Appendix 1
Second Chance Act Grantees:
What You Need to Know to Ensure Your Program Is Built on Principles of Effective Practice

Fundamental Principles of Evidence-Based Correctional Practice

The primary objective of the Second Chance Act is to reduce recidivism. Based upon reliable research findings, there are six fundamental principles of evidence-based correctional practice that are widely accepted as strategies to reduce future criminal behavior.

1) Objectively Assess Criminogenic Risks and Needs: Maintain a comprehensive system to establish risk screening and needs assessment. The actuarial assessment of offenders—in a reliable and valid manner—is essential for the effective supervision and treatment of people returning from prisons, jails, and juvenile facilities (Andrews and Bonta, 1998). The levels of supervision and services for individual offenders must be matched to individual risk and need.

2) Enhance Intrinsic Motivation: Staff must be able to relate to offenders in interpersonally sensitive and constructive ways in order to enhance intrinsic motivation in offenders. Research findings suggest that motivational interviewing or other cognitive-behavioral communication techniques can effectively enhance the offender's desire to initiate and maintain behavior changes (Miller and Rollnick, 2002; Miller and Mount, 2001).

3) Target Higher-Risk Offenders: Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Consistent findings from a wide variety of recidivism studies show that supervision and treatment resources focused on lower-risk offenders produce little if any positive effect on the rates of subsequent criminal behavior (McGuire, 2001, 2002) and can at times increase the risk level of low-risk offenders. Maximum benefit is gained only when intervention resources are directed to moderate- and high-risk offenders.

4) Address Offenders' Greatest Criminogenic Needs. The greatest emphasis must be placed on addressing those needs which are most closely associated with criminal behavior. When the factors that lead the offender to commit crimes are effectively addressed, that person is less likely to commit crime (Elliot, 2001).

5) Use Cognitive-Behavioral Interventions: These strategies are focused on changing the offender's thinking patterns in order to change future behavior. The most effective interventions provide opportunities for participants to practice new behavior patterns and skills with feedback from program staff.

6) Determine Dosage and Intensity of Services: Higher-risk offenders require significantly more structure and services than lower-risk offenders. High-risk offenders should receive a minimum of 300 hours of cognitive-based interventions, moderate-risk offenders should receive a minimum of 200 hours, and low-risk offenders should receive a minimum of 100 hours of cognitive-based interventions. Additionally, during the initial three to nine months post-release, 40%–70% of high-risk offenders' free time needs to be occupied with delineated routine and appropriate services (Bourgon and Armstrong, 2006; Latessa, 2004; Gendreau and Goggin, 1995).

Important Things to Understand From the Research:

Correctional staff needs to work with offenders to ensure they have the tools needed for success in the community.

Correctional and community staff must understand the importance of working with *moderate- and high-risk* offenders rather than low-risk offenders in order to demonstrate that their program can decrease recidivism.

The most effective organizational-change strategies involve supervision and coaching of staff to reinforce the expected way of doing business—training alone is not sufficient.

Questions to Ask As You Launch Your Program:

Who are you targeting for your program?

Do the risk and needs of your target population match the services and supports you've funded through your Second Chance grant?

When and how are the risks and needs of your target population assessed?

Following the risk/need assessment, are the services, supervision, and interventions recommendations developed with the offender?

Are these interventions based upon a systematic assessment of individual levels of risk and criminogenic needs?

How are services coordinated for your target population as they move from the institutional phase, to the reentry phase, to the community phase?

How is programming that is begun in prison linked to the programming that the offender receives in the community?

How are supervision and treatment resources prioritized for moderate and high risk offenders?

Are your interventions cognitive-behavioral based?

What data is collected on individuals?

Do you collect case-level data on which of your program participants have (1) housing, (2) employment, (3) substance abuse treatment [if necessary], (4) mental health treatment [if necessary], and (5) social support?

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