Advancing Practice
Experimentation • Implementation • Sustainability

A publication of The Center for Advancing Correctional Excellence (ACE!) at George Mason University

This Issue: Spotlight on Reentry

March 2012
Collaborative and Creative Research to Advance Evidence-Based Practices

ACE! conducts collaborative and creative research to assist policy makers and correctional practitioners with using evidence-based practices and treatments. Along with our partners, we at ACE! work to craft new policies focused on preventing criminal behavior instead of simply responding to it.

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Current ACE! Projects

**EMTAP:** Evidence Mapping to Advance Justice Practices

**Evidence Based Practices in Corrections:** Maryland Division of Parole and Probation

**Healing Communities:** Community Surveys

**JARPP:** Juvenile Justice: Juvenile Assessment and Referral Services in the Juvenile Justice System

**JSTEPS:** Using Rewards in Justice Treatment Programs: Technology & Contingency Management

**MAPIT:** Motivational Assistance Program to Initiate Treatment

**Reentry Programming for People with Mental Illness**

**R-N-R Simulation Tool:** Risk-Needs-Responsivity

**STRIDE:** Seek, Test, Treat, Retain for HIV Positive Opiod Dependents

**SOARING 2:** eLearning System to Support RNR Principles

**YOURS:** Demonstration Project of Your Own Reentry System

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In the last few years, both public policy and criminal justice practices have embraced evidence-based approaches. In fact, in the area of crime prevention and control policy this has been a very active and productive time. A growing consensus supports evidence-based policies and practices (EBPPs) with active efforts to advance their adoption and implementation. This is the good news. The challenge now is more about implementation; finding ways to bring EBPPs to life within existing organizational environments. Faulty implementation is a well-recognized problem. Robert Martinson’s famous “Nothing Works” article dubbed the lack of implementation of theoretically sound approaches a major problem. Martinson (1974) noted it was difficult to assess the effectiveness of innovations when they not properly implemented.

To address the critical implementation issues organizations now face, ACE! researchers embrace a multidimensional approach to the study and practice of EBPPs by adapting the framework outlined as part of the National Institute of Health’s Roadmap Initiative which focuses on translation research activities ([www.nei.nih.gov/funding/roadmap.asp](http://www.nei.nih.gov/funding/roadmap.asp)). Within this framework, we focus on EBPP transportability to justice settings. This “bench to trench” model of moving science into practice involves certain phases. ACE! researchers are actively involved in work in each phase. We concentrate on implementation and translational science methods to examine the components of transportability—ways to adapt, implement and sustain EBPPs into contextually rich existing correctional settings. While the traditional translational work identifies four levels ([www.tuftsctsi.org/About-Us/What-Is-Translational-Science.aspx](http://www.tuftsctsi.org/About-Us/What-Is-Translational-Science.aspx)), ACE! researchers have expanded these to include adaption and extension into justice settings. While presented in phases, this is not a linear process; in fact, many can occur simultaneously as we develop new knowledge. Research and practice can experience various stages (outlined below) that define different activities in a variety of ways.

### The Phases of Evidence Based Policies and Practices (EBPP) Implementation: “Bench to Trench”

- **Experimentation or T1**: begins the process of building solid science findings using randomized clinical/controlled trials (RCTs), case studies and solid research. These are generally efficacy ideas that validate a proof of concept.

- **Effectiveness or T2**: expands research to the target or general population with other studies and survey research. In this stage, the goal is to examine effectiveness in practice settings and to use qualitative methods to better understand the contextual factors that affect effectiveness.

- **Implementation or T3**: moves into the practice-oriented stage of translational science. In this stage, the intended community or practitioners address issues related to practice questions, barriers and gaps related to using the science. Here, an important component is taking concepts from other disciplines (clinical science) and exploring issues related to the phases of implementation from adoption penetration into the workplace and routinizing practices.

- **Sustainability or T4**: expands the goal to routinize practices and develop supporting policies and practices. The focus is on penetration into the larger field.

- **Transportability or T5**: uses the organizational aspects of implementation science to assess how different approaches embrace the evidence into practice. This approach extends traditional process studies to experiment with organizational processes to improve EBPP uptake.

- **Tools or T6**: creates various tools that assist with translation and implementation. The tools are public domain with a focus on expanding the EBPP reach by providing technology tools for the field. Most importantly, testing the tools advances our knowledge about effectiveness, transportability, and sustainability.
In the area of sentencing and corrections, there is growing concurrence about key evidence-based policies and practices (EBPPs). To date, emphasis rests on a core set of practices that include: 1) risk/need assessment tools; 2) matching offenders to appropriate controls and treatments; 3) evidence-based interventions; 4) creating an environment that allows offenders to change; 5) using administrative and graduated responses, and 6) integrating accountability using therapeutic techniques. The supporting policies involve: 1) judges using risk and needs assessment (see National Center for State Court’s National Sentencing Reform Project, www.ncsc.org/Topics/Criminal/Sentencing/Resource-Guide.aspx); 2) full immersion of risk and needs assessment in supervision agencies; 3) use of performance incentive funding initiative and performance monitoring approaches as developed by the Pew Center on the State’s Public Safety Performance Project, and 4) the use of core correctional practices that focus on providing an environment supportive of change. The Justice Reinvestment Initiative, the Office of Justice Programs and partners from the Pew Public Safety Performance Project encourage states and local communities to invest in community efforts to reduce the demand on incarceration. This practice and policy work emerges from EBPPs.

Reentry Policies: Where Are We and Where are We Going?

Reentry is about people, communities, and systems. It is about transitioning people from one setting (prison/jail) to another (community) while improving the person’s ability to be a productive citizen. Beginning in the late 1990’s, Jeremy Travis (now President of John Jay College) and Joan Petersilia (now at Stanford University School of Law) recognized that the increased incarceration rate in the U.S. now translates into an unprecedented number of people being released each year from prison and/or jail facilities. This vast majority of this number—now around 850,000—will return home. Without due diligence paid to imperative issues such as treatment, services, rehabilitation, mental health, employment, housing and other such factors, the potential exists for more recycling through the system. Reentry is of monumental importance in the public policy arena. Today, great strides are underway and more attention centers on how to improve the prison-to-community transition process for both offenders and the communities where they return.

This edition of Advancing Practice focuses on prisoner reentry as we spend much of our research time on this topic. Last year, the Center for Advancing Correctional Excellence (ACE!) and the Prison Fellowship sponsored the symposium Undoing the Effects of Mass Incarceration. In putting together this symposium, researchers at ACE! and Pat Nolan of the Prison Fellowship identified the 5 Myths of Incarceration (www.gmuace.org/documents/announcements/5-myths-of-incarceration.pdf) to begin an open discussion about issues and misconceptions that affect public policy. The Office of Justice Programs has added to this discussion through the Federal Interagency Reentry Council with their own Reentry Mythbusters (www.nationalreentryresourcecenter.org/reentry-council/activities), again drawing attention to the common misconceptions. The Federal Interagency Reentry Council is also focused on improving policy in the area of reentry.

In the pages that follow, we focus on some of our ongoing work as it relates to reentry. These current projects represent just a taste of what keeps us busy at ACE! The EMTAP (Evidence Mapping To Advance Practice) project is a review of existing systematic reviews to identify our knowledge about “what works” and the key implementation issues we face. The MDPP (Maryland Division of Parole & Probation) project is an evidence-based project allows ACE! researchers to learn more about the role of correctional officers in the reentry process. The Mental Illness and Reentry project examines the special needs of returning citizens with mental health disorders. The Probation and Parole Supervision project outlines our current knowledge of and the new contributions of ACE! researchers to critical community correctional organizational issues. Finally, in a new project funded by the Bureau of Justice Assistance, ACE! researchers are working to develop a transition intervention for community supervision in partnership with the Virginia Department of Corrections.

Additionally, ACE! researchers are invested in developing tools for the field. Currently, we are working with Ralph Serin (U of Carlton) on an eLearning system--SOARING2--which will expand the capacity of jurisdictions to educate and build the skills of there staff in EBPPs. Validation of the RNR simulation tool is continuing. Jurisdictions are using our methods to examine behavioral health and punishment services to reduce the risk of recidivism. Please visit our website for more information.

Faye S. Taxman
Director, Center for Advancing Correctional Excellence (ACE!)

Reference

www.gmuace.org
EMTAP: Evidence Mapping to Advance Justice Practice

By Jennifer Lerch, Research Associate at ACE!

EMTAP is a study devoted to synthesizing the state-of-knowledge about interventions, policies, and practices. The focus is on identifying and summarizing the existing meta-analyses and systematic reviews. In this process, we have identified 39 topic areas including assessment and referral techniques (access), programs or interventions, and organizational enhancers to improve implementation. EMTAP provides practitioners, policymakers, and researchers with an easily accessible summary of our knowledge and knowledge gaps.

Reentry

N = 20
Meta-Analyses = 12
Systematic Reviews = 8

13 of 20 reviews were conducted on non-criminal justice populations

What Works n = 22
• Residential Treatment (e.g., live-in program with variety of services)
• Substance Abuse Treatment (e.g., therapeutic communities, behavioral therapies)
• Other Psychosocial Treatments (e.g., Cognitive Behavioral Therapies, Contingency Management)

What Needs More Research n = 16
• Family Interventions (e.g., improving knowledge and coping skills)
• Intensive Outpatient Programs (e.g., day programs)
• Legal Interventions (e.g., mandated treatments, jail diversion)
• Vocational Programs
• Alcoholics Anonymous
• Independent Living Programs

What Does it Take to Implement?
• The quality of implementation is critical. Key implementation factors are: fewer dropouts; increased monitoring of providers, appropriate support, and training for providers.
• A well planned intervention with clear target populations, aims, objectives, and outcomes.
• Staff play an important role in implementation. Staff should be motivated and experienced. A review of Alcoholics Anonymous interventions found that recovering alcoholics make the best counselors.
• Leadership can make a big difference in sustaining a program. Charismatic leaders and local champions help in sustainability efforts.
• Having multi-agency involvement strengthens programs.

Making it Work for Criminal Justice Populations
• Follow-ups after more than 6 months are needed to truly understand and measure the impact of an intervention.
• Collect outcomes using validated tools. Both individual and program characteristics should be collected; both can impact outcomes.
• Consider multiple outcomes for an intervention. While all types of an intervention may impact the primary outcome, some may have added benefits to other desired outcomes.
• Understand more about the impact of voluntary versus coercive participation on program outcomes. There were mixed findings on the impact of techniques to engage clients, partially due to the research design. Research should use a mix of participants in the same research design to understand the impact of mandated participation.
Corrections Officers’ Role in Reentry

By Jennifer Lerch, Research Associate at ACE!

Beyond the impact that programming and treatment can have on offender outcomes, the principles of core correctional practice emphasize the role that correctional staff can play in improving offender outcomes (Andrews & Kiessling, 1980; Dowden & Andrews, 2004). These practices include:

1. using authority in a fair yet firm manner;
2. reinforcing and modeling prosocial behaviors while also reinforcing anticriminal behaviors and attitudes;
3. assisting in building offender’s problem-solving skills;
4. matching offenders to the most appropriate services, and
5. using interpersonal skills that promote positive communications between staff and offenders.

While the available evidence on interactions between correctional officers and offenders is limited, there is some indication that when staff follow these tenets offender outcomes improve (Dowden & Andrews, 2004; Dowden, 1998; Bonta et al., 2011). More specifically, research conducted with probation officers suggests when interactions between offenders and staff reflect these principles, improved outcomes are likely (Taxman, 2008; Andrews & Bonta, 2010; Bonta et al., 2011). However, incorporating these practices into daily correctional routines typically involves drastic changes to the organizational culture and climate to support line staff’s adoption of such principles.

Recent Findings

As part of our Evidence-Based Practices in Corrections study, we implemented a continuous training model focusing on improving staff communication with offenders. The aim of improved communication is to create a prosocial reentry environment that promotes problem-solving and offender change. We examined correctional staff perceptions of the organization as well as how they perceive and interact with offenders within a small pre-release facility. Using survey data we found that staff readiness for change moderately improved. Observations and interviews showed that resistance to adopting change arises from embedded organizational culture. Despite a continuous change model occurring over an extended timeframe, changing the behaviors and interactions of line staff within this environment was difficult, but not impossible. Observations/interviews found that interactions between correctional officers and offenders varied by officer’s gender, regardless of the age or position of staff. Female correctional officers appeared more likely to use confrontational interactions with offenders as compared to their male counterparts. These types of behaviors counter the core correctional practices that promote positive outcomes for the offender.

Future Directions

When researchers examine program or intervention effectiveness they need to provide a clear description of the role staff actions and characteristics play (Dowden & Andrews, 2004). Our research highlights the potential need for gender-based training and a continued need to focus on the best possible practices when attempting to generate change within an existing organizational culture and climate. Future analysis will also examine the potential impact that this pre-release facility had on the outcomes of released offenders.

References


Mental Health Issues in Reentry

By Carolyn Watson, Research Associate at ACE! & Victoria Goldberg, GRA at ACE!

Mental illness is not a criminogenic need in the same way as antisocial peers, antisocial cognitions, substance abuse or other well-recognized dynamic risk factors. There are a number of misconceptions about the linkage between mental illness and criminal behavior, but overall people with mental illness are not violent (and most do not commit crimes). The Council of State Government’s Criminal Justice Mental Health Consensus Project (http://consensusproject.org) assists jurisdictions with implementing sound practices and policies to appropriately address the needs of people with mental illness. This initiative addresses all phases of community and law enforcement policy.

What are the characteristics of mentally ill individuals within the reentry context?

- This population is characterized by extensive experience with both the criminal justice and mental health systems. People with mental illness tend to have high rates of substance abuse and dependence. So, there is an emphasis on treatment and interventions that address both issues.
- Mentally ill detainees/prisoners are at an increased risk of being homeless at the time of arrest.
- Mentally ill people often have unaddressed needs that can increase their risk for recidivism and raise public safety concerns. These factors and the person’s psychiatric symptoms require addressing.

What issues face mentally ill people trying to reenter the community?

- Mentally ill people need unique treatment and services. Access to treatment services for mental health disorders is critical to reducing psychiatric symptoms.
- Functional impairments may make it difficult for mentally ill people to comply with standard conditions of release, such as maintaining employment and paying fines. This problem is exacerbated by the tendency to focus on monitoring rather than emphasizing the importance of obtaining and maintaining treatment and service needs.
- Federal benefits (e.g., Medicaid) are generally terminated upon incarceration and are not immediately reinstated upon release. The lack of medical care benefits leaves many mentally ill parolees/probationers with little or no access to needed medications.
- Parole/Probation officers may monitor these individuals particularly closely and more readily report technical violations because mentally ill individuals are often perceived as violence prone.

What programs can help with these issues?

- Residential programs can help to ensure housing stability and improve treatment retention and psychiatric outcomes for people with mental health issues.
- Use of motivational interviewing (MI) techniques in treatment tends to improve mental health and substance abuse outcomes, especially when paired with cognitive-behavioral therapy (CBT).
- SAMHSA’s SSI/SSDI Outreach, Access, and Recovery (SOAR) program is aimed at increasing access to federal social security benefits for people reentering the community from prison. This includes helping to secure disability benefits for people whose mental illness interferes with their ability to work.

ACE! has recently begun working with University Legal Services out of Washington, D.C. The private, non-profit organization has contracted ACE! to evaluate the SOAR training process as it takes place in local federal facilities. The purpose of the training is to help case workers to better navigate the SSI/SSDI application process and ultimately get returning citizens their federal assistance as soon as they leave custody or as close to that date as possible. See www.prainc.com/soar/ or www.uls-dc.org/ for more information on this program.

Reference
Probation & Parole: Uncovering What Works with Still a lot to Learn!

By Danielle S. Rudes, Deputy Director at ACE!

Community supervision—pretrial, probation, and/or parole—is becoming the centerpiece for evidence-based policy and practices. With much progress over the past decade, there are still many unanswered research questions. Agencies demonstrate progress when they align community supervision practices with research-based findings. For example, The Pew Center on the States launched the Public Safety Performance Project (in 2006) with dedicated attention to advancing data driven evidence-based policies and practices in sentencing and corrections that focuses on a policy framework to include evidence-based practices, earned compliance credits, administrative sanctions, performance incentive funding, and performance management (see www.pewcenteronthestates.org/report_detail.aspx?id=47134). Faye S. Taxman, with the Maryland Division of Parole and Probation, pioneered efforts to revamp supervision to align with evidence-based practices. This is documented in Taxman, Shephardson, & Byrne’s *Tools of the Trade: A Guide to Implementing Science Into Practice* published by the National Institute of Corrections (http://nicic.gov/Library/020095) and in her subsequent experiment examining how the RNR model of supervision reduces recidivism (Taxman 2008). The National Institute of Corrections continued this work with supervision projects focusing on collaboration, organizational development, and evidence-based practices. The Washington State Institute of Public Policy found that the RNR model of supervision is more effective than any other supervision framework (Drake, 2011).

**Innovative Research Strategies: We use mixed methods!**

The field needs studies of organizational change processes with research designs and data collection/analysis that consider historical and processual changes within contextual organizational environments. This includes experimental design, randomized controlled trials and surveys as well as interviews, focus groups and participant observation. Although this is arduous work, the payoff for improving knowledge about how change works among POs is exponential. This knowledge can vastly progress practice or policy implementation through improved training programs and policy development—affecting both content and design. Knowing more about how workers understand and cope with changing policy and practice affords organizations opportunities to assist workers through resistance points. Finally, working to discover the interactional dynamics of organizational change provides a crucial link for understanding how and why workers make the choices they make during organizational change processes and how to make those choices work in the organization’s best interest.

Researchers at ACE! are actively contributing to the next generation of scholarship on understanding how to advance evidence-based practice implementation within supervision settings. That is, the field is moving past phase one of translational work (e.g. translating evidence into practice). Today, the big focus is on adoption, implementation and sustaining evidence-based practices in the everyday work of community supervision. Faye S. Taxman and Steven Belenko (Temple University) recently published a book on implementation that reviews the existing research on implementation models in relevant disciplines (e.g., business, addiction treatment, corrections, policing, etc.), the implementation experiences of community corrections leaders, and models to advance implementation. This book—*Implementing Evidence-Based Practices in Community Corrections and Addiction Treatment*, published by Springer (2011)—provides a resource for understanding implementation issues.

ACE! researchers are addressing some of these important questions in their work on all aspects of community supervision. Through a series of projects, we are learning about PO perceptions, routines, roles, power, decision-making and techniques to address resistance to change. Refer to table on next page for examples of this work. Also, see www.gmuace.org for more information on these projects.
It is not surprising that POs often resist organizational change or that they are seemingly unable to expeditiously overhaul current practices in favor of new ones. Change is difficult for everyone! Within the adoption, implementation and sustainability processes we know very little about agency or client-level outcomes and even less about how pretrial/probation/parole officers (POs) do their work in an environment faced with dramatic challenges accompanying evidence-based practice reform. Key unanswered questions include how and why POs understand and use EBPs, how they make client-related decisions and what consequences their behaviors and actions hold for community reentry and offender reintegration. However, current research at ACE! and elsewhere suggest some key focal areas organizations and change makers should consider when attempting change. These include organizational culture, sensemaking and perception and alignment with prior practices. ACE! researchers are experimenting with new strategies to address these key issues with funding by the National Institute on Drug Abuse and Bureau of Justice Assistance.

**Selected ACE! References**


# Hearing from the Experts: A Practitioner, a Participant, and a Professor

By Danielle S. Rudes, Deputy Director at ACE!

One way of understanding critical issues in corrections is to ask the “experts” their thoughts. But, experts come in all forms! In this reentry-focused issue, ACE! Deputy Director, Danielle S. Rudes asked practitioner, Kari Galloway (Director, Friends of Guest House), participant, Lars Peterson and Professor Joan Petersilia (Stanford Law School) the same four questions about prisoner reentry.

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| Kari Galloway  
Executive Director  
Friends of Guest House  
Alexandria, VA | Lars Peterson  
Formerly Incarcerated in VA  
Now, graduate of Virginia Tech | Joan Petersilia  
Adelbert H. Sweet  
Professor of Law  
Stanford University |

### Key Reentry Issues

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<td>Housing</td>
<td>Reentry should start when incarcerated</td>
<td>Understanding the contextual factors that contribute to reentry failure</td>
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<td>Employment/training</td>
<td>Remove some of the social barriers</td>
<td>Understanding the relative impacts of formal versus informal social control on recidivism</td>
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<td>Mental health/substance abuse services</td>
<td>Help prisoners deal with difficulties through training &amp; counseling</td>
<td>Figuring out what to do with low risk offenders</td>
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### Worst Current Practice

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<td>In Virginia, we have a very punitive policy that requires child support arrears and interest to continue to accrue during incarceration (in contrast to our closest neighbors, Washington, DC and Maryland who allow accrual to be “paused” during incarceration). In general, I don’t think re-entry focuses enough energy on the families of returning citizens—an integral part of the process &amp; support system (good &amp; bad).</td>
<td>The worst practice that can be changed is the burden some probation officers place upon the people they are monitoring. Their role should be support and encouragement to go along with their duty to protect society. The overall goal should be to help the person get their life together to a point where they can support themselves, as opposed to just doing things to make their PO happy and making them jump through hoops to prove they can follow rules.</td>
<td>This is an easy one for me to answer: the treatment of the mentally ill. It seems a travesty on so many levels that more Americans receive mental health treatment in prisons and jails than in hospitals or treatment centers. The justice system is simply ill equipped to deal with their needs. It is too uncaring, overburdened, and complicated for persons with mental illness to navigate. The result is that their serious needs (and potential public safety risks) often get ignored and psychotic behavior escalates. If I had another life to live, I would probably devote it to researching and advocating on behalf of persons with mental illness involved in the criminal justice system.</td>
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### Best Current Practice

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<td>Mentoring is becoming more commonplace and though not necessarily innovative at this point, I don’t believe we’ve really seen the repercussions, nor recognized or exploited the full value, of good mentoring.</td>
<td>The most helpful reentry tool for me, even though I personally didn’t use it, was an organization like OAR that had a specialist tasked with finding a job for people getting out and offering a lot of programs. What would make it better is if they could involve the family more.</td>
<td>I am a big fan of community collaborations, although I also recognize they are the most difficult programs to implement or to transfer between locations. But when they work, they are powerful forces for change. I am also starting to think more systematically about how best to use inmate-to-inmate mentorship in prison to foster reentry success.</td>
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### Your Ideas…

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<td>Honestly, I wish I could change the social values that have contributed to our need to spend energy and resources on reentry (even though it might mean I would lose my job)!. I’m ashamed that in this country we have the highest incarceration rate in the developed world. I want to educate the general public about the reasons people are incarcerated (they need to hear the stories of trauma and neglect) and then work to eradicate those issues from our culture education would lead to better reentry policies).</td>
<td>I would design a relatively specific program for each person upon entering the prison system that would force them to develop their own release plan. I would hire specialists who would help the prisoners think through the possibilities of where their lives could go, the obstacles that may arise, and provide options so they can develop skills necessary for their plan to be smooth and successful. All this would be done within reason and with respect to security concerns. The goal is to teach prisoners how to think through scenarios, reflect upon what they want their lives to be, and to develop habits and skills that will lead toward a successful plan and a safe environment. Bottom line, help them with their plan and keep them busy so they are very much invested in achieving it.</td>
<td>I guess the first thing I would do is immediately reduce the size of the population needing “reentry!” We should never have imposed prison terms on so many low-risk offenders. My rough guess is that about 15% of all prison sentences imposed over the last decade could have been - and should have been - handled with community-based sanctions. But given that I can’t change the past, my one change could have been - and should have been - to require that all proposed changes in sentencing laws be preceded by an impact statement of the racial, gender, and financial changes that are likely to result.</td>
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(For more information, check out Dr. Petersilia’s complete answers at [www.gmuace.org](http://www.gmuace.org))
Reentry Checklist

By Faye S. Taxman, Director at ACE!

In The Checklist Manifesto, Gawande (2009) describes the value of checklists for improving interdisciplinary collaboration and precision. Checklists are also excellent translational tools (T6, see first page of this publication) because they summarize key points. This ACE! Translational Tool is based on a review of the insight from seasoned administrators.

Case management is the key to addressing criminogenic needs. Most studies have found case management has no impact on outcomes. Most case management is passive or referring offenders to services. Active case management, however, has slightly better outcomes. Active case management requires making appointments, providing transportation, and sharing information among services providers and supervision.

Pre-Release (preferably at least 6 months, if not at the time of entering prison/jail):

- Assess for Criminogenic Needs using standardized instrument(s)
- Attend to programming directed at Criminogenic Needs
- Ensure the person obtains a GED (if do not have one)
- Begin to contact support network in the community (if not already involved)
- Work on preparedness for community release
- Make appointments with community providers to continue substance abuse, mental health, vocational education and other preparatory programs within a few days of release
- Have community provider(s) initiate contact with the person in prison before release

Within 30 days of Release

- Reassess for criminogenic needs
- Assess for readiness for change
- Adjust case plans according to progress from the person involved in the justice system
- Verify continued involvement in treatment programs and services
- Address readiness for change issues
- Assess stability in housing or place of residence
- Assess stability in employment
- Assess use of alcohol and/or illicit substances
- Assessment for instability in housing, employment or substance use should be a flag for reassessment and the need for changes in case plan
- Reward the person for being drug free and maintaining employment
- Link with criminal thinking CBT (cognitive behavioral therapy) if the person is having difficulty with reentering
- Continue access to medications for mental health disorders, HIV/AIDS, or infectious diseases

A checklist of Effective Programming

- Ensure that the programs are at least 90 days in length
- For high risk offenders or moderate risk with many needs, the clinical component should be a minimum of 200 hours
- Ensure that programs include processing sessions to allow the attendees to practice the material
- Learn, practice, repractice are important components of programming
- Ensure that staff have good working relationships with clients

Reference
Reentry: Collaboration is key

By Faye S. Taxman, Director at ACE!

The Reentry Policy Council (http://reentrypolicy.org/) outlined 35 policy statements to facilitate the reentry process from intake in prison/jail to the community. These 35 statements have guided policy development in the past several years. Improving reentry policy requires correctional, probation, and parole agencies to collaborate with a myriad of service and treatment organizations. The type of working agreements can vary considerably from informal policies to integrated services. Memoranda of agreement (MOA) can also specify the nature and type of collaboration; the more specific the operational practices included in the memorandum of agreement, the more precision in terms of the working relationship. Creating seamless systems of care is an important component of reentry practices where every participating organization contributes. Seamless systems of care provide the means to address service gaps, use resources from various sources to address reentry needs, and formalize which organizations will participate in and benefit from the reentry practices.

The most frequently asked question is: What is integration? There are actually two forms of integration: service integration and system integration. Service integration is at the individual level and refers to services that address multiple issues such as housing, substance abuse disorders, mental health disorders, criminal thinking, criminogenic needs, employment, and education. For individuals, integrated services refers to programs and practices that collaborate to provide a seamless provision of service. An example is sharing drug test results with multiple agencies, such as treatment and/or probation (parole). It can also mean that multiple agencies provide incentives (positive reinforcements) when individuals are doing well. Similarly, multiple behavioral and other issues are targeted simultaneously in programs such as substance abuse and mental illness.

System integration is at the agency(s) level where organizations agree to collaborate across key areas. ACE! researchers have developed a tool to measure system collaboration, which assesses practices that contribute to creating boundaryless systems (while still respecting the person’s confidentiality needs). The tool measures the working relationships in the areas of needs assessment, program eligibility, program discharge criteria, sharing client level information, physical space, financial resources, and so on. The tool is also useful to assess the degree to which the systems collaborate. It is important to assess this relationship with justice agencies (e.g. judges, prosecutors, defenders, pretrial, probation, parole) and the service agencies in your jurisdiction.


ACE! researchers have almost completed the RNR Simulation Model with three major components. The RNR Simulation Tool’s three major components are:

- **Assess an Individual**: This portal makes programming recommendations for individual offenders based on inputted information about individual level risk, criminogenic needs, and other clinically relevant factors. The portal estimates a percent reduction in recidivism that may be expected if the offender is matched to the appropriate level of programming.

- **Rate your Program**: ACE! has developed a method to assess current programs based on treatments offered, program content, quality, dosage, and other factors. Jurisdictions input information about a specific program and the tool rates the program’s overall quality as it relates to the RNR principles. When applicable, the tool provides recommendations for how the program can be refined to better achieve responsivity.

- **Assess your Jurisdiction’s Capacity**: Based on inputted data about the prevalence of risk and needs and the programming that is available within each jurisdiction, this portal identifies system-level gaps in the capacity to provide responsivity and estimates expected recidivism reductions when programming is matched to risk and needs at the jurisdictional level. Additionally, this portal makes recommendations regarding what levels of programming jurisdictions may need to better respond to the needs of their population. This portal identifies service gaps.

Contact us if you want to estimate service gaps in your system or understand the quality of programming. The ACE! team can be reached by emailing ebct@gmu.edu.

Reference


www.gmuace.org
Fairfax Reentry Council

By Victoria Goldberg, Graduate Research Assistant at ACE!

Established under the Virginia Community Reentry Initiative (VCRI), the Fairfax Reentry Council was developed to facilitate a more effective reentry process for recently released inmates into the Fairfax community. Representatives from local departments of social services, community organizations, and public safety have partnered and brought together representatives from local law enforcement, corrections, faith-based organizations, other community-based service providers, as well as any members of the community who want to be a part of this initiative. The goal of VCRI, as well as the Fairfax Council, is to increase public safety and reduce recidivism through more effectual reentry planning and service delivery at the community level. Fairfax has already voluntarily begun the process of organizing and firmly establishing this council as a vital tool for the community.

Currently, the primary focus of the group is on producing a “tool kit” to give to returning citizens in both paper- and web-based formats. The purpose of the tool kit is to provide a list of resources to returning citizens both pre- and post-release that would help ease their transition back into the community. The rationale for this project is that by having this information all together in one place, returning citizens will be more likely to utilize services and seek them out once they return to the community. The online portion of this project is also important because resources change frequently and the website is easily updated; a PDF of the paper version will be available online as well.

Undergraduates as Scholars at ACE!: A Nested Mentoring Model

By Danielle S. Rudes, Deputy Director at ACE!

Within the framework of George Mason’s Students as Scholars initiative (see http://oscar.gmu.edu for more information) (formerly the Quality Enhancement Plan or QEP) ACE! began an undergraduate research lab in the spring of 2010. This exciting development works using a nested mentoring model where faculty, graduate students and undergraduate students learn from each other. This unparalleled experience for Undergraduate Research Assistants (UGRAs) provides a taste of life in graduate school and affords a first-hand look at scholarship inquiry and development within an active criminal justice research center. It also provides GMU’s undergraduate students with a competitive edge as they apply to graduate programs with real research experience on their resumes and a strong letter of recommendation from a faculty member who has seen their work and aptitude both inside and outside the classroom.

Each semester and over the summer, ACE! hires up to three UGRAs for academic credit. Each student participates in an ACE! orientation and a project-specific training (depending on which current project they are assigned to) and is assigned a graduate student mentor for the duration of their research assistantship. The experience is structured from start to finish with UGRAs working from a task list that outlines their weekly project-related duties. This gives UGRAs a simple structure to follow and provides graduate student mentors with an easy way of assessing progress. In the lab, UGRAs are part of our team; they attend all staff/team meetings and trainings throughout their time with ACE! and have both voice and vote on project-related decisions. Additionally, Dr. Rudes works closely with the graduate student mentors throughout the semester to help them supervise and guide the undergraduate students.

To date, the ACE! undergraduate research lab has employed six UGRAs working on a variety of projects with tasks including systematic review, literature reviews, data collection/analysis and project coordination. Two of the ACE! UGRAs are presently applying for graduate school, two are employed full-time in the criminal justice field and two are graduating soon. The undergraduates and graduate student mentors also love the experience. One graduate mentor told me it gives her confidence, while another said she is beginning to understand the time and energy mentoring takes and likes the experiencing of having to manage both her own workload and that of a mentee. A former UGRA notes, “I could not have asked for a better experience at Mason, now I’m applying to graduate school.” In sum, we all benefit greatly from the UGRA lab experience and plan to continue to grow this program at ACE! Interested undergrads should contact drudes@gmu.edu for more information.
Meet ACE’s New Undergraduate Team Members

Rebecca Snead - Junior at George Mason University

**Major:** Global Affairs and French  
**Hometown:** Ashland, Virginia  
**Interest in Criminology:** Rebecca became interested in Criminal Justice from observing her father, who often works with criminal offenders as a Substance Abuse Program Manager in Chesterfield, Virginia.

**Current work at ACE!**: Currently, Rebecca is an Undergrad Research Assistant working on the EMTAP project, as well as an office assistant to ACE! Project Coordinator, Gina Rosch. As an Undergrad Research Assistant she is currently working on coding articles for her topic area of Treatment Length.

**Plans for the future**: Rebecca has been accepted by the American Institute of Foreign Study to study French at the Sorbonne in Paris during the Fall 2012 semester. After graduating in the Spring of 2013, she is hoping to pursue a degree in International Law.

Leonor La Costa - Senior at George Mason University

**Major:** Criminology  
**Previous Education:** Paralegal Certificate from GMU’s OCPE program.  
**Hometown:** Puerto Rico  
**Areas of Interest:** Juvenile delinquency/Interpretation (Spanish).

**Interest in Criminology:** After working in a law firm for 8 years, Leonor realized that there is a demand for attorneys specializing in juveniles and minorities that have legal issues that are not fluent in English.

**Current work at ACE!**: Working with postdoctoral research fellow Vienna Nightingale on analyzing data and coding on research projects.

**Plans for the future**: Leonor's goals are to assist individuals with limited English proficiency in the court system and to attend law school.
Recent & Upcoming ACE! Publications


New Book! Director Faye Taxman and Steven Belenko (Temple University) are pleased to announce the publication of their book on implementing EBPs
Recent Activity

VERA Institute of Justice podcast with Dr. Taxman
Washington, DC, November 7, 2011

ACE! Director Faye Taxman spoke with VERA Institute of Justice Director Michael Jacobson about how US corrections systems can adopt practices to help reduce recidivism - a shift that will require substantive and cultural changes. This talk was recorded as a podcast and is part of the 2011 Neil A. Weiner Research Speaker Series. To see the complete podcast, visit http://www.vera.org/videos/faye-taxman-how-corrections-systems-can-deter-future-crime

Evidence-based Treatment in the Prison System in Ukraine
February, 2012

In February 2012, Dr. Faye Taxman participated in a conference in Kiev to examine implementation issues regarding the use of medically assisted treatments in the prison system and health systems in the Ukraine. The meeting was designed to provide feedback on organizational surveys about the attitudes towards using EBPs in the Ukraine prison system for opioid addicts. In the picture is Dr. Rick Altice, Yale University, Dr. Taxman and Nina Kerimi, Head of the UNODC Programme Office in Astana.

Behavioral and Health Interventions Showcase
February 27, 2012

The Study Group on Behavioral and Health Interventions Showcase brought together interdisciplinary scholars focused on intervention studies at GMU. Students presented research in panels focused on Innovative Programs, Research Designs and Methods, and Translational Science. Faculty displayed posters and discussed research goals. Pictured to the right, ACE! GRA Jill Viglione presents alongside fellow panelists “The Challenge of Change: Implementation of a Reentry Framework in a Correctional Facility.” Matt Nelson, a Provost Scholar in Criminology, Law and Society and working at ACE! and Stephanie Ainsworth, ACE! GRA, also presented at the meeting.

ACE! Joins Discovering Desistance: Increasing and using knowledge about desisting from crime (DesKE)

This is an innovative transatlantic project to increase and share knowledge about the process of desisting from crime, funded by the UK Economic and Social Research Council and supported by the Center for Advancing Correctional Excellence (ACE!). This is a collaboration between Drs. Fergus McNeill (Scottish Centre for Crime and Justice Research, University of Glasgow), Shadd Maruna (Institute of Criminology & Criminal Justice, Queen’s University Belfast), Steve Farrall (University of Sheffield), Claire Lightowler (Institute for Research and Innovation in Social Services), and Faye Taxman (GMU). The project includes a blog where resources, experiences and ideas about desistance are shared: http://blogs.iriss.org.uk/discoveringdesistance. Stay tuned for the next phase!
ACE! Presentations

Recent Presentations (just a few...)


In November 2011, Postdoctoral Research Fellow Michael Caudy joined colleagues from the VERA Institute of Justice to facilitate a training workshop for the Arkansas Department of Community Correction. Dr. Caudy gave a lecture on implementing evidence-based practices and adhering to the principles of the Risk-Need-Responsivity model.

Graduate Research Assistant Jill Viglione presented “Organizational Change in a Reentry Facility: Challenges Associated with Therapeutic Reform” at OAR of Fairfax County in February, 2012.

Shannon Portillo presented to the National Committee on Community Corrections in Washington D.C. on February 10, 2012. The presentation was titled “Doing Justice: How Frontline Workers Conceptualize and Implement Justice.”

Faye Taxman presented “Public Health and Criminal Justice in the U.S.: Two Intersecting Roads” at the Global and Community Health Seminar Series on George Mason’s Fairfax campus, February 2012.

Faye Taxman lectured at Johns Hopkins University and University of South Florida on “How Drug-Involved Probationers Change,” February 28 and April 7, respectively.


On March 16, 2012 ACE! Research Associate Amy Murphy served as a panelist at DC Youth Link. The topic of the event was “Best Practices in 21st Century Juvenile Reentry Models and Justice Reinvestment.”

A Few of Our Upcoming Presentations (there are too many to list)

Faye Taxman and Danielle S. Rudes will present at the National TASC Meeting in Baltimore on March 21 and 22 respectively. Dr. Taxman will present on “System Changes: Collaboration” and Dr. Rudes will present on a panel entitled, "An Honest Dialogue between Practitioners and Researchers."

Faye Taxman and Postdoctoral Research Fellow Vienna Nightingale will present at the Academic and Health Policy Conference on Correctional Health on March 21-23 in Atlanta, GA. Their seminar will focus on cross-discipline treatment approaches for mental health and substance-related issues for offenders.

On April 23, 2012 Shannon Portillo will speak at The Vision Series. The event, titled “Doing Justice: How Professionals Understand and Make Justice Decisions,” will be held on GMU’s Prince William campus, Hylton Center, 7:30pm.

Faye Taxman and Michael Caudy will present at the “What has been learned from systematic reviews in criminology?” meeting hosted by Dr. David Farrington (University of Cambridge) and Dr. David Weisburd (GMU) in Jerusalem Israel, April 30 - May 2.

Faye Taxman will present on the “RNR Simulation Tools” at the International Association of Community Correction’s Evidenced-Based Sentencing and Navigating the Risk and Needs Principles in Reno, NV, May 7, 2012.

GRA Kerri Legette will present at the John Jay International Criminal Justice Conference June 6-9, 2012 in New York City on the Healing Communities Project. The Healing communities project has recently completed its pilot phase.

GRA Lincoln Sloas will present “Implementation and Change Talk: Processual Differences among Study Sites during Planned Practice Change in Criminal Justice Settings” at the Law & Society Association Annual Meetings in Honolulu, HI, June 6, 8:15am.

GRA Jill Viglione will present “Front-Stage Stars and Backstage Producers: The Role of Judges in Problem-Solving Courts” at the Law & Society Association Annual Meetings in Honolulu, HI, June 7th, 8:15am.

Danielle S. Rudes and Shannon Portillo will present “Redefining the Win: Adversarial Justice at Work in Therapeutic Drug Court Environments” at the Law & Society Association Annual Meetings in Honolulu, HI, June 7th, 8am.

GRA Stephanie Ainsworth and Shannon Portillo will present at a roundtable “A Systematic Analysis of Justice in Sociolegal Scholarship” (Sponsored by CRN01 Conceptualizing and Measuring Justice: The Sociolegal Justice Project) at the Law & Society Association Annual Meetings, Honolulu, HI, June 8, 12:30pm.
A Special Thank You to our Partners...
The Center for Advancing Correctional Excellence (ACE!) is part of the Department of Criminology, Law, & Society (CLS) in the College of Humanities and Sciences at George Mason University. As a university center, we know that one of our key roles is to develop and encourage the talent of junior researchers. Graduate students in the Department work on ACE! projects as project managers, data collectors, analysts, and writers. They are able to get outside the classroom and hone their skills while contributing to the field. In addition to working with students, we often collaborate with other research centers and faculty both in the CLS department and across other disciplines.

The Department of Criminology, Law and Society is a dynamic, interdisciplinary unit. The faculty includes some of the nation’s top researchers in the field. Graduate and undergraduate students have the opportunity to work closely with these outstanding faculty in courses and on research projects. As they graduate, students go on to work in the area’s top federal agencies, law schools, and doctoral programs.

Students at the graduate and undergraduate level develop strong foundations in research, methods, theories and systems of justice, criminology and crime policy, law and society, and justice. They graduate with the knowledge and skills needed to understand the causes and consequences of crime and injustice, the responses by criminal and civil justice institutions, and what works to improve social conditions among affected individuals, communities, organizations, and countries. For more information, visit: cls.gmu.edu

ACE! is Looking for Pilot Sites for EBP Supervision eLearning System

With funding from the Bureau of Justice Assistance, the research team of Faye Taxman (George Mason University) and Ralph Serin (Carleton University) has developed SOARING 2, an eLearning system focused on the skills associated with using evidence-based practices for the effective management of offenders. The system consists of five modules: Risk-Need-Responsivity, Offender Engagement, Case Planning, Problem Solving, and Desistance. The modules focus on both knowledge and skill enhancement. Within each module are three lesson plans at the beginning, intermediary, and advanced level.

We are seeking three sites to participate in a pilot of the system. The goals of the pilot are to: 1) assess how line and administrative staff can use the eLearning system; 2) assess whether the eLearning system advanced their competency in understanding and use of evidence-based practices; and, 3) determine the impact of improved officer skill on perceptions of value of using evidence-based practices.

Each interested site should send up to a three page letter of interest that describes: 1) ongoing efforts to implement evidence-based practices; 2) challenges that the organization faces training their staff; 3) experiences with having internal coaches; 4) type of internet access and other capabilities of the agency; 5) on-going demonstration projects or pilots; and 6) why participating in the pilot will benefit the organization.

Please see www.gmuace.org for details about applying. Letters of interest are due by April 10, 2012 to Faye Taxman at ftaxman@gmu.edu.