted at least 8 weeks during which participants attended court twice per month and one self-help group (AA/NA) weekly. Phase 4, the probationary phase, lasted at least 3 months. Participants were required to attend individual counseling twice monthly and make court appearances once monthly.</p>
<p>Non-violent offenders who had been diagnosed with a substance abuse problem. Felony drug offenders and individuals with three or more DUIs were not admitted to the program.</p>	<p>Not specified.</p>
<p>Substance-abusing adults charged with non-violent criminal offenses as well as Circuit Court probationers and parolees whose involvement with Drug Court was a condition of probation/parole. Individuals who had previously participated in a diversion program; a history of violent, assaultive, or drug delivery felonies; more than five prior felony convictions; more than one domestic violence or assault and battery conviction; and used a weapon during the current offense were excluded.</p>	<p>Treatment consisted of 3 phases. During the 3 months of Phase I, participants were required to submit to 3 random drug tests per week, have biweekly meetings with their Case Manager and attend Drug Treatment Court sessions biweekly, individual and group treatment sessions and a minimum of 3 meetings 12-step meetings per week. Phases II and III lasted approximately 12 months combined. Phase II requirements included submission to random drug testing for a minimum of 6 months, monthly meetings with the Case Manager, and attendance at a minimum of 3 12-step meetings per month. Phase III requirements were similar to those in Phase II.</p>
<p>Mostly OUIL (operating a vehicle while under the influence of liquor) third time offenders, but also other offenders who committed a drug related crime with the exclusion of marketing illegal drugs and who didn't have a history of violent or assaultive felony convictions, a criminal record indicating a history of drug delivery or sexual crime, pending felony charge(s) or a detainer for Immigration or parole/probation violation, and use a weapon during the offense.</p>	<p>There were two primary phases plus an informal Aftercare during the program, which required a minimum of 18 months. During Phase I (6-9 months), participants were required to submit to random drug testing 3 times per week, meet with their Drug Court Probation Officer once every two weeks, attend Drug Court sessions biweekly, attend a 12-step orientation class and continue to attend 12-step meetings at least 3 times per week, as well as treatment as scheduled by the treatment provider. During Phase II, the participant had to submit to random drug testing and attend monthly meetings with their Drug Court Probation Officer,</p>

Treatment Groups	Treatment Period/ Dosage
	monthly Drug Court sessions and 12-step program meetings.
Participants in a drug court.	Not specified.
Drug court participants.	12 to 18 months of treatment.
Adults charged with felonies who had a demonstrated need for substance abuse treatment.	Participants were engaged in some form of chemical dependency treatment for an average of 190 days.
Individuals arrested for possession of cocaine or marijuana with no prior arrest, and individuals arrested for minor property crimes, but whose criminal activity was attributable to their dependence on drugs	Four phases: individual and group counseling.
First-time offenders charged with possession or under the influence of a controlled substance. Marijuana users are also allowed.	Four phases. Phase 1 (min. of two weeks) included detoxification. Daily acupuncture treatments and individual and group counseling. Urine tests every other day. Phase 2 (min. of eight weeks) included three group sessions a week. Phase 3 (at least six months) included twice weekly recovery groups. Phase 4: group sessions each week and weekly urine tests.
Individuals charged with an offense under the jurisdictions of the local and district courts (but not physical violence, sexual assault or drug trafficking) who were dependent on illicit drugs, willing to plead guilty, highly likely to be sentenced to full-time imprisonment, willing to participate in drug court, and not suffering from any mental condition that could prevent participation in the drug court.	Three stages over a 12-month period.
Offenders with long criminal histories related to substance dependence.	Court directed treatment that stipulated an integrated non-adversarial approach that offered a broad continuum of treatment and rehabilitation services. There was ongoing interaction between the client and the Drug Treatment Court team.
Defendants who did not have more than one prior non-violent felony conviction; demonstrated need for substance abuse treatment; and had medium or high Level of Service Inventory (LSI) risk/need level. Defendants ineligible for drug court included those with a prior felony conviction for a crime of violence; prior offense involving the use or possession of a dangerous weapon; prior or current offense resulted in death or bodily injury; known gang involvement; unable to attend drug court sessions; unwilling to submit to random drug testing; and multiple misdemeanor convictions for crimes against persons.	Required to attend bi-weekly or monthly drug court hearings and regularly scheduled outpatient treatment sessions and submit to random urinalysis. Although most offenders were monitored for 12 months, some were supervised for up to 18 months.
Two different groups/drug courts. Court One: Drug offenders and non-drug offenders with a substance abuse problem. Defendants with	Court One: There were three phases of outpatient treatment. Phase I (eight weeks or 32 sessions) included court every week and treatment 4.5 hours/day four

Treatment Groups	Treatment Period/ Dosage
<p>violent criminal histories were excluded. Court Two: Substance abusing defendants who didn't have a drug trafficking charge or prior violent offenses, not a gang member and not under Federal or State probation or parole supervision.</p>	<p>days/week. Phase II (four months) included court every two weeks and treatment 4.5 hours/day two days/week. Phase III (six months) included court every three weeks and treatment 1.5 hours/days two days/week. Court Two: Designed to last 12-18 months. Treatment was usually outpatient, but some were involved in a residential program. Treatment was divided into two phases, each lasting around six months.</p>
<p>Offenders sentenced to probation for a first felony conviction for possession of marijuana, dangerous drugs, or narcotics who had no prior felony drug convictions and not more than one non-drug related felony conviction and were eligible for standard probation.</p>	<p>The program was designed to last not less than six months and not more than 12 months. Each drug court participant was required to appear before the drug court judge for status hearings at least once per month. The treatment program had three phases, each of which lasted two months. During the initial phase, the client was expected to attend one class, one process group, and at least one 12-step meeting per week, to contact his or her probation officer once per week and to submit to random urine tests at a minimum of once per month. During the second phase, the client was expected to continue to attend one process group and one 12-step meeting per week and to continue to comply with other terms of probation including one contact every other week and random urine testing at a minimum of once per month. During the final or transition phase, the client continued attending 12-step meetings, had at least one contact every other week with probation and one process group meeting per week, and was randomly drug tested at a minimum of once a month.</p>
<p>Nonviolent drug offenders who graduated and who did not complete the program.</p>	<p>Not specified.</p>
<p>Nonviolent offenders most likely arrested for possession of cocaine (under 1 ounce).</p>	<p>One-year (minimum) treatment program divided into three phases. Phase 1 (at least 10 working days): four random drug tests, attendance at a minimum of five weekly meetings of AA/NA, and participation in all individual and group counseling sessions as determined by program staff. Phase 2 (at least 108 days): Two weekly drug tests, attendance at a minimum of four AA/NA meetings and all individual and group counseling sessions as prescribed by the treatment plan. Phase 3 (six months): random drug tests and attendance at a minimum of three AA/NA meetings per week.</p>
<p>Eligibility criteria included: 1) being charged with an offense that could be dealt with summarily and did not involve serious offences such drug supply, violence or sexual assault; 2) it was highly likely that the person would, if convicted, be sentenced to imprisonment; 3) the person pleaded guilty or indicated an intention to</p>	<p>Treatment was in three phases. During Phase 1 (at least three months), participants were required to undergo urine testing three times per week and report back to the Drug Court once a week. In Phase 2 (at least three months), the urine tests were twice weekly but report backs were reduced to once a week. During Phase 3 (at least six months), urine tests were twice a week and report backs were reduced to once a month.</p>

Treatment Groups	Treatment Period/ Dosage
<p>plead guilty; and 4) the person appeared to be dependent on the use of prohibited drugs.</p>	
<p>There were two groups. Those in the diversion track were nonviolent, first-time offenders charged with specific drug offenses. Those in the trial track were defendants charged with drug offenses who did not qualify for diversion but would benefit from a treatment approach.</p>	<p>In both the diversion and trial track, there were three phases of treatment. In phase I, drug court participants were placed into treatment for at least six months. In phase II, the requirements were semimonthly urine samples, semimonthly meetings with probation, attendance at 12-step meetings or other community counseling sessions, and treatment attendance. In phase III, participants supplied urine samples when requested and attended weekly counseling sessions.</p>