

## **BEHAVIORAL HEALTH DISORDERS & THE CRIMINAL JUSTICE SYSTEM**

Criminal justice populations are disproportionately impacted by behavioral health disorders (BHDs). Sixty-three percent of jail inmates meet the criteria for drug dependence or abuse [1]; 64% have a mental health problem [2, 3], and; 76% with a mental illness have a co-occurring substance use disorder [2]. Despite extensive need, less than 15% of this population receive appropriate treatment [4]. Without intervention, offenders with BHDs continue to cycle through the criminal justice system, resulting in missed opportunities for treatment linkage and poor public health and public safety outcomes [5].

## **INTERVENTIONS TO ADDRESS BEHAVIORAL HEALTH DISORDERS IN CRIMINAL JUSTICE POPULATIONS**

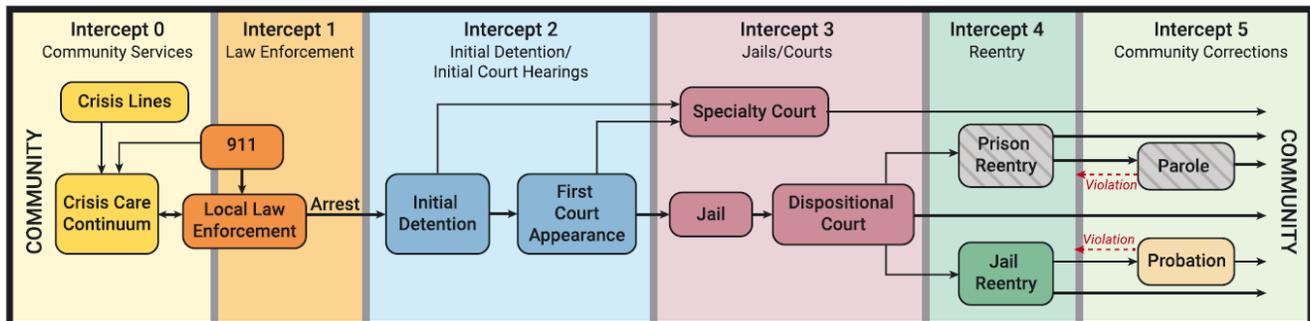
Criminal justice and behavioral health policies and practices have been introduced to reduce the negative impact of BHDs on offenders, systems, and communities. Locally, the Greene Leaf program is a 6-month, voluntary, residential alcohol and drug treatment program serving adult male and female felons and misdemeanants sentenced to jail through the Greene County Court of Common Pleas, Fairborn Municipal Court, and Xenia Municipal Court. Greene Leaf operational support comes from multiple sources, including: Ohio Department of Rehabilitation and Correction; Ohio Department of Mental Health and Addiction Services; Board of Greene County Commissioners; Mental Health & Recovery Board of Clark, Greene & Madison Counties; Greene County Sheriff's Office; Greene County Adult Probation Department; Fairborn Municipal Court, and; Xenia Municipal Court. Greene Leaf has operated since 2002 and no formal evaluation of the program has been conducted. The Mental Health & Recovery Board of Clark, Greene & Madison Counties (MHRB), in collaboration with community partners, initiated an independent, formative evaluation of the Greene Leaf program to build best practice capacity and help inform the development of jail-based behavioral health programming should a new jail be constructed in the county.

## **GREENE LEAF EVALUATION – PURPOSE, CONCEPTUAL DRIVERS, AND EVALUATION QUESTIONS**

The purpose of the Greene Leaf evaluation was to assess program operations and services at key points in the jail-to-community-based treatment continuum to improve the program and gain a preliminary understanding of criminal justice and community-based treatment trends among a sample of Greene Leaf offenders. The evaluation was guided by the Sequential Intercept Model (SIM), a conceptual model to address the interface between the criminal justice and behavioral health systems [6]. The SIM identifies 6 different points in the criminal justice system to implement interventions for people with BHDs: Intercept 0: Community Services, Intercept 1: Law

Enforcement, Intercept 2: Initial Detention/Initial Court Hearing, Intercept 3: Jails/Courts, Intercept 4: Re-entry, and Intercept 5: Community Corrections [7].

### Sequential Intercept Model



Greene Leaf evaluation questions emerged from its purpose and included the following:

1. How do Greene Leaf’s operations and services align with best practices in the criminal justice and behavioral health fields?
2. What type of offenders are served by Greene Leaf?
3. What type and amount of services are provided to Greene Leaf offenders?
4. What preliminary criminal justice and community-based treatment trends emerge among a sample of Greene Leaf offenders?

The evaluation focused on intercepts 2, 3, and 4 – the intercepts where the program operates. Key activities at these intercepts include: Identification & Referral, Screening, Jail Treatment Services, Jail Recovery Support Services, and Re-entry. Greene Leaf operations and services in these areas were compared to best practices to inform program recommendations. Greene Leaf treatment charts were reviewed for the 139 offenders admitted to the program between January 1, 2017 and March 31, 2018 to provide a descriptive summary of offenders served and services received. Finally, access to criminal justice and community-based treatment data provided toward the end of the evaluation process allowed for an initial review of these data to gain a preliminary understanding of recidivism and community treatment linkage trends.

## RESULTS & RECOMMENDATIONS

**Evaluation Question #1:** How do Greene Leaf’s operations and services align with best practices in the criminal justice and behavioral health fields?

### **Intercept 2: Identification & Referral**

Intercept 2 focused on how the three referring courts identify and refer offenders to Greene Leaf. Identification and referral are closely tied to screening practices, which identify criminogenic and behavioral health needs and risks, so appropriate referrals can be made. Recommendations in this area are for the larger justice system, as Greene Leaf alone cannot implement them. These recommendations can be used to continue county-level discussions on how the local justice system identifies offenders with BHDs and refers them to services. Key recommendations include:

- ❖ Review state and local definitions of mental illness and substance use disorders and consider adoption of system-level definitions to guide the identification of persons with BHDs.
- ❖ Review the existing screener used by all three jails at booking to determine if it is evidence-based and quickly identifies offenders who may have a BHD. Adoption of universal screening and associated screening protocols, information-sharing policies, and tracking mechanisms would help the system better detect and track the prevalence of BHDs; enhance service placement and planning; improve systemic responsiveness, a jurisdiction’s ability to provide appropriate programming based on offender needs; systematize data collection, and; reduce repetition [8-10].
- ❖ Consider tracking select process measures to gauge how well the justice and behavioral health systems address offenders’ behavioral health needs. Measures like screening rates (% who screen positive for BHDs) and referral rates (% who screen positive for BHDs and are linked to services) help measure the system’s ability to identify offenders with BHDs and refer them to appropriate services. In the context of Greene Leaf specifically, the program should consider tracking the number of referrals from each referring court to monitor referral volume and trends. In addition, recording basic demographic, criminogenic, and clinical information from the Screening Request form would generate a basic profile of referred offenders that could help the program identify referral trends from each court.

### **Intercept 3: Screening, Assessment, and Treatment Matching & Planning**

Intercept 3 concentrated on screening, assessment, and treatment matching/planning conducted by Greene Leaf after offenders were referred to the program. These activities constitute three interrelated components that inform and guide services for persons with BHDs during treatment and re-entry. Key recommendations include:

- ❖ Integrate standardized screening for both substance use and mental health disorders into Greene Leaf’s screening process due to high rates of co-occurring disorders (CODs) in justice settings. Greene Leaf’s current screening questions are not derived from standardized behavioral health instruments designed to detect CODs. The absence of

adequate screening for CODs prevents the early identification of problems, inhibits comprehensive treatment matching and planning, undermines treatment progress, and can lead to substance use relapse, recurrence of mental health symptoms, criminal recidivism, and increased healthcare utilization [10].

- ❖ Screen for factors that influence behavioral health treatment as they can influence engagement and retention. Best practices include screening for suicide, trauma and post-traumatic stress disorder, motivation, and readiness for treatment [10, 11]. Awareness of these factors can help guide treatment planning to promote success.
- ❖ Build program capacity to obtain biopsychosocial assessments on all offenders admitted to Greene Leaf that assess behavioral health and criminogenic needs, as well as other factors like employment, education, and support networks that influence criminal involvement and recovery [10]. Additional staff would allow the program to request and review assessment results from community-based agencies or conduct its own assessments in cases where offenders had not completed one in the 6 months prior to Greene Leaf admission. Assessment is a key principle of drug abuse treatment for criminal justice populations, needed to establish diagnoses and guide treatment placement and planning [8, 12].
- ❖ Implement on-going screening and assessment (e.g., at program admission and prior to re-entry). Ongoing assessment of BHDs and criminogenic risk are important as levels of functional impairment, behavioral health symptoms, treatment motivation, and risk levels may change over time [10]. Reassessment can inform treatment plan adjustments and referral recommendations during re-entry. Reassessment can also help quantify improvements gained during treatment related to motivation, criminogenic risk, psychological functioning, and treatment progress.
- ❖ Prioritize Greene Leaf admission based on screening and assessment information. Program admission, informed by screening and assessment data, should prioritize offenders who have high behavioral health risk/severity and high levels of criminogenic needs [10]. Greene Leaf admits offenders with moderate- to high-criminogenic risk. However, behavioral health severity cannot be established based on existing information collected during the screening process. Adoption of evidence-based screening and assessment instruments, and associated cut-offs, would help elucidate behavioral health severity within the offender population referred to Greene Leaf and ensure the program serves offenders with the greatest criminogenic risk and greatest behavioral health severity, maximizing use of limited treatment resources.

### **Intercept 3: Jail Treatment Services**

Greene Leaf's treatment services were reviewed and compared to the National Institute on Drug Abuse's *Principles of Drug Abuse Treatment for Criminal Justice Populations* which identifies strategies to effectively address the behavioral health needs of offenders [13]. The primary recommendation is tied to NIDA Principle #11: Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach. Specifically, the program should look to increase its capacity to provide mental health services for offenders with co-occurring disorders (CODs). Treatment of mental health problems is critical because it fosters receptivity to other interventions, including substance use disorder treatment [10].

Integrated treatment programs are also effective in increasing treatment retention and reducing relapse and recidivism [14]. Greene Leaf is limited in its capacity to provide integrated care for offenders with CODs. Adopting integrated screening and assessment practices that identify offenders with these disorders is the first step. Once Greene Leaf better understands the volume and breadth of mental health needs within its offender population, it can consider evidence-based programs and practices to serve these offenders and evaluate whether additional staff licensed to provide mental health counseling are needed.

### **Intercept 3: Jail Recovery Support Services**

Effective treatment programs should seek to address and improve behavioral health, as well as provide services that help meet other health-related social needs (e.g., employment, self-help) [15]. These recovery support services (RSS) are non-clinical services that include social support and a full range of social services that facilitate recovery and wellness [16]. There are no specific RSS recommendations. Overall, Greene Leaf offers a variety of RSS to its participants, some provided directly by Greene Leaf and others through community partnerships. Adoption of standardized screening and assessment may reveal additional RSS that could benefit program participants. Additionally, MHRB's 2020 Community Plan includes a focus on recovery support services to better address the social determinants of health. MHRB's work in this area may also identify RSS to promote recovery among the local criminal justice population.

### **Intercept 4: Re-entry**

Intercept 4 addresses the need for continuity of care when people transition from incarceration in jails or prisons back to the community [7, 13]. Jail-based treatment initiates a process of therapeutic change, but continuing treatment in the community is essential to sustaining these gains [17]. Primary re-entry recommendations include:

- ❖ Integrate transition planning into Greene Leaf's re-entry process. This includes the development of transition plans with all offenders prior to discharge that outline needs, goals, intervention strategies, and community-based services to meet identified needs. Effective transition planning and implementation can enhance public safety by increasing the possibility that individuals participate in and complete supervision and treatment requirements [8, 12]. Greene Leaf received funding in summer 2019 from the Ohio Department of Rehabilitation and Correction to hire one full-time case manager in fiscal year 2020. This person will work with offenders to develop and implement transition plans.
- ❖ Consider additional jail in-reach opportunities to provide prior to discharge. Only TCN, a community behavioral health treatment provider, and probation officers conduct in-reach. Greene Leaf should review offender needs alongside available community services to determine if there are untapped opportunities for in-reach, which gives providers the opportunity to initiate engagement prior to release and helps promote service linkage.
- ❖ Add re-entry case management services to help identify offender needs prior to re-entry, coordinate community-based programs and services, and facilitate linkage to services upon release. Greene Leaf currently does not have the capacity to provide re-entry case management services. The case manager hired with Ohio Department of Rehabilitation and

Correction funding will also provide re-entry case management. Greene Leaf may want to identify additional funding sources to support this position after state funding ends as this is a critical service that ensures continuity of care and promotes linkage to referred services.

## **Evaluation Question #2: What type of offenders are served by Greene Leaf?**

The Greene Leaf evaluation provided a descriptive summary of the 139 offenders admitted to the program between January 1, 2017 – March 31, 2018. Over half of program admissions (52.5%) were referred from Greene County Court of Common Pleas, with an almost even split between Xenia Municipal Court (25.2%) and Fairborn Municipal Court (22.3%). Seventy-nine men (57%) and 60 women (43%) were admitted to Greene Leaf. Available demographic, clinical, and criminogenic information, obtained from treatment charts, are summarized in the below table. Information is organized by gender, since offenders were served in gender-specific programs. Overall, Greene Leaf served its intended target population during the 15-month period that was reviewed for the evaluation. Based on key program eligibility criteria:

- ❖ All offenders were 18 or older,
- ❖ Average scores on the Ohio Risk Assessment System (ORAS) instrument for both men and women were in the moderate risk category (Greene Leaf serves moderate and high-risk offenders), and
- ❖ Substance use diagnoses were established for offenders based on clinical judgement of Greene Leaf staff.

### **Demographic, Clinical, and Criminogenic Overview of Greene Leaf Offenders**

<b>Demographic Information</b>	<b>Men (79)</b>	<b>Women (60)</b>
Race/Ethnicity		
- White	84.8%	95.0%
- African American	12.7%	5.0%
- Other	2.5%	0.0%
Average age	35.27 (range, 20-70)	34.55 (range, 21-55)
Have a high school diploma/GED	87.3%	78.3%
Self-reported as currently homeless	19.0%	23.3%
<b>Clinical Information</b>		
Self-reported intravenous drug user	50.6%	53.3%
Self-reported previous substance use disorder treatment experience	70.9%	76.7%

Top two diagnoses (based on clinical judgement, not assessment)	Opioid use disorder (53.2%)	Amphetamine use disorder (63.3%)
	Alcohol use disorder (40.5%)	Opioid use disorder (58.3%)
<b>Criminogenic information</b>		
Average ORAS score	22.45 (range, 10-35) * Moderate risk	22.31 (range, 12-33) * Moderate risk
	*available for 44 offenders	*available for 35 offenders

Adoption of integrated screening and assessment that identifies substance use and mental health disorders would help ensure Greene Leaf admits appropriate offenders, but would also pinpoint mental health needs, establish an understanding of behavioral health severity, and ultimately help the program better tailor services to meet needs. Greene Leaf should also obtain ORAS scores for all admitted offenders. Several charts reviewed for the evaluation were missing ORAS scores as administration of this instrument was not required at that time by the referring courts. All three courts now consistently administer the ORAS. However, in cases where the ORAS is not completed by the referring court, Greene Leaf staff should administer the instrument, so every offender has a documented risk score in his/her clinical chart. This ensures the program only serves moderate and high-risk offenders and helps shape treatment planning.

### **Evaluation Question #3: What type and amount of services are provided to Greene Leaf offenders?**

The Greene Leaf evaluation also provided a descriptive summary of the services received by program participants. All offenders received a combination of treatment and recovery support services. Primary treatment services included Thinking for a Change, a cognitive behavioral change program for offenders, group counseling, individual counseling, and anger management. Participants also had access to recovery support services, including relationship and parenting classes, AA/NA meetings, and job readiness sessions. The below table provides a brief overview of treatment duration, service dosage, and discharge status.

#### **Greene Leaf Service Summary**

<b>Greene Leaf Service Summary</b>	<b>Men</b>	<b>Women</b>
Average treatment duration	108.37 days (range, 6-172)	119.26 days (range, 12-184)
Average # of program hours (treatment + recovery support)	236.51 hours (range, 4-396)	311.57 hours (range, 32-578)
Average # of treatment hours	207.39 hours (range, 3-352)	256.02 hours (range, 23-485)

Average # of recovery support hours	29.13 hours (range, 1-65)	55.54 hours (range, 0-103)
Discharge status:		
- Program graduate	78.5%	75.4%
- Days met graduate*	2.5%	1.6%
- Administrative discharge	17.7%	18.0%
- Self-termination	1.3%	4.9%
*Days met graduates made some progress toward treatment goals but did not meet all goals. Enough growth was made to be deemed successful.		

Greene Leaf participants had access to treatment and recovery support services that align with best practices. Additional staff would allow the program to better serve its participants. Increasing capacity to provide mental health services for offenders with co-occurring disorders would improve the quality of services offered to this sub-group of offenders and help them more fully engage in substance use disorder treatment. Additional staff would also allow Greene Leaf to more closely align Thinking for a Change implementation with fidelity guidelines by permitting smaller group sizes and allowing two counselors to facilitate each group. In terms of exposure to treatment programming, average treatment dosage for both men and women align with recommendations that moderate risk offenders should receive approximately 200 hours of cognitive behavioral therapy and related services; high-risk offenders should receive at least 300 hours [18]. At present, Greene Leaf is not able to tailor treatment dosage based on criminogenic risk or behavioral health severity. All offenders receive the same type and amount of treatment services, except individual counseling, which does vary based on offender needs. In the future, Greene Leaf should consider the feasibility of providing additional services to those offenders classified as high-risk per the ORAS. Finally, while recovery support services were offered to offenders, they were not offered regularly due to external staffing issues. Greene Leaf should consider ways to provide select recovery support services internally, whenever possible, and look for ways to bolster relationships with community providers so these services can be offered more consistently.

**Evaluation Question #4: What preliminary criminal justice and community-based treatment trends emerge among a sample of Greene Leaf offenders?**

Access to criminal justice and community-based behavioral health treatment data occurred toward the end of the evaluation process. The available data were reviewed to gather a preliminary understanding of criminal justice and community treatment trends among a sample of Greene Leaf offenders.

**Criminal Justice Summary**

Criminal justice data, specifically arrests and jail bookings, were obtained from JusticeWeb, a regional criminal justice database. JusticeWeb imports select criminal justice data from 54

participating agencies in the region, including jails, courts, parole authorities, sheriffs, police departments, county prosecutors, and dispatch centers in Brown, Butler, Clark, Darke, Fayette, Greene, Highland, Logan, Miami, Montgomery, Preble, Ross, Shelby, and Warren counties in Ohio. Criminal activity in the 6 months before Greene Leaf admission and 6 months after Greene Leaf discharge was reviewed for 113 offenders in the sample. This group was released from custody after Greene Leaf discharge because they served their jail sentence. A small group of Greene Leaf offenders (27) remained incarcerated after discharge from the program. Because this group had less opportunity to be re-arrested or re-incarcerated during the time period of interest, arrest and jail data for this group were not included in the descriptive summary. Preliminary trends showed less criminal activity after Greene Leaf discharge:

- ❖ 55% were not re-arrested in the 6 months after Greene Leaf discharge.
- ❖ Average number of arrests was lower after program discharge among the sample of 113 offenders – 2.57 arrests before admission versus 0.78 arrests after discharge.
- ❖ Charges were mostly the same between the two periods, with drug offenses and theft & fraud occurring most often.
- ❖ Of the 51 offenders re-arrested, 47% were arrested within 60 days of discharge, underscoring the potential need for more intensive re-entry efforts to help reduce criminal activity following release from jail.

There were limitations to the criminal justice data, which should be considered when reviewing the initial trends presented above, including:

- ❖ Data were only obtained from JusticeWeb.
- ❖ Arrest data can overrepresent criminal justice involvement as charges could eventually be dropped or changed, or the individual acquitted. However, re-arrest is the broadest measure of recidivism and considered the most comprehensive indicator of a person's interaction with the criminal justice system [19].
- ❖ Arrest data included recites, which are arrests for a prior charge. There was no way to differentiate new arrests from recites in JusticeWeb.
- ❖ Multiple factors, beyond Greene Leaf participation (e.g., community control status), could have influenced the lower level of criminal justice activity observed. Preliminary observations can inform future evaluations that focus on comparing recidivism outcomes across populations.

### **Community-Based Behavioral Health Treatment Summary**

Community-based behavioral health treatment data were obtained from MHRB claims data submitted by its contracted providers located throughout Clark, Greene, and Madison counties. Treatment services delivered by MHRB providers in the 6 months after Greene Leaf discharge were reviewed for all offenders in the sample to document linkage to community-based treatment. Forty-three of the 140 offenders (30.7%) had at least one service contact with a community-based

treatment provider in the 6 months after Greene Leaf discharge. It is important to note that some offenders may have linked to providers outside of MHRB's network, so the linkage rate may underestimate the number of Greene Leaf offenders who connected with community-based treatment. Average days to first community treatment contact was 40.35 days (range, 0-181). Average number of treatment contacts was 10.63 (range, 1-51), with group counseling for substance use disorders accounting for 39.8% of all post-discharge services. Most services (90.2%) were provided by TCN Behavioral Health.

Access to criminal justice and community-based behavioral health treatment data allow both systems to track short- and long-term outcomes to help identify trends, as well as system and programmatic service gaps, and promote a culture of accountability and continuous quality improvement. Greene Leaf does not routinely collect criminal justice or community behavioral health data for offenders after program discharge. The primary recommendation is to gather key stakeholders from the criminal justice and behavioral health systems to discuss and identify the data needed at a system level to monitor joint outcomes. Programmatically, whatever data Greene Leaf collect should feed into a larger system-level data strategy designed to evaluate both system and program performance. Issues to address in cross-system discussions include:

- ❖ What recidivism measures are accessible and important to monitor?
- ❖ What measures, beyond recidivism, are important to collect and monitor to understand the impact of criminal justice programming (e.g., motivation, criminal thinking, GED attainment)?
- ❖ What community-based behavioral health treatment data are accessible and important to monitor?

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