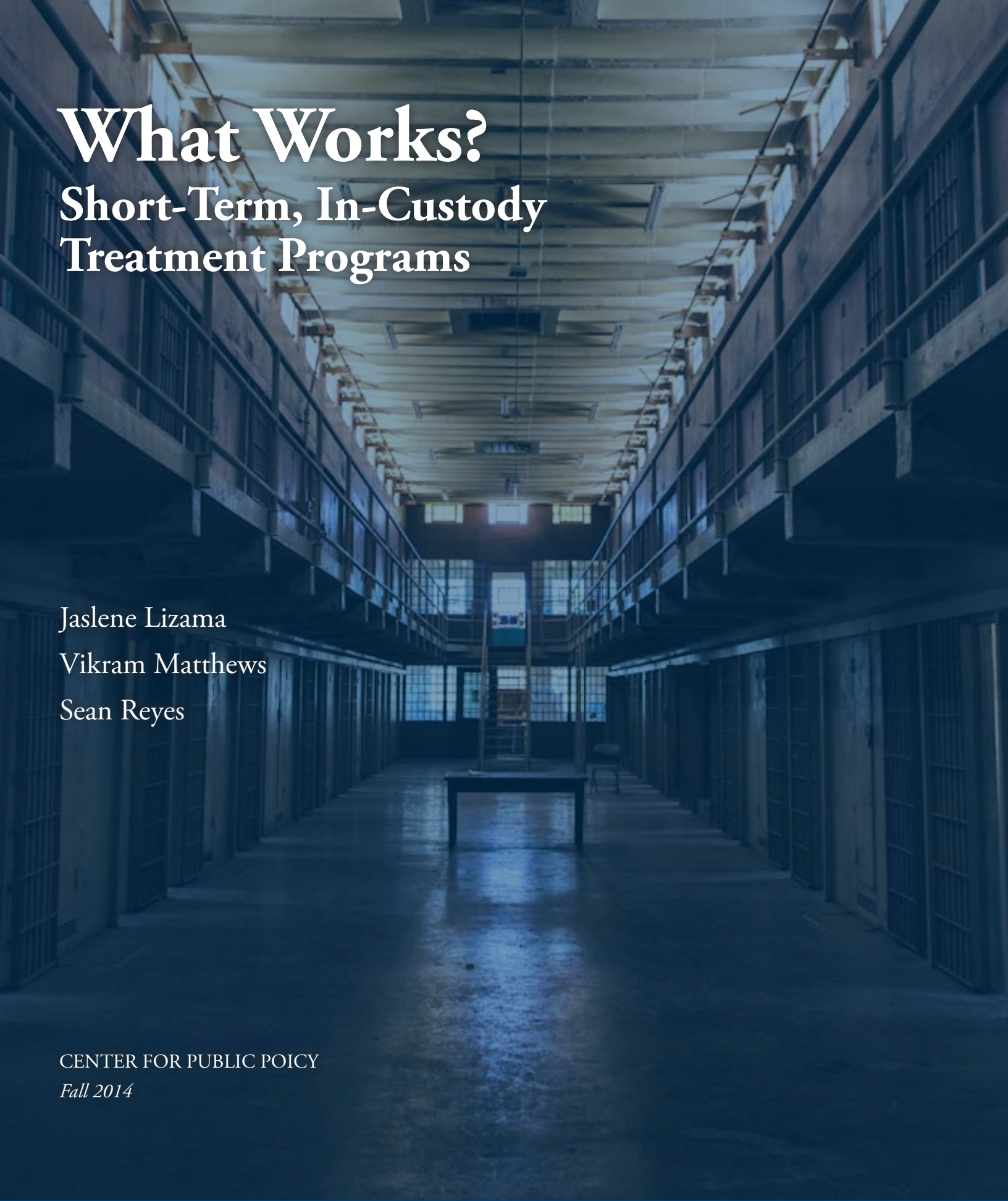

What Works?
Short-Term, In-Custody Treatment Programs

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Executive Summary

Assessing the effectiveness of in-custody treatment programs is essential in the correctional system to appropriately allocate resources and reduce offender recidivism rates. With California passing AB 109, "2011 Public Safety Realignment", it becomes imperative to understand the characteristics and principles of effective rehabilitation programing. Treatment programs that follow the core principles of the Risk-Needs-Responsivity model are found to be effective and to significantly decrease recidivism rates (Andrews, Bonta, & Wormith, 2011). The main question is whether jail treatment programs can be effective given the short duration of most jail terms. The transitory population in jails makes it difficult to provide continuous and effective treatment, further indicating the importance of analyzing the effectiveness of short-term, in-custody treatment programs. The authors reviewed the effectiveness of cognitive behavioral therapy, education and vocational programs, substance and alcohol abuse treatment, faith-based, and mental illness treatment programs.

Cognitive-behavioral therapy (CBT) is based on the premise that offenders have distorted cognitions, which allows for dysfunctional thinking patterns that lead to unreasonable thoughts and beliefs and eventually to criminal and anti-social behaviors. There are different types of CBT programs that include, for example, Moral Reconation Thinking, Thinking for a Change, and Reasoning and Rehabilitation. These CBT programs are cost effective and when the program targets an offender's criminogenic needs, it can positively reduce an offender's recidivism rates.

Effective educational and vocational programming are important as a large percentage of offenders in jail lack the basic skills to be a part of a well-functioning society. Educational programs are considered to be Adult Basic Education (ABE), General Educational Development (GED), and Post-Secondary Educational (PSE) classes - which includes academic classes and vocational training. Though most if not all correctional facilities provide their adult offenders with educational classes and vocational training there are no conclusive findings that these programs actually reduce recidivism. However, these programs are deemed effective because they teach offenders basic education, such as reading and writing and they also emphasize academic, vocational, and social education skills.

Alcohol and substances abuse rehabilitation programs aim to reduce offenders' dependency and recidivism rates simultaneously. The research suggests cognitive-behavioral therapy, therapeutic communities, and interactive journaling used as in-custody treatment programs for offenders with alcohol or substance dependence can be effective in helping decrease drug use, drug relapse, and future criminal activity. Another promising program for jail inmates is the short-term but intensive OUT program. It is important to note that, while 12-step programs are largely implemented in rehabilitation programs, they yield inconclusive evidence of effectiveness and have also been found to have harmful consequences if not fully completed.

Faith-based programs work with inmates to help grow their beliefs while providing vital services during incarceration but there is little evidence to support their effectiveness as a treatment. Sumter and Clear (n.d.) concluded that there are not enough studies regarding faith-based rehabilitation programs, and the results of the few existing studies yield too many inconsistences to clearly support the effectiveness of religious programs to reduce recidivism.

Mentally ill offenders pose a difficult challenge for correctional facility staff and with the growing inmate population more mentally ill individuals find themselves placed in insufficient facilitates that do not meet their needs. Similar to faith-based rehabilitation programs; there is little research analysis to determine the effectiveness of treatment. While it is hard to determine whether mental illness programs can significantly reduce recidivism, it is essential for correctional facilities to provide some sort of programs to meet this population's needs. In general, research suggests that *select* short-term, intensive treatment programs may be useful within jails and can be effective in reducing offender recidivism rates.

Effectiveness of In-Custody Treatment Programs

In 2011, (CA) Governor Brown signed Assembly Bill (AB) 109, "2011 Public Safety Realignment"; this legislation called for realignment in the California correctional system. AB 109 allows for non-violent, non-serious, and non-sex offenders to serve their sentence in a county jail setting rather than in a state prison facility (CDCR, 2011). The 2011 Public Safety Realignment bill permits offenders to serve longer sentences in the jail setting, therefore creating an opportunity for more intensive rehabilitation programs. Though realignment allows for longer jail sentences, still much of the jail population remains transitory and short-term. With the increased population and rapid turnover, it becomes pivotal to implement effective in-custody treatment programs to limit recidivism rates.

It can be argued that rehabilitation in the jail setting presents unique problems; specifically, a large population of transitioning offenders, combined with the antisocial and uncooperative behavior of many offenders, makes it difficult to provide effective treatment to reduce recidivism (Modesto-Lowe, 2003). One of the major limitations in determining the effectiveness of short-term, in-custody treatment programs is the lack of research and evaluation of specific jail treatment programs. A vast majority of the research conducted on the effectiveness of in-custody treatment programs comes from the prison system which evaluates a different population sample than that found in jails. Due to the rapid turnover rates seen in jail settings there is less emphasis placed on jail treatment programs and evaluation than in prsions (Bahr, 2013).

Knowledge of the effectiveness of specific programing can allow for resources to be diverted to the most effective treatment programs and/or allow staff to modify existing programs to make them more effective. Here, our goal is to report what academic research has found to be effective for short-term, in-custody treatment programs. We will evaluate the key components and principles of what makes a treatment program effective and the importance of the Risk-Needs-Responsivity model in the criminal justice system. Furthermore, we will examine the effectiveness of cognitive-behavioral therapy programs, education and vocational programs, substance and alcohol abuse treatment programs, faith-based, and mental illness programs.

One well regarded offender assessment and treatment model in the criminal justice system is the **Risk-Need-Responsivity (RNR)** model (Andrews, Bonta, & Wormith, 2011). "The model assumes that (a) intervening to help offenders reduce their involvement in crime benefits them and the community around them, and (b) that the only way to intervene effectively is through compassionate, collaborative, and dignified human service intervention that targets change on factors that predict criminal behavior" (Polaschek, 2012, p. 3). A successful offender classification instrument should categorize offenders by their risk of recidivistic behavior and identify criminogenic needs related to recidivism that can be altered through treatment programing (Makarios, 2013).

In the Risk-Need-Responsivity model, *risk* is the *probability of criminal recidivism* and should not be associated with offender's crime seriousness (Vandine & Bickle, 2010). It is important to identify an offender's risk level prior to rehabilitation intervention for several reasons: (1) targeting higher- rather than lower-risk offenders for treatment can aid in the effectiveness of a program, (2) higher intensity treatment programs provide the largest gains in reducing recidivism rates (Andrews, Bonta, & Wormith, 2011), and (3) if low-risk offenders receive high intensity rehabilitation programming, they have an increased likelihood of criminal recidivism (Vandine & Bickle, 2010).

The *need* principle refers to the *criminogenic needs or treatment needs of an offender*. "Criminogenic needs [are] problems or conditions that people need help with that are known to impact criminal recidivism" (Vandine & Bickle, 2010, p. 3). The eight risk/needs factors are: anti-social attitudes, anti-social associates, anti-social temperament/personality, history of diverse anti-social behavior, family/marital circumstances, social, leisure, and substance abuse (Andrews, Bonta, & Wormith,

2011; Polaschek, 2012). Identifying offenders' criminogenic needs can allow for appropriate placement into a rehabilitation program.

Risk-Need-Responsivity

Risk: Match the level of service to the offender's risk to reoffend.

Need: Assess criminogenic needs and target them in treatment.

Responsivity: Maximize the offender's ability to learn from rehabilitative intervention.

The *responsivity* aspect of the Risk-Need-Responsivity model refers to the *design and delivery of treatment programs* in ways that would engage specific offenders to learn and change. The principle can be subcategorized into general and specific responsivity. General responsivity utilizes cognitive-behavioral techniques such as reinforcing socially acceptable behavior. Specific responsivity can be recognized through the different responses of offenders by the modality of treatment, thus, male and female offenders may respond differently to treatment based on their individual preferences and needs, as do offenders from different cultural backgrounds (Andrews, Bonta, & Wormith, 2011; Polaschek, 2012).

A successful offender classification instrument should categorize offenders by their risk of recidivistic behavior and identify criminogenic needs related to recidivism rates that can be altered through treatment programing (Makarios, 2013). Treatment programs that follow the core principles of the Risk-Needs-Responsivity model are found to be highly effective with significant decreases in recidivism rates (Andrews, Bonta, & Wormith, 2011). Accordingly, an effective offender risk/needs classification instrument should (a) categorize offenders by their risk of recidivistic behavior, (b) identify criminogenic needs related to recidivism rates that can be altered through treatment programing and an effective assessment system, and (c) therefore, should be able to effectively allocate resources (Makarios, 2013).

Risk-Needs-Responsivity Model	
Risk	Match the level of service to the offender's risk to reoffend. Work with the moderate and higher risk cases (risk principle). Keep low-risk cases out of intensive correctional services thereby avoiding interference with existing strengths and/or increased association with higher risk others.
Need	Assess criminogenic needs and target them in treatment. Criminogenic needs (dynamic risk factors) are characteristics of people and/or their circumstances that signal reward–cost contingencies favorable to criminal activity relative to noncriminal activity. The central eight risk/need factors are antisocial associates, antisocial cognitions, antisocial personality pattern, history of antisocial behavior (a static risk factor), substance abuse, and circumstances in the domains of family–marital, social–work, and leisure–recreation.
Responsivity	Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender. a. General - Use cognitive social learning methods to influence behavior. b. Specific - Modify strategies in accordance with the strengths, motivations, and readiness to change, personality, mental status, learning ability, learning style, circumstances, and demographics of individual cases.
Description taken directly from (Andrews, Bonta, & Wormith, 2011, p. 738)	

Assessing the effectiveness of in-custody treatment programs, Bahr (2013) identified eight characteristics of successful treatment programs through the research literature (see also: Cullen & Jonson, 2011; Landenberget & Lipsey, 2005; Lipsey & Cullen, 2007; Pendergast, 2009). Characteristics or principles of effective treatment programs include: (1) high intensity treatment; how much time a participant receives the program, (2) interactive programs that focus on skill building according to offenders needs, (3) the use of cognitive-behavioral therapy, (4) structured curriculum throughout program, (5) multiple treatment modalities [e.g. programs that include cognitive behavioral therapy, individual counseling, group counseling, etc.], (6) trained professionals providing treatment, (7) compliance with the risk principle; target high- rather than low-risk offenders, and (8) the duration of treatment is associated with effectiveness. Wexler, Prendergast, and Melnick (2004) acknowledged that treatment programs on their own may have a "time limited effect on outcomes" (p. 6) and as longer duration treatment programs provide greater effectiveness, an aftercare in the community component has been shown to significantly improve treatment program effectiveness. Although not a characteristic of an in-custody treatment program, an aftercare component may be an essential principle in reducing recidivism, and should be considered as an addition to in-custody programs.

Characteristics/Principles of Effective Treatment Programs	
1.	High program intensity; how much time a participant receives the program
2.	Interactive programing focused on skill building according to the needs of the offenders'
3.	Includes cognitive-behavioral therapy
4.	Includes structured curriculum
5.	Multiple treatment modalities
6.	Trained professionals administer treatment program
7.	Treatment is more successful among high-risk offenders (risk principle)
8.	Length of program is associated with effectiveness
a.	Aftercare in the community has been shown to significantly improve treatment program effectiveness
	(Bahr, 2013)

I. Cognitive Behavioral Therapy

Cognitive-behavioral therapy, known as CBT, is an evidence-based rehabilitative treatment program that has a well-developed theoretical basis to support it and is considered to be a "top tier" rehabilitative treatment in regards to reducing recidivism (Lipsey, Landenberger, & Wilson, 2007). CBT is based on the premise that offenders have "distorted cognitions" meaning that the way offenders' perceive, store, and use information is dysfunctional (Hansen, 2008). These dysfunctional thinking patterns lead to irrational thoughts and beliefs, allowing offenders to act in a criminal and anti-social manner. Fortunately these cognitions are socially learned rather than inherited, which allows for CBT to positively influence offenders' cognitions. It does so by exposing thought processes that lead them to negative feelings and anti-social behaviors and replacing

them with positive feelings and pro-social behaviors (Aos, Miller, & Drake, 2006; Lipsey, Landenberger, & Wilson, 2007; Vandine, & Bickle, 2010).

The ultimate goal of CBT is to help offenders develop a new way of thinking by providing them with a chance to model, role-play, and practice pro-social skills (Aos, Miller, & Drake, 2006). CBT allows offenders to realize that there are consequences that follow criminal behaviors and allows them to take personal accountability for their actions by allowing them to fix their thought processes. To better help offenders develop pro-social thinking patterns along with pro-social cognitions, core practices are in place. These core practices that make CBT effective include: reinforcing pro-social attitudes, the use of role-play, the use of rewards and punishments, graduated rehearsals and practices, appropriate modeling that introduces pro-social coping strategies, and lastly allowing offenders' to learn in a structured group format (Hansen, 2008; Cullen & Jonson, 2011). As long as these core practices are enforced then different interventions can be added to the general approach of CBT, allowing CBT to be a stand-alone intervention or a multifaceted program (Hansen, 2008; Lipsey & Cullen, 2007; Lipsey, Landenberger, and Wilson, 2007).

"The Ultimate goal of CBT is to help offenders develop a new way of thinking"

-Aos, Miller, & Drake (2006)

These interventions include (among others): cognitive skills training, anger management, interpersonal problem-solving, and cognitive restructuring (Lipsey, Landenberger, & Wilson, 2007). When these interventions are carried out it makes CBT even more effective for certain offender types. However, it is important to note that structured intervention programs such as victim impact and behavior modification should not be added to the core practices of CBT because these programs have been shown to decrease the effect size (the difference in recidivism rates between program participants and non-participants). The rationale behind this is that if CBT could correct the way an offender perceives a situation and gets rid of these distorted cognitions, not only will offenders' habits of criminal behaviors start to diminish but they will return to society with a new set of skills that could include interpersonal problem-solving skills, critical reasoning skills, and planning skills (Hansen 2008; Wilson, Bouffard, & Mackenzie, 2000). However, in order for CBT to positively effect recidivism rates and for offenders to reap personal gain CBT has to be strictly implemented by trained instructors.

First off, CBT treatment groups should meet two times a week for a minimum of 16 weeks and these meetings should be carried out closer to the end of the offender's sentence because this allows the offender to use his/her newly learned skills and knowledge shortly after incarceration. Also, the effect size will be much larger if high risk offenders are treated, if the program is implemented correctly by the facilitator (as designed), and if supplementary components are added to the general approach of CBT (as mentioned in previous section) (Lipsey, Landenberger, & Wilson, 2007). Maintaining the quality and fidelity (the integrity and faithfulness) of the program is imperative because if taught correctly there will be a low chance of an offender dropping out and a higher chance of program success, allowing offenders to be positively influenced by CBT. If facilitators decide not to keep the fidelity of the program participants have a lower chance of being positively affected, which negates the program's purpose (Landenberger & Lipsey, 2005).

Because CBT is so effective at reducing recidivism, there are many branded CBT programs on the market. Many of these branded CBT programs are pre-packaged and come with workbooks and course materials, as well as short training courses for facilitators (40 hours or less) that teach them how to monitor the quality and fidelity of the treatment. These pre-packaged CBT programs are popular with correctional agencies because they have the ability to reduce recidivism, they come at a low cost, and importantly facilitators do not necessarily have to be trained clinicians; they can be paraprofessionals, for example jail staff (Hansen, 2008). Overall, if CBT is implemented correctly it is a well-rounded rehabilitative treatment program that has been seen to have positive impacts on program participants (Lipsey, Landenberger, & Wilson, 2007; Wilson, Bouffard, & Mackenzie, 2000).

Off-the-shelf CBT programs that are proven to reduce recidivism include (among others): Moral Reconation Therapy, Reasoning and Rehabilitation, and Thinking for a Change (Aos, Miller, & Drake 2006; MacKenzie, 2000). While these branded CBT programs have been proven to significantly reduce recidivism, it is important to note that non-branded CBT programs are also highly effective at reducing recidivism. This is due to the fact that CBT has a well-developed theoretical basis to support it, making the general approach to the treatment effective and not a specific version of it (Lipsey, Landenberger, & Wilson, 2007).

Moral Reconation Therapy, also known as MRT, has been shown to be effective in regards to recidivism by SAMHSA's National Registry of Evidence-based Programs and Practice (NREPP, 2008). MRT is based on the idea that offenders are incapable of thinking and behaving pro-socially because they have a low moral reasoning level (Wilson, Bouffard, & Mackenzie, 2000). The goals of MRT are to increase the moral reasoning of offenders while confronting their beliefs, attitudes, and behaviors (NREPP, 2008). This treatment "uses a series of group and workbook exercises designed to raise the moral reasoning level of the offender" to improve upon the offenders social, moral, behavioral, and cognitive deficits (Lipsey, Landenberger, & Wilson, 2007, p. 5; Hansen, 2008). Off-the-shelf CBT programs, such as MRT, come with a scripted manual, in which a highly structured format is imbedded. MRT is a treatment that can be administered by criminal justice personnel and a CBT program that comes with a low cost for correctional agencies. The Crime Solutions website notes that the cost for training facilitators leading the treatment is $600 for the first person an agency sends and $500 for each additional person the same agency sends. The MRT client workbook is an additional charge and the cost is $25 per participant (NREPP, 2008).

The program manual indicates that the number of offenders participating in a group should be limited to 10-15. These participants should meet at least once to twice a week for one to two hours, for 14 to 16 sessions. MRT facilitators assign exercises and tasks contained in the workbook to participants. These exercises usually do not ask for offenders to use any sort of high level thinking but instead require short answer responses and drawing (Hansen, 2008; Wilson, Bouffard, & Mackenzie, 2000). If facilitators implement the treatment correctly, offenders will have a higher level of moral development and their likelihood of recidivism should decrease. For example, Wilson, Bouffard, and Mackenzie (2000) found that the re-arrest rate of those who participated in MRT was 45% in comparison to 67% for those who did not participate in MRT. It is important to note that these statistics were taken 48 months after offenders were released from prison and positive effects persisted and increased at 60 months after release.

Reasoning and Rehabilitation, also known as R&R, is another pre-packaged CBT program that has been effective at reducing recidivism. This treatment teaches offenders how to (1) stop and think before acting, (2) recognize that their actions have consequences and affect people other than themselves, (3) respond to a situation with a pro-social attitude (Hansen, 2008). Overall, R&R's goal is to "enhance self-control, cognitive style, interpersonal problem solving, social perspective

taking, critical reasoning, and values" within the offender by focusing on fixing his/her impulsive, egocentric, illogical and rigid thinking (Hansen, 2008, p. 46; see also Lipsey, Landenberger, & Wilson, 2007).

Like most other pre-packaged CBT programs R&R is highly structured. This treatment is held in a classroom setting with 6-8 participants. During the course of the treatment, which is normally 8 to 12 weeks and 35 sessions, offenders play games, create puzzles, listen to audio-visual presentations, participate in role-playing, and group discussion techniques and strategies (Wilson, Bouffard, and Mackenzie, 2000). R&R is generally found to be effective, but the findings for this treatment are mixed and not consistent, like MRT. Wilson, Bouffard, and Mackenzie (2000) note that when recidivism was measured as outstanding warrants issued offenders who participated in R & R had a recidivism rate of 26% compared with 29% for non-participants. The small positive effect size could also be due to the fact that recidivism, in this case, was defined by an unusual marker.

CBT Program Type	Program Description	Program Curriculum	Recidivism Reduction
Moral Reconation Therapy	"Designed to raise the moral reasoning level of the offender" to improve upon the offenders social, moral, behavioral, and cognitive deficits	Should include 10-15 participants. Meets at least twice a week for one to two hours, for 14 to 16 sessions.	Rearrests rates of those who participated in MRT were 45% compared to 67% for those who did not participate
Reasoning and Rehabilitation	Teaches the offender to stop and think before acting, how to recognize that their actions have consequences and affect people other than themselves, and lastly how to respond to a situation with a pro-social attitude	Should include 6-8 participants. Program runs 8 to 12 weeks and is comprised of 35 sessions	Recidivism rate of 37% compared to 70% for non-participants as measured by prison re-admission.
Thinking for a Change	Makes the offender aware that their thinking controls their behavior, along with teaching them how to increase their problem solving skills and how to respond to the feelings of others and also their own.	Should include 8-12 participants in a group setting. Should be implemented for over 11 weeks with at least 22 sequential lessons and each class should run 1 to 2 hours in length.	15.1% re-arrest rate compared to 20% for non-participants.

In another study by Porporino and Robinson (1995) the positive effect sizes were much larger for R&R participants. This study consisted of all high-risk offenders who volunteered to be admitted into the program. However, because all participants volunteered for treatment the recidivism rates could be seen as unreliable. Nonetheless, by defining recidivism as prison readmission the study showed that offenders who participated in the R & R treatment had a recidivism rate of 37% compared to 70% for non-participants (Wilson, Bouffard, & Mackenzie, 2000). Overall, according to the research R & R

is effective in reducing recidivism and could teach the offender how to restrain from criminal behavior (Wilson, Bouffard, & Mackenzie, 2000).

Finally, **Thinking for a Change (T4C)** is a highly structured CBT program that has been shown to have positive effects on recidivism. This program was developed by the National Institute of Corrections and was designed to teach offenders that if they control their thinking they can also control their life. T4C teaches offenders how to (1) increase their problem-solving skills and (2) respond to the feelings of others by allowing them to address their cognitive, social, and emotional needs (CrimeSoultions.gov, n.d.c). In order for T4C to be implemented correctly the treatment should be delivered to 8-12 participants in a group setting. Within this group setting participants role- play, practice newly learned pro-social skills and go over previous homework assignments, and learn cognitive- self change, social skills, and problem-solving skills (CrimeSolutions.gov, n.d.c). Similar to the others, this program should be implemented over 11 weeks with at least 25 sequential lessons; each class should run 1 to 2 hours in length. Like the other off-the-shelf CBT programs, it is crucial that the facilitators attend a training session (32 hours), in order for them to maintain the fidelity and intended quality of the program (Hansen, 2008). The scripted manual for T4C is available free online on the NIC website.

As stated previously, T4C does have a positive effect on recidivism. The Crime Solutions website notes a study done by Lowenkamp and colleagues (2009). In this study the researchers noted that T4C participants had a 23% chance of being rearrested, whereas non-participants had a 36% chance of being rearrested for a new offense. T4C produces a large reduction in recidivism (Hansen, 2008; Lipsey, Landenberger, & Wilson, 2007).

Overall, cognitive-behavioral programs are seen to be highly effective because they have strong theoretical support and data supporting their efficacy. In general, CBT programs are highly effective because they encourage offenders to become aware of their criminal thinking and they are used to teach offenders how to exchange negative thoughts for positive thoughts, which in return positively affects their behavior.

II. Education & Vocational Programs

A large percentage of offenders in county jails lack basic education and vocational skills because the majority of offenders, 68%, are high school dropouts[1]. This means that more than half of offenders lack the skills necessary to participate in a well-functioning society. Many of these offenders will soon be released back into the community and educational/ vocational programs teach them how to live a conventional life after being released. Educational and vocational programs have been introduced to correctional institutions in hopes that once equipped with human capital and occupational opportunities offenders will restrain from criminal behavior (Cullen & Jonson, 2011). Though the research notes that educational and vocational programs are beneficial for offenders, it is also shown that these programs have the ability to benefit the correctional institution as a whole. Vacca (2004) notes that when offenders' participate in educational and vocational training, violence within the correctional institution decreases, allowing for a more positive environment for offenders and correctional staff. However, though educational and vocational programs are shown to positively effect offenders overall the research notes that these programs do not have a significant impact on recidivism.

Research finds that educational and vocational programs are directly linked with whether or not offenders obtain employment and a steady income after incarceration, and not recidivism. Recidivism, in this case, is seen as a second hand effect because only when offenders are employed are recidivism rates shown to decrease (Cho & Tyler, 2013). It is important to

1 This statistic is based on state prison populations and should not be compared directly with the jail population; however, this statistic in general suggests that individuals who are incarcerated have a lower education.

keep in mind that all the studies examined called for further research to solidify their findings, making the findings on whether educational and vocational programs reduce recidivism inconclusive (Vacca, 2004; Wilson, Gallagher, & MacKenzie, 2000).

The positive findings on educational and vocational programs have found that Adult Basic Education (ABE), General Educational Development (GED), and Post-Secondary Educational (PSE) classes (which include both academic and vocational programs) are considered to be effective. These classes are deemed effective because they teach offenders basic education, such as reading and writing, and also emphasize academic, vocational, and social education (Vacca, 2004). These programs are shown to be most effective when (1) they run for over 100 days (longer duration does not increase employment or earning potential), (2) offenders spend at least 22 hours in the program, (3) they are paired with extra educational classes, such as literacy classes and cognitive skills classes, (4) those in authority are supportive of the program (5) there are adequate supplies and materials, and (6) interruptions affecting the offenders learning are limited (Cho and Tyler, 2013; Cullen & Jonson, 2011; Vacca, 2004). When these curriculums are followed educational classes often increase offenders' problem solving capacity and cognitive skills, enhances their self-control, and slightly decreases recidivism rates (Vacca, 2004).

Adult Basic Education (ABE) is defined as a program that involves teaching offenders who are reading below the ninth grade level basic mathematics, literacy, language arts, and social studies (Cho & Tyler, 2013; Cullen & Jonson, 2011). According to the research, ABE allows participants to increase the chances of employment after incarceration and participants are more likely to earn a higher income than similar inmates who do not participate/cannot read above the 9th grade level. Cho and Tyler (2013) state that when ABE is combined with GED the program becomes more successful and the chances of participants obtaining a job after incarceration is 57% compared to 45% for non-participants. Also, participants have a 50% greater chance of receiving a higher income compared to non-participants. However, though ABE has been found to increase offenders' employment and earnings it has not been found to greatly reduce offenders' chance of recidivating, considering that ABE only has a 5% - 9% reduction rate for recidivism.

General Educational Development (GED) is a program which closely resembles ABE. GED focuses on teaching offenders' basic skills such as social studies, science, reading, mathematics, and writing. All five subjects are needed in order for offenders to successfully pass the GED test and obtain a general equivalency diploma (which is equivalent to a high school diploma) (Cho & Tyler, 2013; VanDine, Bickle, 2010; Wilson, et al, 2000). Like ABE classes, GED classes are proven to increase the chances of offenders being employed once released but only show a 9% decrease in recidivism. Though ABE and GED do not significantly have a positive effect on recidivism rates, they do allow for offender's to personally grow by allowing them to feel a sense of self-efficacy and also by allowing them to increase their social interaction skills.

As mentioned briefly above, **Post-Secondary Education (PSE)** consists of academic classes and vocational training that can count for college credit if offenders decide to participate. Academic classes considered to be post-secondary are college education classes, such as two-year degrees, four-year degrees, and post-secondary education. However, since correctional institutions have lost the funding from Pell Grants they have also lost many college education classes-making them hard to come by (Cullen & Jonson, 2011). On the other hand, vocational training can be found in most, if not all, correctional institutions and at least 7% of local jails. "These programs include a plethora of services, ranging from classroom based education to apprenticeships" (Cullen & Jonson, 2011, p.308). Researchers have noted that offenders who participate in vocational training have a 62% chance of obtaining employment after being released compared to 41% of non-participants (VanDine & Bickle, 2010). In regards to recidivism, vocational training and PSE academic classes produced an 11-13% reduction, which is slightly higher than GED and ABE classes (Lockwood, Nally, Ho, & Knutson, 2012; Wilson, Gallagher, & MacKenzie, 2000).

Overall, those who participate in educational and vocational classes are less likely to recidivate when compared to non-participates. According to VanDine and Bickle (2010) offenders who participated in educational classes had a 50% chance of being arrested for a new crime, a 26% chance of being newly convicted, and a 24% chance of being re-incarcerated. On the other hand non-participants had a 58% chance of being arrested for a new crime, a 33% chance of being newly convicted, and a 31% chance of being re-incarcerated. It is generally accepted that educational classes do slightly reduce recidivism but, as noted earlier, these findings are considered inconclusive because researchers need more supporting evidence.

	Education programming participants	Release who did not participate in education programming
Re-arrest	50%	58%
Re-Conviction	26%	33%
Re-Incarceration	24%	31%

Chart taken directly from (VanDine, & Bickle, 2010)

In addition to the above, there are two innovative and inexpensive educational programs worth mentioning. The Prison Education Program is a local program, started by Prof. Renford Reese at California State University-Pomona, which brings college students into prisons to teach inmates working on PSE about navigating college. Inmates attend one 1.5 hours class per week for 6-8 weeks. During this "academic orientation" class, volunteer college students provide inmates with information about the higher education system in California (UC, CSU, and community colleges), college majors, financing college (loans, grants, and scholarships), successful study and time management strategies, general education and major requirements, etc. The goal is to remove some of the psychological barriers to college that many inmates experience by familiarizing them with the basic information they need to walk onto a college campus and enroll in classes. While this program is new and has not been formally evaluated, inmate and student evaluations indicate that both parties benefit immensely from the experience. Furthermore, it is cost-free (other than staff time to run background checks, coordinate with program director, and escort volunteers into jail) and develops positive collaborations with local universities and potential future employees (students). There are currently several colleges (including CSUF) participating in this program and it could easily be expanded and brought into local jails.

Another program which partners colleges and correctional institutions is the Inside-Out Prison Exchange. Although typically conducted in a prison setting, it might be appropriate for California AB 109 inmates serving sufficiently long sentences in county jails. The program brings college students into jail to study alongside inmates. "The core of the Inside-Out Program is a semester-long (15-16 weeks) academic course, meeting once a week, through which 15 to 18 'outside' (i.e. undergraduate) students and the same number of 'inside' (i.e. incarcerated) students attend class together inside prison" (Inside-Out Center, n.d., About us). All participants read the same materials, prepare the same assignments, and engage in dialogues on the subject matter throughout the semester from their various perspectives. College professors trained in the program serve as the course instructors. To date, there are no formal evaluations of this program on participant recidivism or behavior while incarcerated. However, the program is very inexpensive to operate and CSUF has at least two professors trained in this program.

III. Substance & Alcohol Abuse

There is significant evidence to suggest that substance and/or alcohol abuse plays an influential role in criminal activity. According to a recent study, "two thirds of jail inmates are dependent on or abuse alcohol or drugs" (Office of National Drug Control Policy, 2010). Furthermore, the significant increase in jail populations includes higher rates of offenders who are dependent or who abuse alcohol and/or illicit substances. There is an urgent need to implement treatment programs that can effectively reduce alcohol and substance dependency while reducing recidivism rates among this growing population; unfortunately there is limited evaluation on whether, and to what extent jail treatment programs can be effective.

As previously discussed, cognitive-behavioral therapy is a commonly used type of treatment program implemented in the criminal justice system that emphasizes teaching offenders how to alter their maladaptive thinking patterns. These therapy programs focus on altering and reforming attitudes, thoughts, and behaviors while helping offenders improve interpersonal skills. Offenders assigned to cognitive-behavior therapy treatment programs are often kept actively involved to aid in reinforcing learned skills and behavior. Studies have found that cognitive-behavioral therapy programs, implemented as a short-term (8 to 16 weeks) treatment program for substance dependence can be effective in helping inmates reduce illicit substance use (Bahr, 2012).

Therapeutic communities (TC) is another type of treatment program administered in the criminal justice system that adheres to a highly structured framework. These community oriented rehabilitation programs consist of residential units that are separated from the rest of the incarcerated population (WSIPP, 2006; NREPP, 2013a). Offenders are organized into groups and managed by a chosen leader following a hierarchical structure of roles. Therapeutic communities stress positive role model behaviors which helps develop a strong sense of community that gives control and accountability to the offenders (NREPP, 2013a). Ideally, the shared pressures of responsibility to other members of the group help support compliance with order. Therapeutic communities include multiple modes of treatment that emphasize active involvement and include programs such as cognitive-behavioral therapy, individual counseling, group counseling, and 12-step programs, daily meetings, and one-on-one interaction among others. Bahr (2012), analyzed three therapeutic communities, Wexler et al. (1990, 1999); Martin and colleagues (1995, 1997, 1999); Knight et al. (1999), and found that offenders who were involved in TC displayed reduced risks of drug relapse and rearrests.

CrimeSolutions.gov (n.d.b) found the **KEY/Crest** substance abuse program to be promising. KEY/Crest is a dual component program which follows a therapeutic community design, which involves participating inmates being isolated from the rest of the incarcerated population. The KEY component of the program adheres to the perspective that drug abuse is a disorder and addiction is a symptom. KEY focuses on changing negative patterns of behaviors, thinking, and feelings through behavioral, cognitive, and emotional therapy. The Crest component of the program includes residential work release centers (Crest Outreach Centers) that allow offenders to continue treatment as they transition into the community. Participants of KEY/Crest substance abuse programs were found to have lower recidivism rates and lower drug use than those without treatment.

Additionally, NREPP (2013a) evaluated **Correctional Therapeutic Community (CTC)** for Substance Abusers. While CTC is an in-prison residential treatment intervention, its 6 month program duration could be beneficial for offenders serving longer sentences in county jails due to AB 109.

Correctional Therapeutic Community for Substance Abusers - Phases	
First 3 Months	
Phase 1	The treatment model consists of assessment, evaluation, and orientation into a CTC. Each new resident is assigned a primary counselor who conducts a needs assessment.
Phase 2	Emphasizes the residents' active involvement in the CTC, including such activities as morning meetings, group therapy, one-on-one interaction, confrontation of other residents who are not motivated toward substance abuse recovery, and nurturing of newer residents. Residents begin to address their own issues related to substance abuse and criminal activity in group sessions and during one-on-one interactions.
Phase 3	Stresses role modeling and overseeing the working of the CTC on a daily basis (with the support and supervision of the clinical staff). So residents develop a strong sense of community, they are organized into a hierarchical structure by roles and job functions, which are associated with strict behavioral expectations and corresponding rewards or sanctions. The rewards or sanctions are applied jointly by staff (many of whom are former offenders or recovering adults who formerly abused substances and act as role models) and residents who act as role models for newer residents.
Last 3 Months	
Phase 4	Residents are prepared for gainful employment and participate in mock interviews; attend seminars on job seeking; and receive information on how to dress, prepare a resume, make the best impression on a potential employer, develop relationships with community agencies, and look for ways to further educational or vocational abilities.
Phase 5	Includes reentry into the community and consists of the residents becoming gainfully employed in the community while continuing to live in the in-prison work release therapeutic community facility and serving as a role model for those in earlier stages of treatment. Also during this phase, residents open a bank account and begin to budget for housing, food, and utilities.
	Description taken directly from (NREPP, 2013a, para. 2-3)

The minimal cost at the time of the NREPP (2013a) study of CTC, provided by the developer, was $35.50 per participant. The evaluation of CTC provided that program participants were less likely to be rearrested, more likely to abstain from illicit substance use, and were more likely to find employment post-release than non-participants of CTC.

The "12-step treatment program" is among the oldest forms of treatment for alcohol and drug abuse. There are multiple variations of the original program that target specific vices; such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA). The 12-step program revolves around the central idea that alcohol and/or substance dependence is a life-long illness that can only be managed, not cured (Bahr, 2012). The key components of a 12-step program include: (a) recognizing that one will always be an addict, (b) weekly or biweekly meetings with a nonprofessional support group or individuals with similar problems, (c) recognizing and relying on a higher power, (d) performing service to others, and (e) group and individual counseling sessions (Schneider, 2006). Although 12-step programs are widely implemented, research yields inconclusive evidence to the effectiveness of reducing drug use or recidivism (Bahr, 2012). What

Correctional Therapeutic Community (CTC) for Substance Abusers – Costs*		
Item Description	**Cost**	**Required by Developer?**
Therapeutic Community Curriculum: Participant's Manual	Free	Yes
Introduction to Therapeutic Community	$2.50 each	Yes
Key, Crest, Aftercare: Program Manual	$5.00 each	Yes
Correctional Therapeutic Community (CTC) Training: Overview for Those Adopting the Program	Free	Yes
Therapeutic Community Curriculum: Trainer's Manual	Free	Yes
Treating Chemically Dependent Criminal Offenders in Corrections (PowerPoint slides)	Free online, $5 for black-and-white hard copy, or $25 for color hard copy	Yes
Performance-Based Standards for Therapeutic Communities	$28.00 each	Yes
*See NREPP, 2013 for additional items not required by developer.		
Description taken directly from (Andrews, Bonta, & Wormith, 2011, p. 738)		

is more, 12-step program participants who prematurely drop-out of treatment are found to be more likely to relapse and have higher rates of recidivism than those who successfully completed the program or those who did not participate in the program (Schneider, 2006).

Interactive Journaling is another treatment program administered to reduce substance abuse and substance-related behaviors, such as recidivism. The model is structured through a written self-reflection process where participants use journals to explore and resolve a multitude of topics: "ambivalence toward their substance use, recognition that they have a substance use problem, the connection between substance use and their current situation, health and other consequences of substance use, and irresponsible behavior while under the influence of alcohol and/or drugs" (NREPP, 2013b, para. 2). The Interactive Journaling includes components of the trans-theoretical model of change, where change involves stages of: pre-contemplation, contemplation, preparation, action, maintenance, and termination (CrimeSolutions.gov, n.d.a). Interactive Journaling

models vary in length and type of delivery can be self-guided, facilitated through one-on-one sessions, or in a group setting. Preliminary studies have found Interactive Journaling to lower recidivism rates amongst participants compared to non-participants (NREPP, 2013b).

Changing Course was identified by CrimeSolutions.gov (n.d.a) as a promising Interactive Journaling program designed specifically for offenders in jail settings who have been identified as having a substance abuse disorder. A primary goal of Changing Course is to assist offenders in making the connection between their substance use and behaviors and their criminal activity through a self-direct model. Through this self-directed process, Changing Course helps offenders in considering motives for change and exploring options for behavior modification. Initial results regarding Changing Course found that offenders who participated had lower recidivism rates compared to non-participants.

Changing Course Program Activities

Changing Course is a 24-page interactive journal that includes visually appealing images, factual information, and individual writing exercises to engage inmates as they contemplate the process of making a positive life change.

The journal starts with a checklist of various descriptors that inmates check off if they specifically apply to them. Then inmates must summarize, in their own words, the specific details regarding their arrest and their motivation for committing the offense for which they are currently incarcerated.

Next, inmates are provided with an inventory of harmful consequences associated with substance use that cover a wide range of areas, such as relationships, school/work, and finances. Inmates are then presented with another checklist of various behaviors that they may select as they consider making a positive life change (e.g., current level of alcohol or drug use, anger management, relationship changes) and are instructed to indicate which areas apply to them.

The journal then provides an outline for evaluating the rewards and costs of up to three specific behavior changes, followed by strategies for inmates to implement the selected changes. Inmates are provided with an area to write down their specific individualized plan for change.

Finally, the journal presents inmates with the issue of making the ultimate decision about whether they will seek professional help and/or support groups. This section also provides space where contacts can be written down for future reference.

Description taken directly from (CrimeSolutions.gov, n.d.a, para. 2)

Furthermore, Bahr (2013) evaluated a short-term program that incorporated multiple modes of treatment. The **On-Unit Treatment (OUT)** program is an intensive, short-term drug treatment program with a core belief that drug dependence is a major cause of criminal behavior. The program, created and implemented by the Utah County Jail and the Utah County Department of Alcohol and Drug Prevention and Treatment, is a rigorous 30-day drug treatment program in which participants spend five hours a day in treatment five days a week over four weeks (*see below for detailed weekly schedule*). The OUT program is multifaceted and incorporates life-skills training, cognitive distortion awareness, and structured therapeutic interventions in addition to substance abuse treatment. The program uses a cognitive-behavioral model that stresses individuals (a) examine the causes/precursors of their substance use and criminal behavior, (b) learn alternative, adaptive coping strategies for dealing with situations that have previously led to their using behavior, and (c) engage in deep thought and contemplation of their personal identity and need for personal change (Bahr, 2013).

The initial findings suggest that the OUT program can be an effective short-term drug treatment program which may be a useful tool to help offenders prepare for reentry into society and reduce the rate of recidivism. In addition, the On-Unit Treatment program effectively incorporates seven of the eight proposed characteristics of effective treatment programs: program intensity, interactive while focusing on skill building according to offender's needs, use of cognitive-behavioral therapy, structured curriculum, multiple treatment approach, trained professionals, and treatment of high- rather than low-risk offenders (Bahr, 2013). Due to the high intensity nature of the program and the short-term, 30-day treatment, this program is ideal for the transitory population common in jail settings. It further provides evidence that intensive short-term drug treatment programs can be effective in reducing recidivism rates in a transient population.

On-Unit Treatment (OUT) Program Weekly Schedule	
Week One	Key topics include **(a)** facing fear with faith, **(b)** understanding self-hate and prejudice, **(c)** distorted thinking, **(d)** triangle of addiction, and **(e)** seven areas of health. Participants are urged to consider how they became involved in drug abuse and criminal behavior. Inmates are pushed to examine their thinking and identify irrational thinking patterns, such as dwelling on self-pity, living life on the edge, and remaining in denial. Participants receive a homework assignment to identify and describe their main thinking errors. Subsequently, they receive feedback from counselors and are urged to identify irrational thinking patterns expressed by themselves and by others in the program. They also discuss victim impact, develop conflict resolution skills, and have experiential activities and songs.
Week Two	Clients are introduced to the idea that they are fighting a war against themselves. Key topics include **(a)** rebellion, **(b)** principles of war, **(c)** giving up the war, **(d)** accepting responsibility, **(e)** ethics, values, and morality, and **(f)** meaning and purpose in life. Inmates are introduced to the idea of taking responsibility for their actions. They are asked to write down all the crimes they have committed and their victims. Ethics and values are introduced as positive ideals to replace the rebellious mentality. Personal goals and dreams are identified and recovery activities are planned. They discuss victim impact further and have an experiential activity on mission statements.
Week Three	Key topics include **(a)** relapse process, **(b)** change process, **(c)** dangerous situations, **(d)** cycle of destruction, **(e)** dealing effectively with emotions, and **(f)** addictive relationships. The difference between relapse and change is discussed. Clients are encouraged to identify their personal dangerous situations or "red flags." In addition, they are urged to "give up the war" as they are presented with the image of their future as a choice between life and death. A substantial amount of time is spent identifying emotion, regulating emotion, and developing positive coping skills. A primary focus is admitting and learning from manipulative behaviors. Forgiveness is discussed along with victim impact.
Week Four	Topics include **(a)** life management, **(b)** learning to love, **(c)** serving others, **(d)** living an honest, open life, and **(e)** social influence. The focus is on continual growth, and group unity is emphasized by serving others and recognizing a higher power. Throughout the program, concepts are presented with interpersonal discussion, victim impact videos, popular music, active singing, and one-on-one therapeutic sessions with a personal case manager.
	After completion of the OUT program, those who are still under sentence transition to an inmate worker program, a work release program, or an education program pursuing a GED. Those who are released from the jail transition into a community-based treatment program.
	Description taken directly from (Andrews, Bonta, & Wormith, 2011, p. 738)

While there is limited research on short-term rehabilitation programs for substance and/or alcohol abuse offenders, the National Institute of Health identified 13 research-based principles of drug addiction treatment:

1. **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical.
2. **Treatment needs to be readily available.** Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** Treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.
4. **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.** A client may require varying combinations of services and treatment components during the course of treatment and recovery.
5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The appropriate duration for an individual depends on his or her problems and needs.
6. **Counseling-individual and group-and other behavioral therapies are critical components of effective treatment for addiction.** Clients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities and improve problem solving abilities.
7. **Medications are an important element of treatment for many clients, especially when combined with counseling and other behavioral therapies.** Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use.
8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.
10. **Treatment does not need to be voluntary to be effective.**
11. **Possible drug use during treatment must be monitored continuously.** The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalyses other tests, can help the patient withstand urges to use drugs.
12. **Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases, and counseling to help clients modify or change behaviors that place themselves or others at risk of infection.** Counseling can help patients avoid high-risk behavior and can also help people who are already infected manage their illness.
13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment

episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning.

Description taken directly from (Lowden & English, 2006, p. 7-8)

IV. Faith-Based Programs

Faith based programs are usually run by volunteers from churches who go into correctional facilities and speak to inmates. Most facilities these days have a full-time chaplain that provides a religious presence daily for all inmates. The chaplain and the volunteers work with the offenders and help them grow their beliefs and work on their religiosity. The services that are provided by faith-based programs include Bible studies, mentoring and preparation for life after release (Camp et al., 2006).

Although faith-based programs have been instituted in many correctional facilities it is very difficult to assess the effectiveness of these programs. The Washington State Institute for Public Policy study of evidence-based adult corrections programs classified faith-based programs as programs in need of additional research and development (WSIPP, 2006). These programs develop moral standards and help the prisoner cope with incarcerated life. Here, faith-based programs appear intriguing because some are run by volunteers and are cost-efficient, however, research may not support that faith-based programs can fulfill their purpose and effectively rehabilitate their participants. Volokh (2011) concluded that "based on current research, there is no strong reason to believe that faith-based prisons work. However, there is also no strong reason to believe that they do not work" (p. 43).

Researchers are very hesitant to say that faith-based programs work, and Sumter and Clear (n.d) concluded that "there are simply too few studies of the question, and the results pose too many inconsistencies" (p. 4). One of the main limitations of these studies is selection bias. Offenders who were found to have any form of positive effect were the ones who put the most effort into these programs. Unlike many rehabilitation programs that are mandatory for offenders to participate, faith-based programs are not required and participation is voluntary. This can create a problem in assessing the effectiveness of the program since the offenders who chose to participate in the programs are more willing make a change in their lives and succeed. Thus, an offender who chooses to join a rehabilitative program may be more motivated and more open to change, and this may make one more likely to change—regardless of whether the program actually works (Volokh, 2011. At this time there are no evaluations of religious programs that adequately control for selection bias (Camp et.al, 2006).

Despite the limitations of selection bias, research indicates the following program may reduce recidivism. The first program is the Purposeful Living Units Serve (PLUS) program that was first instituted into three Indiana facilities. This "addressed the risk factors that are known to be contributors to dysfunctional lifestyles and criminal behavior using faith (whatever one's faith is) or character education as a resource and pursuing this transformation in the context of a supportive community" (Hall, 2009, p. 63). This program consists of a 16 month course that was spilt into four phases. The curriculum for this program included materials that focused on social and communication skills, toleration for other cultures and beliefs, substance abuse, and character formation. Research findings on this program were quite promising; as participants were less likely to be re-incarcerated. However, the duration of the programming may make it unfeasible in a jail setting.

Another program that was found to be effective, in spite of selection bias, is the **InnerChange Freedom Initiative**. This program required the offenders to complete a three phase program which lasted 16 to 24 months, and was then followed up by an aftercare program upon release in which the prisoners spent 6 to 12 months. The program was broken down in to three phases. The first phase focused on building a foundation of morality and spirituality. This was followed by phase two in

which the offenders values were tested in real life scenarios. The final phase was the reentry phase, which helped inmates get back into their lives through support from families and churches. The research by Johnson (2003) yielded promising results as 17.3% of the participants were rearrested compared to 35% of non-participants (p. 5). This program suggests it is beneficial to have a reentry program and that it would help inmates readjust to their lives as citizens (Johnson, 2003). Although this program is rather long, realignment has increased the average jail sentence so this program may be able to run its course.

V. Mental Illness

Mentally ill prisoners impose a very difficult challenge for jail staff since they require around the clock attention, and have many other needs as well. They are different from the general population because they need to be medicated and they have a higher suicide rate, so a constant eye needs to be kept on them. With a growing incarceration rate more mentally ill individuals find themselves placed in insufficient facilities that do not meet their needs. Just as faith-based programs, the WSIPP (2006) study placed programs for mentally ill inmates in the category of programs that are in need of additional research to determine a successful reduction in recidivism rates.

The problem of dealing with mentally ill inmates begins in holding; jails are built for inmates who are generally there for a short period of time. Some mentally ill offenders commit less serious crimes and find themselves in and out of jails regularly. Most correctional staff are not trained to take care of this population and it is hard for them to do so. It is a difficult task for the corrections system to properly handle the needs of mentally ill offenders that cannot be diverted to out-of-network programs that are not run by jails. Still a few studies suggest that programs in large jails deal with mentally ill patients quite well.

Accordingly, a promising strategy to handle the mentally ill population would be to create a modified therapeutic community, which is a self-help and community based program. A therapeutic community is one in which the inmates live in their own separate residential units. This consists of group based therapy that helps the inmates stabilize their personality disorders and interpersonal problems. The WSIPP (2006) study concluded that "the average therapeutic community reduces recidivism by 5.3 percent" (Aos et al., 2006, p. 4). This number rose about one percent with the addition of an aftercare program. Therapeutic communities can be quite effective and they can reduce recidivism, even if in small amounts.

One promising therapeutic community program is the Nebraska Model, which was used to treat females with serious and persistent mental illness. This community was called the Strategic Treatment and Reintegration Unit (STAR), and consisted of three phases and two pretreatment phases - stabilization phase and the motivational enhancement phase. The pretreatment phase "exists for inmates needing in-depth assistance while stabilizing their mental illness and adjusting to their psychotropic medications" (Loya, 2014, p. 48). The motivational phase is used to make offenders want to participate in the STAR program. After this phase the participants are placed into the STAR units which consists of the following phases (see Nebraska Model below). Once these phases are completed the inmate is returned into the general population, in which they are moderately monitored through an aftercare program. It was found that "The STAR unit had significant success increasing the functioning level of inmates prior to their discharge from the unit" (Loya, 2014, p. 50).

Although it is hard to determine whether Mental illness programs can significantly reduce recidivism, it is essential that jails provide some sort of programs to meet this populations needs. This populations creates a great dilemma because these inmates are not only a danger to others but, they are also a danger to themselves.

Nebraska Model	
Treatment Phase	Description
The Assessment Phase	-Meet with assigned therapists -Given a STAR Unit handbook that goes over the guidelines of the unit -Personalized treatment plan is created -Psychiatric consultation is completed to determine medication regime for inmate -Last about one to two weeks
The Treatment Phase	-Participate in individual and group therapy -May participate in off unit programs and self-betterment activities on approval by the treatment team -Programs like AA meetings, life skills classes and religious counseling
The Maintenance Phase	-Moved into this phase after majority of treatment plan objectives have been reached -Positive assessment from the STAR unit team -Continue to participate in treatment programs -Work with therapists to address issues of ongoing concern in preparation for their transition to a lower level of care
	(Loya, 2014)

Conclusion

With the 2011 Public Safety Realignment, AB 109, California jails are experiencing an influx in their incarcerated population and though realignment allows offenders to remain in jail longer, much of the population still remains in jail for a short period of time. There is a need to implement effective, short-term, in-custody rehabilitation programs to reduce recidivism rates.

One of the major limitations in determining the effectiveness of short-term, in-custody treatment programs is the lack of research and evaluation of specific jail treatment programs. Due to the rapid turnover rates seen in jail settings there is a need for research to determine the conditions under which different types of treatment are effective and to evaluate new treatment programs – in particular whether, and to what extent jail treatment programs can be effective (Bahr, 2013). While there is lack of research on jail rehabilitation programs, it is found that programs that adhere to the Risk-Needs-Responsivity model are found to be highly effective with significant decreases in recidivism rates (Andrews, Bonta, & Wormith, 2011). Additionally, the research literature has outlined characteristics and principles of effective treatment programs (*see Eight Characteristics/ Principles of Effective Treatment Programs*).

Here, the authors' research has suggested that cognitive-behavioral therapy rehabilitation programs are cost effective and when the program targets an offender's criminogenic needs, it can positively reduce offender's recidivism rates. Educational and vocational programming is effective because they teach offenders basic education, such as reading and writing and they also emphasize academic, vocational, and social education skills. Alcohol and substances abuse rehabilitation programs have mixed results with cognitive-behavioral therapy, therapeutic communities programs, and interactive journaling being effective in

helping individuals decrease their drug or alcohol use and dependency while lowering recidivism rates. 12-step programs yield inconclusive evidence of effectiveness and have also been found to have harmful consequences if not full completed. Faith-based programs and rehabilitation for incarcerated offenders with mental illness also are found to be inconclusive.

While it is difficult to determine the effectiveness of in-custody rehabilitation programming, and increasingly difficult for short-term facilities, the research suggests that *select* intensive treatment programs may be effective in reducing recidivism and helping targeted offenders needs within jails.

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Jaslene Lizama is an alumnus from California State University, Fullerton where she received her bachelor's degree in criminal justice. Ms. Lizama is currently a law clerk for the Los Angeles District Attorney's Office and hopes to gain hands on legal experience before attending law school in the Fall of 2015. Upon graduation from law school, Ms. Lizama wants to prosecute criminal cases as a district attorney and also would like to co-own a non-profit organization that would provide at-risk youth with the knowledge and support they would need to stay off the streets.

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The Center for Public Policy

The Center for Public Policy at CSUF is a nonpartisan research institute dedicated to exploring public policy issues in Orange County and the surrounding area. The center conducts public opinion surveys and provides a setting for faculty and student research on applied policy relevant to the region.

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