

REVIEW OF RESEARCH ON ALTERNATIVES TO INCARCERATION
FOR ADULTS

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TABLE OF CONTENTS

INTRODUCTION 1

BRIEF OVERVIEW OF THE IDAHO CORRECTIONAL SYSTEM 2

METHODOLOGY 4

 Data Collection 4

 Peer Review Articles 4

 Government Documents 4

 State Government Websites 5

 Analysis..... 6

 Limitations 6

FINDINGS 9

 General Offenders 9

 Introduction to General Offenders 9

 Effective Programs 10

 Ineffective Programs 10

 Intensive Supervision/Enhanced Supervision

 Programs (ISP/ESP)..... 10

 Boot Camp without Treatment..... 11

 Halfway Houses without Treatment 11

 Electronic Monitoring (EM) without Treatment..... 12

 Possibly Effective Programs 12

 ISP/ESP with Treatment 12

 ISP/ESP for Gang Members with Police-Probation Partnerships..... 13

Community Service	19
Pretrial Diversion	23
Unknown Effectiveness Programs	24
Job Training	24
Boot Camp with Treatment.....	25
Day Reporting Centers.....	26
Halfway Houses with Effective Treatment.....	27
Electronic Monitoring/Home Confinement with Effective Treatment	27
Conclusion for Alternatives to Incarceration for General Offenders	28
Offenders with Substance Abuse Issues	29
Introduction to Offenders with Substance Abuse Issues.....	29
Effective Programs	31
Diversion to Community Treatment Based on Principles of Effective Intervention	31
Drug Courts.....	35
Ineffective Programs	40
Community Treatment without Effective Intervention.....	40
Urine/Drug Testing Alone	40
Possibly Effective Programs	41
Coerced Community Treatment.....	41
Intensive Supervised Probation (ISP) with Effective Intervention.....	43
Conclusion for Alternatives to Incarceration for Offenders with	

Substance Abuse Issues	46
Offenders with Mental Illness.....	47
Introduction to Offenders with Mental Illness	47
Effective Programs	48
Ineffective Programs	48
Possibly Effective Programs	48
Community Diversion.....	48
Unknown Effectiveness Programs	52
Pre and Post Booking Diversion.....	52
Mental Health Court	53
Conclusion to Alternatives to Incarceration for Offenders with	
Mental Health Issues.....	55
Offenders with Co-occurring Disorders.....	56
Introduction to Offenders with Co-occurring Disorders	56
Effective Programs	57
Ineffective Programs	57
Possibly Effective Programs	58
Coerced Community Treatment.....	58
Pretrial Diversion.....	59
Unknown Effectiveness Programs	62
Conclusion to Alternatives to Incarceration for Offenders with	
Co-Occurring Disorders.....	62
CONCLUSION.....	64

Review of Section Findings	64
Barriers.....	65
Future Research	67
Concluding Statement.....	68
REFERENCES	69

LIST OF TABLES

Table 1
Study Ranking Criteria Based on The Maryland Scale of
Scientific Methods 7

Table 2
Study Category Criteria Based on The Maryland Scale of
Scientific Methods 8

Table 3
Alternatives to Incarceration for General Offenders 29

Table 4
Alternatives to Incarceration for Substance Abuse..... 47

Table 5
Alternatives to Incarceration for Offenders with Mental Illness 56

Table 6
Alternatives to Incarceration for Offenders with Co-occurring Disorders 62

INTRODUCTION

In the fall of 2007, the Idaho Criminal Justice Commission (ICJC) commissioned the Department of Criminal Justice at Boise State University to conduct a review of relevant research on alternatives for incarceration. In subsequent meetings, ICJC outlined their interested topic areas, offenders who are non-violent, have substance abuse issues, mental health issues, have co-occurring disorders of substance abuse and mental illness, and misdemeanor probation. Dr. Lisa Growette Bostaph and two graduate students, Jonathon Cooper and Virginia Hatch, undertook the study on behalf of the Department of Criminal Justice. The overall purpose of the research was to provide information to the ICJC regarding the status of empirical studies on alternatives to incarceration in the aforementioned topic areas, with program effectiveness defined as a reduction in recidivism. Due to stark differences in both the systems they are involved in and the breadth and depth of research, the research team suggested, and ICJC agreed, that the best course of action would be to produce two white papers on alternatives to incarceration: one focused on adult offenders and a second on juvenile offenders.

This paper is the first of the two white papers to be produced by the research team. The paper is divided into four sections: brief overview of the Idaho correctional system, methodology, findings, and conclusion. The methodology outlines the procedures used by the research team during the data collection and analysis stages. The findings section comprises the majority of this paper and addresses what the research team found in the studies that were reviewed. Finally, the conclusion section provides an overview of the findings, a brief discussion of possible barriers to implementing effective alternatives to incarceration, and recommendations for further action on this topic.

BRIEF OVERVIEW OF THE IDAHO CORRECTIONAL SYSTEM

The Idaho Department of Correction (IDOC) oversees convicted felons falling into one of the following categories: probationers, parolees, prison inmates, and riders. Probationers comprise the largest group of offenders under the jurisdiction of IDOC. In November of this year, approximately 10,500 offenders were on probation, while another 2,390 were on parole (meaning they had been released after serving a specified period of time in prison). Of these supervised offenders, over 60% had been convicted of either a drug (35.8%) or property (30.7%). Overall, only 24.6% of offenders supervised via probation and/or parole were convicted of a violent crime. The average offender on probation and/or parole was white, male, and under 35 years of age (IDOC, 2007a).

The Division of Field and Community Services (DFCS) provides community corrections services to felony offenders under probation or parole supervision. Personnel working in this division conduct pre-sentence investigations, supervise offenders, and link offenders to appropriate counseling, skills-based programming, and treatment (often through the Bureau of Offender Programs) (IDOC, 2007). DFCS uses specialized caseloads for offenders on probation or parole in order to offer more individualized levels of supervision and correctional rehabilitation. These specialized caseloads include the sex offender, intensive supervision, electronic monitoring, day reporting, special needs, and transition programs. During the previous fiscal year, 27% of offenders in the sex offender and 39% of offenders in the day reporting program successfully completed their sentences. Over the life of the intensive supervision program, 65% of offenders have successfully completed the program (IDOC, 2007b).

The IDOC is also responsible for overseeing the incarceration of inmates sentenced to prison (or transitioning in community work centers). There are nine correctional facilities in Idaho and, as of November 2007, 5,842 inmates were held in these facilities. But, additional inmates are held in community work centers (N=433), contract locations (N=550), and county jails (N=527), for a total of 7,352 inmates under their supervision (IDOC, 2007a). Of these inmates, the three most frequent crimes for which they are held were: drug (24.7%), property (23%), or assault (21.3%) (IDOC, 2007a). The average inmate was white, male, and under 35 years of age.

In comparing the costs associated with incarceration to those of some probation/parole programs, it is not surprising that alternatives to incarceration would be of interest to the State. As of 2000, the average cost to incarcerate an inmate per day was \$50.48 in one of the seven prisons and \$35.26 per day in one of the community work centers (IDOC, 2007b). The transition program, due to its structure, decreases in cost as program length increases. For the first 60 days in the program, the average cost is \$27 per day per probationer/parolee. After the initial phase of the program, the average cost decreases to, at the most, \$7 per day per probationer/parolee. For the day reporting program, IDOC spent \$350 per probationer/parolee *for the entire length of the program*.

METHODOLOGY

Data Collection

In order to obtain a broad-based examination of alternatives to incarceration for adult offenders, we implemented three methods of data collection: peer-review articles, government research publications, and state government websites.

Peer Review Articles

A number of databases were used to search for relevant and current literature, including Academic OneFile, Criminology: SAGE Full-text, ProQuest Criminology, Google Scholar, JSTOR, BSU Albertsons Library TD NET, WorldCat, and PAIS Social Science Abstracts. Searches were limited to the previous ten years, and then extended to the previous fifteen years when no results were found for search strings. The following search strings, and obvious variations, were used: “mental illness”, “substance abuse”, “co-occurring”, “pretrial diversion”, “diversion”, “alternative sanctions”, “alternative sentence”, “nonviolent”. When an article that seemed relevant was discovered, the abstract was read. If the article still seemed satisfactory, it was printed and read in more detail (N=84). Finally, if it still seemed pertinent, it was read again and summarized (N=46). Its reference section was then consulted for other pertinent research.

Government Documents

The search for government research publications focused on the National Criminal Justice Research Service (NCJRS), National Institute of Justice (NIJ), and the Bureau of Justice Statistics (BJS) websites. Searches were conducted using the following keywords: “nonviolent offenders”, “substance abuse and offenders”, “mental illness and offenders”, “co-occurring disorders”, “probation”, “misdemeanor probation”,

“diversion”, “pretrial diversion”, and “alternatives to incarceration” without a specified date range. Abstracts were reviewed on all documents found under the initial keyword searches (N=202) that were published since 2000. If no documents were found within the 2000-2007 timeframe, documents published within the 1995-2000 timeframe were reviewed. Documents deemed irrelevant to the current study were removed and all remaining documents (N=113) were printed and read in detail in order to make a final determination regarding their inclusion in the study.

State Government Websites

The research objective was to obtain data from all fifty states regarding their practices for diverting adult criminal offenders from incarceration. More specifically, the research focus was on pre-trial diversion, probation practices that serve as alternatives to incarceration (misdemeanor and felony), and specialty diversion programs for offenders who abuse substances and/or are suffering from a mental illness.

This aspect of the project was exploratory and qualitative in nature. The research was completed in two phases: the data collection followed by the summation of findings. Data was collected from state/government websites. The method for browsing the internet consisted of simple searches using keywords pertaining to the above-mentioned categories. The primary sources for the data included the following websites: state departments of corrections, state sentencing commissions, state prosecutors' associations, probation and parole departments, and the National Center for State Courts. The data was analyzed and consisted of individual summaries for each state outlining their diversion programs.

Analysis

The authors desired an objective method for determining the level of effectiveness of programs identified during the data collection phase. Sherman et al. (1997) created the Maryland Scale of Scientific Methods for their comprehensive review of crime prevention programming. The Maryland Scale ranked studies according to their scientific rigor and overall validity, incorporating the use of control variables, measurement error, and statistical power. Then, programming was categorized as working, not working, promising, or unknown based on the overall strength of the research conducted in that area (Sherman et al., 1997).

While the deadline of the current study did not allow for the complete application of the Maryland Scale, a modified version¹ was used in order to provide an objective foundation for the categorization of programs. Towards that end, we began with the determination by MacKenzie (1997) of the effectiveness of alternatives to incarceration that were included in their comprehensive review. Research conducted since 1997 was then ranked according to the Maryland Scale (see Table 1 for ranking criteria) and an updated categorization of programs was created (see Table 2 for category criteria). The same procedure was used with programs not included in the Sherman et al. (1997) review with the exception that the categorization was new, rather than updated.

Limitations

As with any research, there are certain limitations within which all findings must be taken into consideration. This study is no different. First, our search for peer reviewed articles and government documents did not include every database in every discipline that may have an interest in alternatives to incarceration. Due to time constraints, we confined

our searches to *criminal justice* databases. Second, the keywords used to search these databases may not have been inclusive of every possible term used to describe alternatives to incarceration. We restricted our keywords to those that are commonly used in the criminal justice discipline and academic research. Third, our data collection did not include unpublished academic research, such as dissertations or those posted on individual researchers' websites. The peer review process used by academic journals provides certain assurances of the level of rigor undertaken by the authors which was necessary for the categorization process. Fourth, our search of state websites did not include every website maintained by a criminal justice agency in any individual state. Again, due to time constraints, primarily websites maintained by departments of corrections or supreme courts were searched.

Table 1

Study Ranking Criteria Based on The Maryland Scale of Scientific Methods

Rankings Based on Research Design	Criteria
Level 1	Cross-sectional study (one point in time) Demonstrates a correlation (or relationship) between the program and recidivism
Level 2	Pre/Post test study (data collected before the program begins and after program completion or leaving the program) OR Two groups that are not comparable in characteristics to one another
Level 3	Test groups that include one involved in the program and one or more not involved in the program.
Level 4	Comparing multiple groups both involved and not involved in the program, in addition to using control variables OR Comparing groups that were closely aligned along relevant variables, but were not randomly selected or assigned
Level 5	Test groups that were randomly assigned and included both groups involved and not involved with the program

Note: Sherman et al. (1997)

Table 2

Study Category Criteria Based on The Maryland Scale of Scientific Methods

Effectiveness Categories Based on Strength of Research Within Each Program	Criteria
What is effective	Two or more level 3 studies and preponderance of evidence leaning to effectiveness
What is not ineffective	Two or more level 3 studies and preponderance of evidence leaning to ineffectiveness
What could be possibly effective	One or more level 3 studies or the preponderance of evidence leaning to effectiveness
What we do not know	All other programs not meeting the criteria for the previous three categories

Note: Sherman et al. (1997)

FINDINGS

General Offenders

Introduction to General Offenders

As of December 31, 2001, 5.6 million adults had been incarcerated in state or federal prisons (Bureau of Justice Statistics [BJS], n.d.). Most people who enter the prison system will re-offend: of 272,111 persons who were released from prison in 1994 (from 15 states), around two thirds (67.5%) were rearrested within three years for a felony or misdemeanor. Of this 68%, nearly half (46.9%) were re-convicted, and a quarter (25.4%) were re-sentenced to prison for a new crime (BJS, n.d.). By December 31, 2006, 5,035,225 inmates were being supervised in the community via probation or parole programs in the nation, with nearly 80% of all offenders under community supervision on probation. Most (more than seven out of ten) probationers were non-violent offenders (Glaze & Bonczar, 2007). Finally, in 1999, 41.9% of parolees in the nation successfully completed supervision, down from 1995 (44.3%) and 1990 (44.6%) (BJS, 2001). According to the Idaho Parole Commission (2007), 36% of parolees in Idaho finished their supervision successfully in 2006, which constitutes a slight decrease from 40% in 2005 (Idaho Parole Commission, 2006).

The remainder of this section discusses research describing the impact of numerous alternatives to incarceration on recidivism using our categorization of effective, ineffective, possibly effective, and unknown effectiveness programs.

Effective Programs

MacKenzie (1997) concluded that no programs aimed at general offenders were effective, according to robust research design and findings. Similarly, more recent research failed to uncover any effective programs using these same criteria.

Ineffective Programs

Intensive Supervision Programs/Enhanced Supervision Programs (ISP/ESP) without Treatment

Although each jurisdiction outlines their ISP/ESP programs differently, in general they each have in common more face-to-face interaction between probationers and probation officer. Adding more requirements and face-to-face contacts with probationers did not in and of itself reduce recidivism. Unfortunately, as demonstrated by Petersilia and Turner (1999), it may artificially increase recidivism in the form of revocations. The increased surveillance that is the hallmark of ISP/ESP seemed to mean that law enforcement and probation officers were more likely to discover and enforce violations. Further, MacKenzie (1997) explained that ISP/ESP, when not administered in tandem with treatment, did not appear to have any positive impact on recidivism in terms of re-incarceration or re-arrest. MacKenzie (1997) found that ISP/ESP without treatment did not decrease recidivism, but it did result in more technical violations, thus rendering it a program that did not work. Our data collection efforts did not uncover enough evidence to change the classification of ISP/ESP without treatment, thus it remains an ineffective program.

Boot Camp without Treatment

Boot camps are incarceration programs that have a shorter duration than traditional incarceration. Earlier forms of boot camps enjoyed a military style setting where correctional officers imposed physical and mental stresses on the inmates (MacKenzie, 1997). According to MacKenzie (1997), most boot camps did not demonstrate any differential impact on the recidivism of boot camp participants compared to prison inmates and probationers. Similarly, the National Institute for Justice (NIJ) (n.d.) found no support for the notion that boot camps reduced recidivism. Further, among all the meta-analyses that Lipsey and Cullen (2007) explored, there was generally no reduction in recidivism. Our conclusion remains the same due to the lack of rigorous research demonstrating its ability to reduce recidivism; boot camps without treatment are ineffective.

Halfway Houses without Treatment

Halfway houses are designed to assist offenders in making a smoother transition back into society by providing housing and life skills training. They may also be used as an alternative sanction for low-level offenders (MacKenzie, 1997). MacKenzie (1997) found that research was equivocal (and weak, methodologically) concerning halfway houses, with some research indicating no difference in recidivism, other research indicating lower recidivism among halfway participants, and some research suggesting increased recidivism. Our research coincides with MacKenzie's (1997) conclusion regarding halfway houses without treatment, it is ineffective.

Electronic Monitoring (EM) without Treatment

Generally, EM involves placing some sort of electronic device (usually in the form of an anklet) on the person of the offender and requiring the offender to “check in” with the device periodically by holding it up to their home phone. EM is often ordered in conjunction with other probation requirements. In many instances, it is reserved for the most violent or at risk probationers and it has also been specifically used with domestic violence perpetrators. As with most ISP/ESP programs, EM stems from the philosophy that more surveillance will equate with fewer opportunities for the offender to re-offend, as well as serve as a social stigma and therefore a form of general deterrence to other would-be offenders. EM is considered a tool with which to monitor compliance with some alternative sanction (MacKenzie, 1997). Just as with ISP/ESP, studies found that probation revocations were higher for EM participants than for those in control or traditional supervision groups. Thus, MacKenzie (1997) concluded that EM without treatment does not work. Our data collection efforts failed to identify rigorous research demonstrating EM to be effective; therefore, we continue this program’s classification as ineffective.

Possibly Effective Programs

ISP/ESP with Treatment

MacKenzie (1997) found that ISP/ESP, when not coupled with treatment, had no positive impact on re-offending, re-incarceration, or technical violations of parole. However, research exploring the interactive effect of ISP/ESP and treatment in Massachusetts, Oregon, and Ohio programs found that re-arrest markedly decreased.

Although the methodology of these programs did not reach the robustness of a randomized experiment, it was categorized as promising (MacKenzie, 1997).

Petersilia (1998) found similar support among the research she explored. Specifically, the intersection of ISP/ESP and treatment (as well as the provision of additional services, such as job training) did appear to have more promising results. This was particularly true for high risk offenders (however not for intensively violent offenders). Lipsey and Cullen's (2007) review of meta-analyses on correctional rehabilitation addressed some research on ISP/ESP, but whether or not a treatment component was also present was not identified. Although many of the studies found promising relationships between ISP/ESP and recidivism (a 2%-8% reduction), there was no clearly distinct relationship.

States using ISP/ESP programs with a treatment component include at least the following: Arkansas, Mississippi, and Missouri, New Jersey, New York, North Dakota, Ohio, Virginia, (Arkansas Department of Community Correction, n.d.; Mississippi State Department of Corrections, 2002; Missouri Department of Corrections, n.d., New Jersey Judiciary, n.d.; New York State Division of Probation Correctional Alternatives, n.d.; North Dakota Department of Corrections and Rehabilitations, n.d.; Holmes County Adult Probation, n.d.; Virginia Department of Corrections, n.d.; respectively).

Thus, our conclusion concerning ISP/ESP with effective treatment remains unchanged from MacKenzie's (1997): it is still a possibly effective program.

ISP/ESP for Gang Members with Police-Probation Partnerships

Police and corrections partnerships based on ISP/ESP are the most common form of collaborative between law enforcement and custodial supervisors (Parent & Snyder,

1999). MacKenzie (1997) did not review research on this topic. However, such collaborations are often created because of the expense that ISP/ESP poses to correctional agencies. By sharing clientèle, police and probation officers can at once reduce costs and provide closer supervision, thus reaching the initial goals of ISP/ESP as a way of saving money and maintaining offenders outside of a prison sentence who would otherwise be ineligible for probation.

Parent and Snyder (1999) reviewed a number of ISP/ESP police/corrections collaborations, including Boston's Operation Night Light; Minneapolis's Anti-Violence Initiative; the Clark County Anti-Gang Unit in Vancouver, Washington; the Project One Voice in New Haven, Connecticut; Smart Partners Program in Bellevue and Redmond, Washington; and Neighborhood Probation in Maricopa County, Arizona. Boston's Operation Night Light began largely as information sharing between district court probation officers and police department gang unit members. Based on information from the gang unit members, the probation officers would request that specific requirements be added to probation contracts, such as curfews and area restrictions. Along with these new conditions, probation officers began to use curfew and area checks in order to enforce them. These informal information sharing activities resulted in the official launch of Operation Night Light in 1992. This formal relationship included dual patrols during curfew hours between police and probation officers. Operation Night Light soon included sharing information about gang members and activities with other government agencies at all levels, meetings with gangs to announce and explain zero tolerance policies, and a renewed focus on gang leaders and gang violence. During the 1990s, gun crime and homicides significantly decreased. Although, according to Parent and Snyder

(1999), no evaluation had been done to date concerning Operation Night Light's impact on gun crimes and homicides, Operation Night Light officers have had over 5,000 contacts with gang-related probationers. Also, rapport between police and probationers improved, and each expressed a wish for operation Night Light to be successful.

Minneapolis's Anti-Violence Initiative (MAVI) was based on Boston's Operation Night Light and was created in 1997 as a partnership between the police department's Gang Strike Force and the Hennepin County Department of Community Corrections. MAVI focused on violent adult and juvenile gang members through intensive supervision and joint patrols, with a goal of reducing violent crime in Minneapolis. Probation officers involved in the program engaged in nightly home visits outside of their 40 hour work week and received overtime for these hours; however, probation officers were only assigned one evening shift every two weeks, so as to prevent burn out. MAVI teams were comprised of police and probation officers and were responsible for so-called "soft visits" two nights each week. These were called "soft visits" because the team asked for permission to enter the home. Once there, they observed the condition of the home, the probationer, and the occupants, and sometimes asked to search other rooms. The MAVI teams also acted as referral services during these soft visits. Outside of the soft visits, the MAVI teams engaged in directed saturation patrol. Results of a non-experimental evaluation indicated that MAVI was functioning well: probation officers and police officers worked well together and respected each other. What was more, murders decreased 30% in Minneapolis, and assaults and weapons offenses also decreased, though not as much (Parent & Snyder, 1999).

The Clarke County Anti-Gang Unit was comprised of members of the Clarke County Sheriff's Department, the Vancouver Police Department, and the Washington Department of Corrections. Its main focus was sharing information and joint-supervision of high risk gang members on probation or parole. The program gave significant discretion to the line level officers involved in creating their plans and programs. Its ultimate goals were: suppress gang related crime; keep youth from joining gangs; and providing programs for at risk youth. As of 1999, the Clarke County Anti-Gang Unit consisted of four detectives (two from the Sheriff's department and two from the police department), a sergeant from the Sheriff's department, and two community corrections officers from the Department of Corrections Vancouver office, with a total caseload of 75 offenders (Parent & Snyder, 1999). Units generally consisted of one community corrections officer and one law enforcement officer, and they made home visits twice a week starting between 7:00 pm and 9:00 pm and lasting past midnight into 2:00 am. Although no data yet existed to evaluate the impact of the Anti-Gang Unit on its three goals, it had nevertheless succeeded in raising awareness of the gang problem in Vancouver, which heretofore had not been taken seriously among residents (Parent & Snyder, 1999).

New Haven's Project One Voice (POV) was a collaborative partnership between the police department and adult/juvenile probation and parole departments. It focused on gang-involved individuals who were at high risk, but on probation, parole, or some other pretrial diversion. It was centered on two New Haven neighborhoods, and its goals were to reduce drug-related and violent crimes. It attempted to accomplish this through intense supervision and information sharing among participating agencies. As part of the

program, probation officers had offices in police substations. As with other ISP/ESP collaborations, POV involved joint teams that did home visits (often unannounced and during curfew) and patrolled where known gang members were known to frequent. Police officers also carried information with them about offenders under supervision when they patrolled alone as well as contact information vis-à-vis each person's probation officer. POV was designed to ensure completion of supervision terms, not as a method of catching violators. As with other programs, no systematic evaluation had been undertaken examining POV; however, violation rates had not increased, and the general perception among probation officers was that their clientèle were less likely to break their probation contract if they were more heavily supervised (Parent & Snyder, 1999).

Elsewhere in Washington, Bellevue and Redmond hosted the Smart Partners Program. This was a partnership between police departments and regional community corrections officers. The community corrections department trained police officers to be volunteer probation officers. These police officers were given a small caseload of high risk offenders on probation/parole/pretrial diversion. Smart Partners Program's goals were to provide more supervision than would be possible with community corrections personnel alone and to save money yet increase collaboration and information sharing among police and community corrections officers. Smart Partners Program participants (police officers) strived to achieve these goals by conducting random curfew checks on their caseload and informed probation officers of any violations the next day. Also, the police department had a procedure in place designed to streamline communication between police officers and probation officers whenever police interacted with probationers during their shifts. Finally, there was streamlined communication between

the community corrections officers and the jail, so that probation officers were aware of if and when probationers were booked into jail. As with other collaborative programs, there was no solid evaluation of the Smart Partners Program (Parent & Snyder, 1999).

Finally, in a wide sweeping program, the Maricopa County Adult Probation Department initiated a neighborhood level ISP/ESP collaborative that was comprised of the Probation Department, the Phoenix Police Department, and local community and neighborhood organizations. This program was implemented in three neighborhoods and had two goals: lowering recidivism and widening the definition of probation so that its probation officers became service providers to an entire neighborhood/community. Unlike other ISP/ESP programs, these neighborhood programs had neighborhood boundaries as their focus, rather than individual offenders. Dialog and information sharing between police and probation officers was encouraged by having officers spend time in localized probation offices. Police and probation officers also engaged in joint saturation and round-up patrols, as well as in community service projects. Whenever probation officers made home visits, police officers were there to assist as back-up. This was reciprocated by probation officers who helped police officers by allowing them to work together during searches, as probation officers have lessened search restrictions when compared to law enforcement. Probation and police officers also formed relationships with communities. This was accomplished by, among other things, attending community board meetings and providing community service. The program also allowed for strong connections with probationers, since probation offices were localized and police were aware of who was on probation. Although there had been no formal evaluation, there had been a 45% decrease in crime in one of the three

neighborhoods. Also, among neighborhood probation officers, turnover was lower compared to traditional probation officers (Parent & Snyder, 1999).

Although no formal evaluations of these programs have been completed, what assessments have been done appear very promising. Not only do such programs appear to improve the morale among probation and police officers, but they seem to improve collaboration and esteem between the two agencies. Further, what evidence does exist suggests a better survival rate for offenders and a higher chance of successfully completing the requirements of their probation. Our conclusion, then, is that ISP/ESP for gang members with police/probation partnerships is a possibly effective program.

Community Service

MacKenzie (1997) did not review research specifically discussing community service. Community service is often combined with probation and drug court sanctions. It can be used for infraction level offenders as well as misdemeanor offenders, such as San Francisco's Projects 20 and 22 (San Francisco Pretrial Diversion Project, Inc., 2007) and also for first time drug offenders, such as Connecticut's Community Service Labor Program (Coppolo, 2002). Community service is generally used as an alternative to incarceration with an eye to saving expenses. As such, it may be combined with fees, such as the daily fees that Georgia collected from offenders sentenced to community service (Georgia Department of Corrections, 2005). Finally, some states, such as Illinois, may reserve community service as a viable sanction for first time, nonviolent felony offenders (State of Illinois, n.d.).

Community service is also popular outside of the United States. Harris and Lo (2002) discovered that it was being used in countries throughout Western Europe and

Australia. They also found community service throughout the countries of Africa, South America, and Asia. Their review testified to the flexibility of community service, as some countries used it as a rehabilitative sanction in lieu of incarceration, whereas other countries used it as a punitive sanction. Both Australia and Zimbabwe, for example, reserved community service for infraction level offenders whose indigence precluded a fine. Ireland, on the other hand, used community service as a means towards reparation. Finally, in Hong Kong, offenders could be sentenced to community service in lieu of incarceration. The Hong Kongese considered community service to be a rehabilitative sanction, and service projects (both individual and group) were tailored to the needs and risks of the offender. Harris and Lo (2002) indicated a widespread belief in the effectiveness of reducing recidivism through the use of community service sanctions among the countries which employed it. Although research was not clear as to its overall efficacy, many of the countries discussed by Harris and Lo (2002) maintained that they experienced reductions in recidivism due to the use of community service.

Bouffard and Mufftic (2007) compared misdemeanor offenders sentenced to community service (N=200) with those sentenced to pay a fine (N=220). Offenders sentenced to community service in North Dakota were given a case manager who observed the offender's progress and evaluated him or her. The case manager was also responsible for matching the offender with an appropriate community service project. Assignments to projects were made by the manager according to the court's needs, the offender's skills and personality, and other extralegal factors, such as the geographic location of the work site. Although the community service group had committed a number of crime types and the comparison subjects had all been charged with DUI, all

crime types were classified as Class B Misdemeanors, according to North Dakota statute. The findings supported the use of community service over fines as a means to reduce future arrests: post-program recidivism (as measured by re-arrest) was lower for community service offenders (23.4%) than for fine paying offenders (35.6%) (Bouffard & Muftic, 2007).

According to research by NIJ (n.d.), most evaluation research exploring the impact of community service on recidivism has shown that there is in fact no impact. However, it does receive wide support among the public, is inexpensive, and can be tailored to the severity of the crime. Despite these positives, its use in the United States is limited and generally relegated to probation conditions. Also, although there was no impact on recidivism, individuals sentenced to community service generally did not recidivate more so than control groups. At the same time, the cost of community service, including cost of incarceration, was relatively inexpensive. This was demonstrated by New York's community service project, which was operated by the Vera Institute of Justice (1979). The program was aimed at repeat property offenders whose current sanction was incarceration or probation for at least six months. Participants had to complete 70 hours of community service under the watch of Vera Institute foremen, who monitored both attendance and cooperation. An evaluation found that, although there was no significant difference in recidivism among the community service participants and other offenders, the goal of diversion from prison was met, saving tax payer money (dollar amounts were not provided) (NIJ, n.d.).

At least 24 states employ some form of community service as an adult sanction California, Colorado, Connecticut, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana,

Maine, Michigan, Missouri, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, and Utah (San Francisco Pretrial Diversion Project, Inc., 2007; State of Colorado: District Attorney, n.d.; Coppolo, 2002; Georgia Department of Corrections, 2005; State of Illinois, n.d.; Tippecanoe County Community Corrections, n.d.; Scott County Iowa, n.d.; Kentucky Pretrial Diversion Programs, n.d.; State of Louisiana, n.d.; Kennebec County Sheriff's Office, n.d.; Michigan Department of Corrections, n.d.; Missouri Department of Corrections, n.d.; New Jersey Judiciary, n.d.; HRDA, n.d.; New York State Division of Probation Correctional Alternatives, n.d.; Jones & Madler, 2003; Community Service Programs of North Dakota, 1993; Holmes County Adult Probation, n.d.; Oklahoma County, n.d.; State of Oregon, n.d.; Fifth Judicial District of Pennsylvania: Court of Common Pleas, n.d.; State of South Carolina Department of Probation, Parole, and Pardon Services, n.d.; Shelby County Government, n.d.; CBTS Utah, n.d., respectively).

Although promising, research has yet to establish the reality of the community service/recidivism relationship. It was clear, however, that community service is popular throughout the world. It was popular both in terms of how often it was employed and the high regard with which it was held among policy makers. Its flexibility makes it possible to individualize community service according to the correctional philosophy of a region as well as to the needs and risks of the offender. What little research does exist seems to suggest that community service, when tailored to an offender's legal and extralegal circumstances, can reduce future arrests. Thus, we conclude that community service is a possibly effective program.

Pretrial Diversion

Pretrial diversion is an umbrella term for any voluntary program that allows a defendant to not be prosecuted, yet be held accountable for their actions. MacKenzie (1997) did not directly discuss general pretrial programs in her review. Generally, a pretrial services or probation department is in charge of monitoring pretrial divertees (Ulrich, 2002). Pretrial programs may or may not require defendants to admit guilt. For example, participation in a pretrial program in California did not indicate that the defendant was pleading guilty to an offense (San Francisco Pretrial Diversion Project, Inc., 2007). However, in Alabama, it did. In Alabama, prosecutors reserved the right to suggest pretrial diversions. If a defendant chose to participate, that defendant waived the right to a speedy trial and admitted guilt (State of Alabama, n.d.). At the federal level (Ulrich, 2002), pretrial diversion may include paying restitution, fines, community service, or some combination.

A longitudinal evaluation of federal diversion programs over the course of five years revealed that 88% of participants successfully completed their diversion program. Also, anecdotal evidence suggested decreases in recidivism. The crimes for which high rates of pretrial diversion success were recorded included federal firearms, narcotics, forgery, assault, traffic offenders, and those violating 'federal statutes'. Offenders failing to complete the program included those charged with crimes related to marijuana (Ulrich, 2002).

At the state level, Breaking the Cycle (BTC) was a federally funded pilot program implemented in Tacoma, Washington; Jacksonville, Florida; and Birmingham, Alabama. The pretrial diversion programs included drug testing, referral and treatment, court

supervision, and graduated sanctions. Previous research suggested that, in both Tacoma and Birmingham, BTC participants were less likely to recidivate (45% and 24%, respectively; based on official agency data) than non-participants (60% for Tacoma and 59% for Birmingham). However, this did not hold true for Jacksonville (a statistically nonsignificant difference of 7% between groups, with 50% of the BTC participants recidivating, compared to 43% of non-participants) (Harrell, Mitchell, Merrill, & Marlowe, 2003). White and Hallett (2005) used two samples to re-evaluate Jacksonville's pretrial diversion program. First, a random sample of 100 drug-related defendants was drawn. Then, a comparison group of 100 was selected through systematic random sampling from a population of 2000, in order to limit differences between the two groups. All subjects were observed during October 1999 and April 2001, the years that BTC was in operation. This study's findings mirrored that of the previous study: BTC did not appear to have an impact on re-offending in Jacksonville. However, the positive findings from the prior study concerning Tacoma and Birmingham should not be dismissed.

Since MacKenzie (1997) did not review studies concerning pretrial diversion, our data collection efforts will be the sole determination of its categorization. While the Jacksonville results demonstrated no effect on recidivism, the prior studies in Tacoma and Birmingham, in addition to the federal evaluations, lend credence to the possibility of pretrial diversion as an effective alternative sanction.

Unknown Effectiveness Programs

Job Training

MacKenzie (1997) did not directly discuss job training, although it should be noted that it is often a component of residential, treatment, probation, or pretrial diversion

programs. It is not unusual for offenders to receive job or vocational training as part of their probation. For example, the Idaho Department of Correction recently implemented a pilot program where offenders were offered the opportunity to train for an apprenticeship in welding. The program received funding from several private sources, as well. Ten offenders graduated from the initial welding class and all were hired among four companies (Cushman, 2007). Due to the newness of the program, recidivism or cost effectiveness data were not yet available. Although these offenders were probationers/parolees, it seems plausible to suggest that such a program could also work as a diversion from incarceration. Job training is already part of many states' pretrial diversion programs, such as Michigan, Montana, and North Dakota (Macomb County Michigan, n.d.; Montana Department of Corrections, 2007; Community Service Programs of North Dakota, 1993, respectively). Other states do make job training part of probation or ISP/ESP, such as New Jersey and Utah (New Jersey Judiciary, n.d.; CBTS Utah, n.d.).

As suggested by Cushman (2007), job training may be just as, if not more, useful if applied at the front end of corrections. But, without any formal evaluations, job training must be categorized as a program of unknown effectiveness.

Boot Camps with Treatment

As previously discussed, the military structure, discipline, and atmosphere of boot camps, with an end goal of finishing one's time does not seem to be an effective means of reducing recidivism. However, MacKenzie (1997) explained that research suggested that coupling boot camps with elements of effective treatment may serve to decrease recidivism. MacKenzie (1997) pointed out that programs using therapy, drug treatment,

education, and counseling for at least three hours during the day, following up on offender success after release, and only taking volunteer participants had lower recidivism rates than other boot camp programs. Similarly, the NIJ (n.d.) discussed research that suggested some boot camp participants had more access to drug treatment and counseling. Likewise, Parent (2003) found that some correctional boot camps did affect attitudinal changes in inmates, but that such attitudinal changes did not translate into reduced recidivism. Boot camps that did result in reduced recidivism employed longer sessions, more treatment, and lengthier aftercare. However, not all programs with these characteristics resulted in consistent reductions in recidivism.

Because research in this area remains sparse and speculative and the evaluations of military-style boot camps routinely demonstrate their ineffectiveness, we conclude that boot camps combined with treatment are of unknown effectiveness.

Day Reporting Centers

Day reporting centers, such as North Dakota's, are alternatives to incarceration where offenders live in their own homes, but are required to check in frequently at a nonresidential center, where they are also required to engage in treatment, classes, and other rehabilitation services (Community Service Programs of North Dakota, 1993). According to Courtless (1998), day reporting centers are generally designed for misdemeanor defendants. Day reporting centers coupled with intense supervision and rigorous treatment are very popular in the United States, with at least 114 centers in operation across 22 states by 1995 (MacKenzie, 1997). Nonresidential programs that combine day reporting centers with pretrial diversions, and provide a case management system for offenders that help them receive treatment, social assistance, and keep them

away from crime have received anecdotal support at the time of Courtless' (1998) comments. As of MacKenzie's (1997) review, there were no evaluations of day reporting centers. Subsequent research has not provided any further rigorous support. The effectiveness of day reporting centers, with or without programming, remains unknown.

Halfway Houses with Effective Treatment

It is not clear whether or not the addition of treatment and therapy into halfway houses helps reduce recidivism. Much of the research explored by MacKenzie (1997) concerning halfway houses where treatment was used was inconclusive. This is the result of at least two reasons. One, the studies often lacked methodological rigor. Two, when the evaluations employed a process evaluation as part of the study, it was often the case that treatment was not being delivered as designed. Therefore, we conclude that the effectiveness of halfway houses that include effective treatment components is unknown.

Electronic Monitoring/Home Confinement with Effective Treatment

MacKenzie (1997) found no difference in recidivism rates in studies where home confined and EM participants were compared to control groups. But, she indicated that, as with ISP/ESP, it was unknown whether or not EM coupled with effective treatment would reduce recidivism. Some states, such as New York and Ohio, coupled their home confinement and EM sanctions with required treatment, according to offenders' risks and needs (New York State Division of Probation Correctional Alternatives, n.d; Holmes County Adult Probation, n.d.). The NIJ (n.d.) found that most studies on EM/home confinement with treatment lacked good methodologies and so their conclusions were dubious. Crowe, Sydney, Bancroft, and Lawrence (2002) also found that some municipal and county jurisdictions employed EM and home confinement with treatment, such as

Boston's substance abuse treatment program for women. However, such programs remain to be evaluated. Based on our data collection efforts, electronic monitoring combined with effective remains a program of unknown effectiveness.

Conclusion for Alternatives to Incarceration for General Offenders

Since MacKenzie's (1997) chapter, not much has changed in alternatives to incarceration. MacKenzie generally found that *all* alternatives, in and of themselves, do little to stave off the recidivism of general offenders. However, there is promising research, as well as promising future research, that indicates that successful alternatives are those coupled with other components. These components can be job training, case management, service delivery and referral, as well as general rehabilitation. There appears to be a recurring theme that these things all be tailored to offenders' needs, risks, and circumstances, both legal and extralegal. With this being said, it remains clear that more robust research is merited in these domains. Table 3 summarizes the programs discussed in this section and their levels of effectiveness.

Table 3

Alternatives to Incarceration for General Offenders

Program Type	Effectiveness Categories
ISP/ESP without treatment	ineffective
Boot camp without treatment	ineffective
Halfway houses without treatment	ineffective
Electronic monitoring without treatment	ineffective
ISP/ESP with treatment	possibly effective
ISP/ESP for gang members with police/probation partnerships	possibly effective
Community service	possibly effective
Pretrial diversion	possibly effective
Job training	possibly effective
Halfway houses with treatment	unknown effectiveness
Boot camp with treatment	unknown effectiveness
Day reporting centers	unknown effectiveness
Electronic monitoring/home confinement with treatment	unknown effectiveness

Offenders with Substance Abuse IssuesIntroduction to Offenders with Substance Abuse Issues

In 2000, nationally, more than 3.25 million adult offenders under correctional supervision had significant drug and/or alcohol problems (Taxman et al., 2002). Fifty-three percent of state inmates met the DSM-IV criteria for drug dependence or abuse in 2004 and 21% of state inmates were held for drug crimes (Mumola & Karberg, 2006). In Idaho, 85% of offenders incarcerated through the Idaho Department of Correction have substance abuse issues (IDOC, 2007).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2004), 35% of all alcohol and drug treatment referrals were made by the criminal justice system, more than any other entity in the year 2000. This is, in fact, a trend. In a 10 year period of time (1992-2002), criminal justice referrals resulting in admissions for substance abuse treatment increased by 32 percent. The most common criminal justice agencies making the referrals were probation/parole (47%), courts, both state and federal, (17%), and DUI programs (10 %) (Taxman et al. 2002).

Substance abuse is not the purview of only one segment of the citizenry or the offending population. In fact, there is little variation across race or age in regards to proportions of offenders meeting the criteria for drug dependence or abuse (Mumola & Karberg, 2006). But, referrals originating from the criminal justice system are different than the rest of the treatment-seeking population. According to SAMHSA (2004), criminal justice referrals were more likely to involve alcohol (45%) and/or marijuana (24%) as their primary drug than other referrals and were less likely to involve opiates. Offenders referred to treatment were more likely to be male (77%), more likely to be employed (44%), and involve younger people (under 25-36%) than other referrals. Offenders referred for treatment were more likely to have no prior treatment experience (54%), be in emergency settings (80%), and less likely to have been in a detoxification center (7%) (SAMHSA, 2004). Treatment for offenders appears to be a major stumbling block in their ability to be successfully released from correctional supervision. In a 10 year span of time (1992-2002), the proportion of offenders who successfully completed their release conditions decreased by 10% (70% to 60%), primarily due to difficulty in abiding by sobriety clauses due to substance abuse issues (Taxman et al., 2002).

The following section of this report addresses alternatives to incarceration specifically for offenders with substance abuse issues.

Effective Programs

Diversion to Community Treatment Based on Principles of Effective Intervention

The Office of Justice Programs (OJP) (2000) reported that society spends upwards of \$43,200 per year for every untreated addict. Community treatment can occur in both inpatient (residential) and outpatient settings. In 2000, inpatient treatment costs averaged \$16,000/year per person and outpatient treatment costs, on average, were \$1,500/year per person. Nationally, on average, incarceration costs were \$20,142/year per inmate, substantially higher than the costs for either form of treatment (OJP, 2000). Thus, OJP (2000) concluded that treatment improved overall health of drug abusers, reduced health care costs associated with substance abuse, and was a cost effective method of reducing addiction.

Based on empirical research, a distinction is drawn in this report between community treatment founded on principles of effective intervention and community treatment that is not delivered around those principles. The National Institute on Drug Abuse (NIDA) listed the 13 principles of effective intervention/treatment. Some examples of these principles are listed below:

- no single treatment is appropriate for all individuals;
- treatment needs to be readily available;
- effective treatment attends to multiple needs of the individual;
- treatment and services plans must be assessed continually and modified as necessary to ensure that the plan meets the individual's changing needs;
- remaining in treatment for an adequate period of time is critical for treatment effectiveness;
- medical detoxification is merely the first stage of addiction treatment and by itself does little to change long-term drug use;
- treatment does not need to be voluntary to be effective (OJP, 2000, p.28)

In our search of state websites, all states mentioned some type of substance abuse treatment being offered in their communities. However, none of them indicated whether or not these programs were assured of following the principles of effective treatment. Sixteen state website specifically mentioned diversion to community treatment for substance abusing offenders (outside of drug court or intensive supervised probation): Alabama, Arizona, California, Colorado, Connecticut, Illinois, Kansas, Kentucky, Louisiana (for DUI offenders), Maryland, Michigan, New York, North Dakota, Ohio (to community residential program), Pennsylvania, and Utah (State of Alabama, n.d.; Judicial Branch of Arizona, Maricopa County, 2007; San Francisco Pretrial Diversion Project, Inc., 2002; District Attorney's Office for Jefferson and Gilpin Counties, 2007; Coppola, 2002; Tazewell, n.d.; City of Maize, n.d.; Kentucky Administrative Office of the Courts, 2003; National Highway Traffic Administration Division, 2005; Office of the Sheriff, Alleghany County, Maryland, 2002; Macomb County, 2007; New York State Division of Probation and Correctional Alternatives, 2007; Rehab Services, Inc., n.d.; Northeast Ohio Community Alternative Program, n.d.; Lancaster County Courts, n.d.; Salt Lake County, 2006).

MacKenzie (1997), in her review of programming for substance abusing offenders, concluded that treatment programs which include elements of effective intervention were effective. Her conclusion included community-based, in-prison drug treatment, and therapeutic communities (TC)².

Our search for recent research concerning community treatment based upon principles of effective intervention uncovered several new studies. Hepburn (2005) conducted a level 3 study design comparing the incarceration of drug using offenders to

diversion to community treatment in Maricopa County. The study involved 3,328 drug using offenders all of whom were eligible for diversion. Forty-five percent were not diverted, resulting in incarceration, while 56% were diverted to community treatment. Seventy-five percent of the diverted offenders completed treatment with 22% subsequently re-arrested post-treatment. Twenty-five percent of the diverted offenders did not complete treatment with 43% subsequently re-arrested. But, the incarcerated group (not diverted) experienced the highest re-arrest rate at 55 percent.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University (2003) conducted a five year study of the Drug Treatment Alternative to Prison Program (DTAP). The study was a level 4 design. The DTAP focuses on repeat, nonviolent felons facing real threat of prison time. Program participants receive 15-24 months of private, residential treatment, and vocational training. Prior to 1998, DTAP was a deferred prosecution program; to increase retention rates, it was changed to a deferred sentencing program (withdrawing guilty plea and dismissing charges upon successful completion). Treatment Alternatives to Street Crime (TASC) provided case management and drug testing services. Participants were selected during a multi-stage process. The district attorney's office made the initial selection. Then, TASC evaluated offenders for amenability to treatment at private, residential treatment centers organized around a TC model. Several samples were selected for the various analyses in the study. First, 280 DTAP participants were compared to 130 traditional court process participants for evaluating recidivism (rearrest, reconviction, and reincarceration), length of treatment stay, and costs. Second, 281 DTAP graduates were examined for employment rates pre- and post-graduation. Third, 1400 current and former DTAP participants were observed to

assess retention pre- and post-diversion eligibility changes in 1998 (CASA, 2003). DTAP participants were less likely to be rearrested (43% v. 58%) than the prison group two years post-program/prison. They were less likely to be reconvicted (30% v 47%) two years post- program/prison and less likely to be re-incarcerated (5 v 15%). There were significantly lower rates of recidivism across all measures for DTAP graduates within two years compared to both the prison group and DTAP dropouts.

Lipsey and Cullen (2007) conducted a review of meta-analyses in correctional rehabilitation. More meta-analytic research has been conducted on juveniles rather than adults, resulting in an inability to compare results across populations and come to solid conclusions regarding the strength of research on adult rehabilitation. Nonetheless, Lipsey and Cullen (2007) identified four studies involving adults (or juveniles and adults) (Pearson et al., 1997; Mitchell et al., 2006; Pearson & Lipton, 1999; Aos et al., 2001) all with results indicating a reduction in recidivism ranging from 4% for adults only (Aos et al., 2001), to 20% for adults only in drug and alcohol treatment (Pearson et al., 1997). Lipsey and Cullen (2007) concluded that rehabilitation treatment does work based on the mean effects showing a reduction in recidivism across every meta-analysis.

OJP (2000) reported that national studies of substance abusers found that roughly 30% are drug-free one year after they spent three months in treatment and, if they stayed for one year or longer, 66% were still drug-free one year post-treatment.

In 1997, MacKenzie determined that community treatment for substance abusers that was grounded in the principles of effective intervention was effective. Based on subsequent research uncovered during our data collection, it remains effective.

Drug Courts

Drug courts first appeared in the 1980s (Turner et al., 2001). Huddleston et al. (2004, p.1) stated that drug courts “represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively and forcefully intervene and break the cycle of substance abuse, addiction, and crime” and that the development of drug courts was “the most significant criminal justice initiative in the last century.” Turner et al. (2001) identified the key components of drug courts as:

- integration of treatment with criminal justice system processing
- both sides (prosecution and defense) work to ensure both public safety and due process
- early identification of eligible offenders
- access to variety of treatment options to meet individual offenders’ needs
- drug testing to ensure sobriety
- effective monitoring of compliance through a coordinated response
- a judiciary that is heavily involved in case management

The Drug Courts Program Office (DCPO) funded 14 sites in 1995 and 1996 and all 14 sites implemented key components (Turner et al., 2001). Turner et al. (2001) reported more than 500 drug courts in existence in 2000. By 2003, Huddleston et al. (2004) identified more than 1,183 drug courts in operation nationwide. There is a wide range of annual costs for drug courts depending on a variety of factors, such as offender population, personnel, availability of treatment, case management, job training, counseling, and drug testing. Over half of drug courts report treatment costs ranging from \$900 to \$3,500 per participant (Huddleston et al., 2004). According to our website search, every state in the United States had at least one operating drug court.

In 1997 when MacKenzie conducted her review of program for substance abusing offenders, drug courts were still relatively new. Based on the studies conducted up to that

point in time, MacKenzie found drug courts to be promising if combined with effective treatment and criminal justice control.

Numerous studies have since been conducted on the effectiveness of drug courts. Peters and Murrin (2000) compared graduates and non-graduates of two drug courts (Escambia and Okaloosa) to traditional probationers. Using a static group design, they followed subjects over a 30 month period. The sample for Escambia included 168 subjects for each group (N=504), while Okaloosa included 58 subjects for each group (N=174). Graduates had fewer re-arrests and substance abuse issues at the 30 month follow-up than both non-graduates and probationers. In addition, across all groups, the longer subjects stayed in treatment, the longer it was before they were re-arrested, if they were re-arrested (Peters & Murrin, 2000).

Spooner et al. (2001) published a literature review of drug court-like diversion for drug offenders in Australia. They found that diversion was costly often due to net widening; a finding that was quite common across all research on intermediate sanctions. But, Spooner et al. (2001) concluded that drug courts were effective and coerced treatment was not an obstacle to successful rehabilitation.

Listwan and Latessa (2003) conducted a quasi-experimental study with matched control groups for two sites in Idaho: Kootenai and Ada counties. Their samples consisted of 141 drug court participants and 133 comparison subjects in Kootenai County and 246 drug court participants and 156 comparison subjects in Ada County. The drug court participants in Kootenai were less likely to be re-arrested than the comparison group (41% v 53%) within two years post-graduation or almost two years post-release. For both groups, the majority of re-arrests were on drug charges (46% v 55%), but

multiple re-arrests were less likely for drug court participants than the comparison participants (10% v 24%). Significant predictors for re-arrest included males, first time offenders, and those with longer at risk statuses. When participants who dropped out of the drug court program were included in the analysis, Kootenai drug court graduates (N=41) were significantly less likely to be re-arrested during the follow up period compared to dropouts and comparison group subjects (20% v. 60% v. 53%) (Listwan & Latessa, 2003). As with Kootenai subjects, drug court participants in Ada County were significantly less likely to be re-arrested than the comparison group (38% v. 63%) within two years post-drug court or 1.5 years post release. Unlike the Kootenai results, the comparison group had significantly more re-arrests on drug charges. Multiple re-arrests were less likely for drug court participants than the comparison participants (22% v. 51%). Ada County drug court graduates (N=91) were significantly less likely to be re-arrested during the follow-up period compared to dropouts and comparison group subjects (19% v. 77% v. 63%). Significant predictors for re-arrest in Ada County included males, non-drug court participants, unemployed offenders, and offenders with longer at risk statuses.

Huddleston et al. (2004) in their review of drug court research discussed a national evaluation of 17,000 drug court graduates which found only 16% of participants had been charged with a felony within one year of completing the program and the national average retention rate was 60 percent. The largest statewide study of drug court and recidivism was conducted in New York State in 2003. Researchers examining the re-conviction rate of 2,135 drug court participants found 13% were re-convicted compared to 47% of non-drug court participants over a three year period. The New York State drug

court system produced an estimated \$254 million savings in incarceration costs for 18,000 nonviolent, drug offenders. In Oregon, comparing traditional court practices and drug courts found a savings of \$2,329 per participant per year, on average. If victimization costs are included, due to the reductions in recidivism from drug court, the average savings increased to \$3,597 per participant per year (Huddleston et al., 2004).

Alberti et al.'s (2004) study comparing three diversion programs for substance abusing offenders was one of the few where drug court was the least effective form of intervention. The three programs in British Columbia were the Criminal Justice Diversion Program (CJDP), Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT), and drug court. The goal of CJDP was to reduce re-offending and avoid first time convictions by using community resources and reparation to aid rehabilitation. CREDIT's goal was to reduce drug use/abuse via court referrals and bail conditioned treatment. And, the purpose of drug court was to use rewards and sanctions to aid rehabilitation. The evaluations of the three programs were non-experimental designs (Level 1 design) with a sample of 100 subjects each for the CJDP and CREDIT programs and 29 subjects for the drug court evaluation. Approximately 94% of CJDP participants successfully completed the program, while 7% recidivated. Eighty percent of CREDIT participants successfully completed the program with 92% receiving non-custodial sentences, but 38% recidivated. An astonishing 78% of drug court participants re-offended, but the small sample size significantly diminished the validity of the results. In fact, a follow-up cost-benefit evaluation of the drug court program using 59 drug court participants and a comparison group of 50 subjects found subjects in the comparison

group committed a significantly higher number of re-offenses during the 14 month follow-up period than drug court participants (Alberti et al., 2004).

Bouffard and Richardson (2007) conducted a static group design study comparing drug court participants (N=87) and traditional court participants (N=124) from 2001 to 2005. Drug court participants were significantly less likely to be arrested for a felony than comparison participants who had been incarcerated and successfully completed their term of parole (7% v. 38%). In an analysis specifically examining methamphetamine users, methamphetamine users in drug court were 66% less likely to be re-arrested than their comparison counterparts who had been incarcerated and completed parole. The results were not replicated for DUI offenders. Through multiple analyses, no significant differences were found between DUI offenders in drug court and those who successfully completed a traditional incarceration/parole process. In fact, DUI offenders in drug court were more likely to be re-arrested post-graduation than the comparison group of DUI offenders (28% v. 6%) (Bouffard & Richardson, 2007).

Hepburn and Harvey (2007) examined drug courts with a sentence option versus drug courts with no sentence option in Maricopa County in 2001. Using a sample of 215 subjects with a sentence and 210 without a sentence, they found no differences in recidivism rates at either the 90 or 180 day follow-up mark (Hepburn & Harvey, 2007).

Lipsey and Cullen (2007) in their review of meta-analyses examining correctional rehabilitation identified three meta-analyses of drug court studies. Two of the studies combined both juveniles and adults (Wilson et al., 2006; Lowenkamp et al., 2005) and one examined adults only (Aos et al., 2001). The combined juvenile and adult meta-analyses reported mean reductions in recidivism of 24% (Wilson et al., 2006) and 14%

(Lowenkamp et al., 2005), while the adults only study reported the lowest reductions in recidivism of eight percent (Aos et al., 2001).

MacKenzie, in 1997, concluded that drug courts were a promising program for reducing recidivism among substance abusing offenders. In the past ten years, the results of numerous studies leads us to move drug courts from a promising to an effective program.

Ineffective Programs

Community Treatment without Effective Intervention

MacKenzie (1997) concluded that treatment programs that are not grounded in the principles of effective intervention do not work; in fact, vague, unstructured rehabilitation or counseling for any offender does not work. In our data collection, we did not locate any research on treatment without elements of effective intervention. It appears as though the lack of efficacy of programs not using the principles of effective intervention has been accepted by the field as a whole. Therefore, community treatment without principles of effective intervention remains an ineffective program.

Urine/Drug Testing Alone

MacKenzie (1997) concluded that urine or drug testing as a sole method of reducing recidivism among substance abusing offenders did not work. In her review of studies conducted up to 1997, she found that drug testing alone simply increases detection of technical violations, often resulting in re-incarceration. This conclusion was supported by Petersilia (1998) who stated that drug testing is not drug treatment; it is surveillance. Based on our research since 1997, we conclude that community surveillance

of any kind, without treatment, will only serve to increase detection of technical violations as opposed to reducing recidivism.

Possibly Effective Programs

Coerced Community Treatment

Huddleston et al. (2004, p. 4) defined coerced treatment as “an array of strategies that shape behavior by responding to specific actions with external pressure and predictable consequences.” Coercion may be in the form of a withheld judgment, suspended sentence, short term incarceration, a series of graduated sanctions, or loss of privileges. As previously listed, one of the principles of effective treatment identified by the National Institute on Drug Abuse (1999) is that effective treatment does not have to be voluntary (OJP, 2000). Our search of state websites did not provide much information on whether or not substance abuse treatment, if offered, was coerced. Naturally, drug courts are premised on the idea that participants will comply with all conditions or face some type of sanction, possibly incarceration. MacKenzie (1997) found offenders did just as well in treatment whether they entered voluntarily or under some form of coercion and categorized coerced treatment as effective. Recent research has created some debate on the efficacy of coercing substance abusing offenders into treatment³.

Maxwell (2000) conducted a pre/post or longitudinal time series (1990-1993) study of 720 offenders in three therapeutic communities. Results indicated that subjects were more likely to remain in treatment earlier in the process when sanctions were less real than later when sanctions were more immediate. Thus, the perception of the sanction was more powerful earlier in the treatment process than the actual threat of sanction was later in the process (Maxwell, 2000).

Dynia and Sung (2000) used a pre-post/quasi-time series design with three years pre-test and three years post-test to study community residential treatment (coerced) versus dropouts and incarceration. The sample consisted of 272 diverted subjects (184 successful completions, 88 dropouts) and 215 subjects who were incarcerated. Four percent of subjects who successfully completed residential treatment were re-arrested during treatment compared to 14% of non-participants. Offenders who successfully completed residential treatment were less likely to be re-arrested within three years of completion than treatment dropouts and incarcerated offenders (23% v. 61% v. 77%). Coerced participants were re-arrested for fewer drug crimes and less serious crimes (Dynia & Sung, 2000).

Norland et al. (2003) reviewed the literature on coerced drug treatment. Many of the studies discussed showed results supporting legal coerced drug treatment. Norland et al. (2003) contend that this may be due to coerced treatment resulting in longer rehabilitation stays and longer rehabilitation stays being correlated to better treatment outcomes. However, these same treatment outcomes were often found in drug treatment that was based on principles not inclusive of coercion. Thus, there very well may be an intervening or third variable involved which results in positive findings for both coercion and longer rehabilitation stays (Norland et al., 2003).

Klag et al. (2005) also conducted a literature review on legal coercion. They referenced legal coercion as state power to force treatment. Early research found coercion to be successful, while later research questioned its efficacy. Klag et al. (2005) concluded that the research was mixed on the efficacy of coerced treatment.

MacKenzie (1997) concluded that coerced treatment was just as effective as voluntary treatment in preventing re-arrest. While some subsequent studies have demonstrated better treatment outcomes for offenders in coerced treatment settings, reviews of literature conducted by other researchers indicate that similar results appear for voluntary treatment and they question both the mechanism involved in these reported treatment outcomes and the efficacy of forcing offenders to seek drug or alcohol treatment. Thus, due to some controversy on the topic, coerced treatment is categorized as a possibly effective program.

Intensive Supervised Probation (ISP) with Effective Intervention

ISP was introduced and received much attention in the 1980s. The idea was to have smaller caseloads for probation and parole officers so that they could focus more time and energy on high risk offenders. By the late 1980s and early 1990s, most probation and parole agencies had implemented some form of ISP, often without a treatment component. As discussed earlier in this report, numerous evaluations of ISP indicated that they were ineffective for reducing recidivism as the increased contacts with probation and parole officers (surveillance) often resulted in increased detection of probation/parole violations leading to revocations. By the late 1990s, researchers and practitioners had begun experimenting with forms of ISP that incorporated treatment along with increased surveillance (Petersilia, 1998). We were able to identify 16 states that specifically mentioned coupling ISP with treatment: Arizona, Arkansas, California, Kansas, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, South Dakota, and Virginia (Maricopa County, 2007; Arkansas Department of Community Correction, n.d.; San Francisco

Pretrial Diversion Project, Inc., 2002; Sedgwick County Department of Corrections, 2003; Washington County Community Corrections, 2005; Mississippi State Department of Corrections, 2002; Missouri Department of Corrections, n.d.; New Hampshire Department of Corrections, n.d.; New Jersey Judiciary, n.d.; HRDA, Inc, n.d.; New York State Division of Probation Correctional Alternatives, n.d.; Jones & Madler, 2003; North Dakota Department of Corrections and Rehabilitations, n.d.; Holmes County Adult Probation, n.d.; South Dakota Unified Judicial System, n.d.; Virginia Department of Corrections, n.d., respectively). Four states indicated that diversion through the use of electronic monitoring included a treatment component: Indiana, Kansas, New Hampshire, and Ohio (Porter County Government, 2007; Sedgwick County Department of Corrections, 2003; New Hampshire Department of Corrections, n.d.; Holmes County Adult Probation, n.d.). Of course, there was no mention of whether or not that treatment incorporated the principles of effective treatment. MacKenzie (1997) concluded that, at the time, there was not enough research to make a determination on ISP with effective treatment.

Tonry (1997), in his review of intermediate sanctions, found that nationwide studies of ISP programs that incorporated valid treatment resulted in effective treatment which then led to reductions in recidivism. In addition, ISP participants were more likely to be involved in drug treatment than those on probation or parole. Process and outcome evaluations of these programs indicated that back-end programs (corrections determines diversion) can be cost effective, especially if net widening is controlled. Washington State's First Time Offender Waiver allowed judges to bypass sentencing guidelines if this was the offender's first conviction and the offense was nonviolent and nonsexual in

nature. Their options included compulsory treatment, two years of probation, short jail term, and fines/restitution. A little over one-third of eligible offenders were sentenced under this waiver in 1993 (Tonry, 1997).

Petersilia (1998) reported that across all ISP evaluations, programs that combined increased surveillance and treatment showed some reductions in recidivism (10 to 20 percent). These programs worked well with drug and alcohol users, but not for those offenders who were seriously addicted to either substance and violent. She indicated that current practice was to invest in programs that combined surveillance and drug testing with treatment (Petersilia, 1998). Similar results were reported by Parent and Snyder (1999) who found that nationwide evaluations demonstrated that ISP plus treatment decreased recidivism.

Taxman et al. (2002) conducted a non-experimental, pre/post test design of an ISP with treatment program. The study involved 1,216 offenders across 12 sites in the Maryland-D.C. area. The offenders averaged 10 arrests and five convictions prior to entry into the program. Forty-five percent of the offenders had a current drug charge and 50% of these drug charges involved distribution or possession with intent to sell. Thirty percent of the sample had prior experience with treatment. The HIDTA Model incorporated comprehensive treatment (average treatment length=208 days), drug testing (average=every 37 days), and graduated sanctions for violations with full implementation at four of the 12 sites. Results indicated that 11% of the offenders were re-arrested at the six month follow-up and 16% had been re-arrested at the 12 month follow up. The predicted rate of re-arrest based on the prior offending levels of participants was 52

percent. This amounts to a 70% reduction in recidivism, but results varied across sites (Taxman et al 2002).

Chan et al. (2005) examined potential differences between probation case management (PCM) (local form of ISP) and traditional probation in San Francisco. This study focused solely on female offenders, 65 of whom were in PCM and 44 of whom were on traditional probation. The design was a quasi-time series with six and 12 month follow-ups. Results indicated no difference between the groups in terms of recidivism. The significant differences reported in the study indicated that PCM offenders engaged in more serious drug use, while traditional probationers engaged in more serious crime (Chan et al., 2005).

In 1997, based on the level of research that had been conducted up to that point in time, MacKenzie (1997) concluded that ISP with effective intervention was of unknown effectiveness. Due to the results of more recent research, this program moves to being possibly effective.

Conclusion for Alternatives to Incarceration for Offenders with Substance Abuse Issues

Since MacKenzie (1997), research has solidified the effectiveness of some programs and the ineffectiveness of others. Relatively few new alternatives to incarceration have emerged in the research with the singular exception of drug courts. What is evident is that those alternatives deemed effective or possibly effective were centered on meeting the individualized needs of substance abusing offenders.

Table 4

Alternatives to Incarceration for Offenders with Substance Abuse Issues

Program Type	Level of Effectiveness
Diversion to community treatment based upon the 13 principles of effective intervention	Effective
Drug courts	Effective
Diversion to community treatment not incorporating the principles of effective intervention	Ineffective
Any form of surveillance alone	Ineffective
Coerced community treatment	Possibly effective
ISP with community treatment	Possibly effective

Offenders with Mental IllnessIntroduction to Offenders with Mental Illness

The occurrence of mental illness in both prison and jail inmates is a serious and widespread problem for the correctional world. A recent report by the Bureau of Justice Statistics (2006) revealed that more than half of incarcerated inmates suffered from mental health issues. This included 64% of jail inmates, 56% of state inmates, and 45% of federal prisoners (BJS, 2006). Adult inmates who have been diagnosed with a mental health disorder constitute approximately 9% of the correctional population. To address this issue, Congress passed an act in 2004 which aimed to improve intervention and treatment efforts: the Mentally Ill Offender Treatment and Crime Reduction Act. Further, this act promotes better training and communication for staff working with this offender population. In Idaho, 26% of inmates housed by IDOC have a mental health issue (Mental Health Coalition, 2005).

MacKenzie (1997) did not discuss programming for offenders with mental health issues. Consequently, the following section will only address research collected through our methodology.

Effective Programs

Our data collection efforts did not yield any programs that met our criteria for effective programming.

Ineffective Programs

Our data collection efforts did not yield any programs that met our criteria for ineffective programming.

Possibly Effective Programs

Community Diversion

Community diversion for mentally ill offenders varies quite significantly across jurisdictions nationwide. The most frequently mentioned components include involvement in community-based treatment, intensive supervision, and engagement in community service.

Chung et al. (1998) studied a group of mentally ill offenders, in the United Kingdom (UK), who were diverted to community treatment in lieu of incarceration. Specifically, the study was concerned with finding out if diversion affected an offender's quality of life and overall mental health. The research design was a pre and post-test study. Sixty-five offenders were followed for a period of six months; they were interviewed prior to incarceration and then again at the end of the six months. The offender's quality of life was measured by the Life Experiences Checklist (LEC), which included questions regarding home, leisure, relationships, freedom, and opportunities.

The offender's psychological well-being was measured by a general health questionnaire, which asked questions about levels of anxiety, social dysfunction, and depression (Chung et al., 1998). The results of the study revealed that the quality of life for offenders was considerably better for those diverted to the community, rather than those placed in prisons and hospitals. These offenders were able to enjoy more freedom, leisure time, and interaction with others. The severity of the offender's mental illness was found to be negatively correlated with the degree of quality of life; in other words, the higher the severity of the condition, the lower the quality of life. Overall, the offender's psychological well-being improved, as the number of offenders seeking mental health assistance decreased at the end of the six months. However, the authors admitted that this finding may be attributed to the transient lifestyle of the offenders during this study (Chung et al., 1998).

Petrila, Ridgely, and Borum (2003) researched Outpatient Commitment (OPC) programs. Their research consisted of an extensive review of relevant literature. OPC is an involuntary alternative to traditional incarceration for mentally ill misdemeanor defendants (form of civil commitment), especially for those who have co-occurring alcoholism. Much of the research exploring its impact showed that, at the very least, it reduced the need for hospitalization. However, many of these studies were methodologically flawed. More current research has compensated for these flaws. One study in North Carolina found that, at first glance, OPC and non-OPC offenders had very few differences. However, when diagnosis and treatment length were taken into account, offenders with schizophrenia or serious psychotic disorders who received extended treatment of at least six months had fewer hospitalizations, fewer arrests, and reduced

violence (no specific statistics were provided). A study in New York, on the other hand, found no significant differences between OPC and non-OPC offenders (Petrila, Ridgely, & Borum, 2003).

An evaluation of an Australian pilot program designed to divert offenders with mental impairment from incarceration was prepared by Hunter and McRostie (2001). This research was classified as a one-shot case study. There were 201 offenders studied and data for each was gathered from the Diversion Program Information Management System between July 1999 and June 2000. In addition, some cases were linked to court and police databases. The variable studied was the type of sanction given after the diversion program was completed (i.e., suspended imprisonment, community service, bond, fine, other, and no penalty) (Hunter & McRostie, 2001). When the defendants came before the court, they were sent to be assessed. Those who were diagnosed with a mental impairment were then assigned a case worker, with whom they created an intervention program. This program involved housing, mental health, substance abuse, and other social issues. Throughout the duration of the program, the defendant would appear in court for review hearings. Finally, at the end of the program, they would return to court again for a final determination hearing. At this time, the judge would render a sentence, bearing in mind the program and the defendant's participation and success. Compliance was measured by case workers, and noncompliance often resulted in extending the treatment period, which was also taken into account during sentencing. Results indicated that none of the offenders who took part in the pilot program were sentenced to jail. Most received suspended sentences or bond (including those with and without supervision (Hunter & McRostie, 2001).

A massive literature review undertaken by Lurigio (2000) resulted in an evidence-based, comprehensive list of policy recommendations for improving the care of persons with serious mental illnesses in the criminal justice system. The author did not provide criteria for choosing the specific studies. One recommendation was that pretrial diversion should be used for persons with serious mental illness who committed a misdemeanor. These diversions could come from a number of sources. Police officers could redirect such persons to treatment or hospital locations, and jails could provide a sort of treatment triage prior to release. Also, treatment could be part of probation, and judges could take the mental state of individual into account when rendering a sentence (Lurigio, 2000).

Loveland and Boyle (2007) discussed relevant literature concerning jail diversion programs for people with serious mental illness. The research used the following criteria: it must be an empirical study, at least half of the sample in a study must include offenders with a mental illness, must be an assessment of involvement in the criminal justice system, and the program had to be implemented in either the United States or Canada. Data was gathered using a variety of academic search engines. A total of 27 studies were reviewed, with almost half (13, or 48%) being an experimental design (Loveland & Boyle, 2007). Results were mixed regarding the utility of diverting mentally ill offenders into the mental health system. Only one of the studies found evidence that intensive case management resulted in fewer arrests (recidivism) than other sanctions, including imprisonment. However, many of the intensive case management diversions, when coupled with substance abuse, nevertheless offered promising results with mild reductions in arrest. Also, programs that collaborated with other agencies, entities, and

departments early on to deliver housing and other services to mentally ill offenders also evidenced some success at reducing arrest rates (Loveland & Boyle, 2007). Even these findings, however, were tempered by the fact that many of these studies were not methodologically robust. Only a few states provided any information regarding community diversion for offenders with mental illness: Arizona, Colorado, Connecticut, Michigan, New York, Nebraska, and North Carolina (City of Tucson, 2003; Larimer County, 2007; Frisman et al. 2000; Michigan Easter Seals, n.d.; Council of State Governments, n.d.; Lancaster County Community Mental Health Center, n.d.; Jones & Madler, 2003).

While there have been a fair number of studies conducted regarding community diversion for offenders who are mentally ill, methodological rigor is often absent and the results are decidedly mixed . Therefore, we conclude that community diversion for mentally ill offenders is a possibly effective program.

Unknown Effectiveness Programs

There are two diversion practices that cannot be identified as effective, ineffective, or promising: pre versus post booking programs and mental health courts.

Pre and Post Booking Diversion

As outlined by Lattimore and colleagues (2003) in a case study of eight diversion programs for mentally ill offenders located in Tennessee, Arizona, Hawaii, Pennsylvania, and Oregon, there was wide variation between agencies in terms of how offenders who were mentally ill were diverted. Whereas some agencies employed pre-booking programs, others employed post-booking. It is not clear which type of program was more successful at participant completion and reducing recidivism (Lattimore et al., 2003).

Thus, we conclude that pre and post booking diversion programs are of unknown effectiveness.

Mental Health Courts

MHCs are an emerging practice in Idaho. With this understanding, the researchers of this study deemed it appropriate to discuss MHCs in more depth than other programs with unknown effectiveness. These courts are commonly used in many states as a diversion practice for offenders suffering from mental illness and in some cases, co-occurring substance abuse issues. MHCs usually accept referrals from prosecutors, defense attorneys, and judges. Participants are typically non-violent offenders who have been charged with misdemeanors or some felony crimes. The eligibility criterion varies depending on the state. New York's mental health courts provided felony offenders with an individualized treatment plan that was monitored daily by treatment staff. Further, the offenders were required to check in with the court on weekly basis (Womack-Weidner, 2006). Another mental health court in Anchorage, Alaska only accepted misdemeanor offenders and only required offenders to meet with their treatment staff on a weekly basis (University of Alaska Anchorage Justice Center, n.d.). The MHC models differ significantly across states. According to the National Center for State Courts (n.d.), there were at least 32 mental health courts currently operating in the U.S., with the MHC models differing significantly across states.

Lurigio's (2000) policy recommendations for best practices regarding offenders with mental illness included mental health courts. The author contended that such specialized courts were effective in helping offenders who were mentally ill (Lurigio, 2000).

Steadman and Redlich (2006) evaluated seven mental health courts in various locations: two in California, Idaho, Nevada, New York, North Carolina, and Pennsylvania. The purpose of their evaluation was not to measure recidivism; rather, they sought to collect data that could be used to educate communities seeking specialty courts as alternatives to incarceration for mentally ill offenders. The study was broken into qualitative and quantitative sections. For the qualitative portion, the methodology consisted of site visits at all of the courts over a four month period in 2003. The site teams brought a list of fifty questions that were developed from a previous comparison of mental health courts conducted by Griffen et al. (2002). They found that the courts all accepted felony cases, most of them intervened post-adjudication, jail sanctions were used when necessary, and there was a reliance on the criminal justice system for internal supervision. Further, the authors discovered that the descriptions of MHCs today differ from previous descriptions (three years and older). Specifically, the front-end operations have changed in regards to enrollment practices (i.e., how offenders were selected for the MHC). Therefore, the authors focused on the referral and disposition processes for the quantitative portion of the evaluation (Steadman & Redlich, 2006).

The research questions for the quantitative section focused on how the cases were referred to the courts, processed, and what factors differentiated cases from being accepted versus referred. Data was collected from all the formal referrals (a questionnaire filled out by court staff) to the MHCs from November 2003 to January 2004. The questionnaire included data from the referring agency, the characteristics of the offender, and the case disposition. Two hundred and eighty-five offenders were referred during the study period; most of the referrals came from either the public

defender's office or from a judge (statistics not provided). The most common diagnoses were bipolar disorder, schizophrenia, and depressive/mood disorders (statistics not provided). The MHCs tended to accept either felony or misdemeanor offenders, not both. A wide proportion of offenders were accepted into the MHCs (20% - 100%), depending on the site. The primary reason for rejection was the severity of the individual's mental condition (Steadman & Redlich, 2006).

Due to the few studies conducted on mental health courts and the lack of much rigor to their methodologies, the effectiveness of the mental health courts is unknown at this time.

Conclusion to Alternatives to Incarceration for Mentally Ill Offenders

Research on alternatives to incarceration for offenders with mental illness is sparse, thus limiting the conclusions that could be drawn on current programming. Studies conducted on community diversion show promise, but lack methodological rigor. Mental health courts appear to be an exciting new initiative in addressing the needs of mentally ill offenders. The lack of outcome evaluations demonstrating reductions in recidivism and cost effectiveness restricted us to categorizing it as an unknown effectiveness program. If MHCs follow the same pattern as drug courts, in due course, productive evaluations should be available and would warrant a review of its current categorization. Table 5 summarizes the programs discussed in this section and their levels of effectiveness.

Table 5

Alternatives to Incarceration for Offenders with Mental Illness

Program Type	Level of Effectiveness
Diversion to community treatment for mentally ill offenders	Possibly effective
Pre and post-booking diversion programs for mentally ill offenders	Unknown effectiveness
Mental health courts	Unknown effectiveness

Offenders with Co-occurring DisordersIntroduction to Offenders with Co-occurring Disorders

It is not uncommon for mentally ill offenders to suffer from co-occurring substance abuse problems. According to SAMHSA, there are between seven and ten million people, nationwide, who have co-occurring disorders (County Alcohol and Drug Program Administrators Association of California (CADPAAC, 2005). Further, three million of these offenders have three disorders, not just two (CADPAAC, 2005).

In order to be diagnosed with co-occurring disorders, it must be established that each disorder occurs independent of the other. According to the CADPAAC (2005), the typical offender with co-occurring disorders has a more severe problem with substance abuse/addiction and mild to moderate mental illness. These clients pose a particularly difficult problem for treatment, as they need care for multiple disorders. It is difficult to find programs that treat co-occurring issues in offenders; many programs specialize in one treatment, but not the other. In 2002, only 12% of people suffering from co-occurring disorders actually were simultaneously treated for substance abuse related issues *and* mental disorders (CADPAAC, 2005). Further, the National GAINS Center for People with Co-occurring Disorders in the Justice System (2004) reported that 23% of

high risk offenders (those most likely to re-offend and, thus, re-enter into the criminal justice system) suffered from co-occurring mental health and substance abuse disorders. The review of state websites revealed that only eleven states actually had dual diagnosis programs available to offenders: Alaska, California, Connecticut, Indiana, Maine, Maryland, Michigan, Nebraska, New York, Ohio, and Virginia (National Gains Center, 2003; San Francisco Pretrial Diversion Project, Inc., 2002; Frisman et al., 2000; Tippecanoe County Probation, 2007; National Gains Center, n.d.; Council of State Governments, n.d.; Macomb County, 2007; Lancaster County Community Mental Health Center, n.d.; Council of State Governments, n.d.; Northeast Ohio Community Alternative Program, n.d.; Mental Health Association of the New River Valley, Inc., 2007).

As with the discussion of alternatives to incarceration for offenders with mental illness, MacKenzie (1997) did not discuss programming for offenders with co-occurring disorders. Consequently, the following section will only address research collected through our methodology.

Effective Programs

Our data collection efforts did not yield any programs that met our criteria for effective programming.

Ineffective Programs

Our data collection efforts did not yield any programs that met our criteria for ineffective programming.

Possibly Effective Programs

Coerced Community Treatment

The question of whether or not mentally ill offenders should be coerced into participating in community treatment has long been debated. However, previously mentioned research by Petrila, Ridgely, and Borum (2003) found that coerced community treatment reduced the need for hospitalization among mentally ill offenders with co-occurring alcoholism, but no data on recidivism was provided.

More recent research by Broner, Maryl, and Landsberg (2005) explored the impact that diversion, treatment, and individual characteristics had on several domains for criminals who entered the system as mentally ill and substance dependent. The research design was a one-shot case study with a comparison group. The time spent in the criminal justice system, time spent in the mental health system, substance abuse patterns, and general life satisfactions were examined. The authors interviewed 117 persons at several points throughout a 12 month period. Each person was eligible for diversion and shared common co-morbid characteristics. However, they were divided into three groups: non-mandated treatment diversion, mandated treatment diversion, and standard jail incarceration. The authors found no differences in terms of being at risk of reentering the criminal justice system between diverted and non-diverted subjects. However, between non-mandated and mandated diverted subjects, there were important distinctions. For example, mandated divertees spent less time in prison and more time in the community, spent more time in residential or outpatient care, and experienced less drug use (Broner, Mayrl, & Landsberg, 2005).

Due to the lack of results regarding recidivism in some of the studies conducted on coerced community treatment for offenders with co-occurring disorders, this program was deemed to be possibly effective.

Pretrial Diversion

The use of pre-trial diversion to outpatient community treatment is sometimes offered to mentally ill offenders with co-occurring substance abuse problems. Berman (2005) conducted a case study examining the challenges of improving the criminal justice system's response to female offenders in Hamilton County, OH. The Alternative Intervention for Women program was evaluated. The methodology was never specified. This program was designed as a pretrial diversion for female offenders with co-occurring mental health and substance abuse problems. The program length was between five weeks and five months and included having the women come to the treatment center from 9:00 am to 5:00 pm five days a week. Individual women created their own treatment plans under the guidance of staff (all of whom were women). They also participated in group therapy, which included a variety of topics, such as self-esteem, self-efficacy, mental health, substance abuse, and socialization. Also, participating women offenders had case managers who assisted them in terms of finding child care, housing, work, and other essential needs. Evaluation results were very promising: 94% of graduates improved in both psychological symptoms and substance abuse, 81% improved in terms of functioning, and 75% improved their total quality of life (Berman, 2005). Also, judges (92%) and probation officers (100%) were satisfied with the program. No measures of recidivism were provided (Berman, 2005).

Another study focusing on co-occurring offenders used data from the Substance Abuse and Mental Health Administration (SAMHSA). Cowell, Broner, and Dupont (2004) studied the cost and effectiveness of diversion programs at four sites: Lane County, Oregon; Memphis, Tennessee; New York City, New York; and Tucson, Arizona. Three of these sites were post-booking diversion programs, and one (Memphis) was pre-booking. The research design used was a non-experimental, one-shot case study. The authors explored the costs that impacted the criminal justice and mental health systems. Monetary measurements were taken from the following domains: for the criminal justice system (courts, public defenders' and prosecutors' offices, police, and jails), and for the health care system (inpatient mental health, residential substance abuse care, outpatient care, emergency room, mental health assessment, case management). Effectiveness measures included criminal behavior (self reported), substance abuse, mental health status, general quality of life, and housing status stability. Results revealed that diversion programs cost less for the criminal justice system than non-diversion programs. Regression analysis also revealed that only pre-booking diversion programs increased the costs to the mental health system. For Memphis, the only site where an impact on the mental health system was found, there was a cost-effectiveness ratio of 1: 1236. This means that for every increase on the mental health scale utilized by SAMHA, there was an increase of \$1236 spent by the mental health system. The authors speculated this was the result of more behavior being categorized for pre-diversion release at the pre-booking site (Memphis), resulting in more treatment being offered. Effectiveness results revealed that there was a reduction in drug use over 12 months (Lane County), a reduction in the probability of offenders being victims of nonviolent crimes (New York City), and in both

Memphis and Tucson there was a marked increase in the mental health status of diverted offenders. With the exception of the Lane County site, all other programs reported a significant decrease in the likelihood of re-arrest (percentages were not available) (Cowell, Broner, & Dupont, 2004).

The government of Scotland fully funded a pilot pretrial diversion program. The program involved diverting offenders to community based treatment centers. The research design was a one-shot case study. Recidivism was measured by reconviction. The program received 2500 referrals over an 18 month period. The treatment included substance abuse, mental health, cognitive/behavioral therapy, and intervention. The community based treatment was both private and public, depending on the specific case. Results suggest that prosecutors and social workers supported the program. It was found that one-on-one therapy was the most commonly used form of service delivery for female offenders. For male offenders and substance abusers, it was most often structured therapy. There was no discussion concerning recidivism and retention; this was a process evaluation. Overall, the process worked well, although there was some disconnect between social workers and prosecutors regarding the purpose of the diversion program. Also, the program was very costly, even compared to prosecution. The authors suggested that the costs would decrease as the programs became more regular and routinized, and as they successfully kept people from engaging in criminal behavior and being incarcerated (Barry & McIvor, 2000).

As previously mentioned, Pettila et al. (2003) examined pretrial diversion programs that diverted mentally ill offenders with co-occurring alcoholism to community treatment. Specifically, the study was concerned with coerced outpatient commitment.

Again, the results revealed that such programming led to a decrease in the need for hospitalization (Petrila et al., 2003).

Due to the lack of recidivism measures across many of these studies, firm conclusions regarding the effectiveness of either of these programs are elusive. Positive results in terms of psychological well-being and overall functioning are hopeful, therefore these programs are deemed to be possibly effective.

Unknown Effectiveness Programs

Our data collection efforts did not yield any programs that met our criteria for effective programming.

Conclusion to Alternatives to Incarceration for Offender with Co-Occurring Disorders

As with research on alternatives to incarceration for offenders with mental illness, empirical studies on alternatives for offenders with co-occurring disorders are lacking. Current research lacks the methodological rigor found in some of the other offending sub-populations. Coerced treatment and pretrial diversion to outpatient community treatment are promising beginnings, but the scarcity of research in this area begs for new ideas and a deeper analysis of the issues facing offenders with co-occurring disorders. Table 6 summarizes the programs discussed in this section and their levels of effectiveness.

Table 6

Alternatives to Incarceration for Offenders with Co-occurring Disorders

Program Type	Level of Effectiveness
Coerced community treatment for mentally ill offenders with co-occurring alcoholism	Possibly effective
Pre-trial diversion to outpatient community treatment	Possibly effective

CONCLUSION

Review of Section Findings

The goal of this study was to provide evidence-based direction to the ICJC regarding alternatives to incarceration. After reviewing literally hundreds of articles, documents, reports, and websites, we came to several conclusions. Programs (across offending categories) that used only surveillance techniques or methods of treatment not incorporating effective intervention principles were deemed ineffective at reducing recidivism. Research is still scarce for a few alternatives, leaving us with no choice but to deem them as unknown regarding their effectiveness at reducing recidivism. Most of these programs were either surveillance only techniques newly coupled with treatment or alternatives focusing on offenders with mental health issues. However, for some alternatives to incarceration, recent research is quite promising regarding their ability to reduce recidivism. Diversion practices across offending categories that are comprehensive programs (including surveillance) tailored to individual needs and new programs targeting offenders with co-occurring disorders are new on the horizon and reporting interesting results. Out of all the programs researched and discussed in this paper, only two alternatives to incarceration (both focusing on offenders with substance abuse issues) were designated as effective programs: diversion to community treatment based upon the 13 principles of effective intervention and drug courts. The principles of effective intervention are accepted at such a level that research on programs *not* incorporating these principles is fairly non-existent. And, in the last decade, the overwhelmingly positive results from research on drug courts across the nation have solidified its acceptance as an effective alternative to incarceration.

Barriers

Broad-based changes to any system are often difficult and time-consuming. Part of the frustration stems from barriers to program implementation that can, if not anticipated or addressed, result in the failure to change. A number of barriers pose particular frustration to the establishment of a system-wide practice of using alternatives to incarceration (or intermediate sanctions).

The actual process of sentencing offenders to alternatives to incarceration may be problematic. Even without the structure of traditional sentencing guidelines, sentencing practices in Idaho are not generally fluid. Allowing judges to divert offenders who would otherwise go to prison will probably require changes in state statutes and rules. This may be a lengthy process that will delay the implementation of any new programs.

One barrier that was discussed in many of the studies was net-widening. The sentencing of offenders to a program not originally envisioned for them is called net-widening. As supported by our research, most effective and/or promising programs were created and evaluated for specific offending populations. Programming for substance abusing offenders likely would not be appropriate for offenders with mental health issues or, the research indicated, drug courts appear to be effective, especially for methamphetamine users, but not for alcohol-dependent offenders. The inclusion of inappropriate offenders often reduces the number of appropriate offenders who can participate, increases the proportion of offenders who are unsuccessful, and thus decreases the overall effectiveness of the program. Front-end practices (judges decide who is diverted where) are more likely to suffer from net-widening than back-end practices (corrections decides who is diverted where).

A final barrier concerns readiness. After statutory and rule changes are completed and procedures put in place to reduce net-widening, alternatives to incarceration will not be effective if the system and the community are not ready. There must be enough community treatment programs with available space to accommodate the increase in referrals. The availability of treatment programs may be a barrier to effectively implementing alternatives to incarceration for offenders with substance abuse issues. OJP (2000) reported that treatment programs that were currently available would only service 25% of all people requiring treatment. Turner et al. (2001), in their process evaluation of 14 drug courts nationwide, found that achieving the variety of treatment programs to meet individuals' needs was often hampered by poor funding and lack of information sharing among agencies.

In addition, there must be enough *affordable* community treatment programs with available space. Having the ability to sentence an offender to an alternative program will not be effective if the offender cannot abide by their conditions of release because there are not enough treatment spaces and/or they cannot afford to pay for the available treatment. The offender will simply be in violation of their conditions and possibly committed to the custody of the state. Another aspect of readiness concerns system readiness. Instituting new or expanding current alternatives to incarceration will require expanding personnel. In order to determine who is appropriate for what alternative, risk assessments will need to be conducted. As more offenders are considered for alternatives, more personnel will be required in order to avoid a backlog of offenders. The longer an offender goes unsupervised and untreated, the higher the likelihood that they will re-offend. In the same vein, as more offenders are diverted into community programs, more

probation officers will be needed in order to maintain effective caseloads for supervision. Thus, implementation must not outpace availability and affordability of treatment nor must it outpace the ability of the criminal justice system to provide adequate numbers of personnel to meet the needs of both the offenders and the public.

Future Research

Before the implementation of any new alternatives to incarceration occurs, it would be in the best interest of the State to undertake two important areas of further research. First, prior to deciding whether or not something new should be established, a rigorous evaluation of programming currently offered in Idaho would be warranted. Rather than completely re-inventing the wheel, current programs that demonstrate effectiveness in reducing recidivism after rigorous evaluation should be expanded. Resources for programs not achieving an acceptable level of reductions in re-offending could then be re-directed to either expanding current programs or instituting new ones.

Ancillary to evaluating current programs, but just as important, is a cost-benefit analysis of alternatives to incarceration. Appropriate policy analysis will incorporate a study of what resources will be required to adequately implement and maintain new policies and programs and how that compares to the resources required for incarceration. A cost-benefit analysis can also investigate whether or not the State would be interested in using programs that, while not reducing recidivism, do not increase recidivism. A case may be made that an alternative to incarceration that has the same effect on recidivism as incarceration, but is more cost-effective, may be worth exploring. While evidence suggests that most alternatives to incarceration are cost-effective when compared to housing inmates, this only applies if the criminal justice system diverts only offenders

who would otherwise have been incarcerated. This is an important point as net-widening often involves offenders who would never have been incarcerated and, ultimately dilutes the cost-effectiveness of supporting alternatives to incarceration.

Concluding Statement

According to empirical research conducted over the past decade or more, much of what is currently in use is ineffective at reducing recidivism or its benefits are unknown. But, effective and promising alternatives to incarceration do exist for offenders in general, those with substance abuse issues, mental health issues, and co-occurring disorders. However, prior to implementing any alternative to incarceration barriers must be addressed and further analysis conducted to ensure the best possible outcomes for both offenders and the public at large.

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¹ Sherman et al. (2000) utilized an extensive data collection instrument in creating a picture of the study's strength. Time allowed for the completion of this study was not conducive to the use of that instrument. Therefore, the rankings used in this study rely heavily on design features (pre/post testing, comparison groups, matching of subjects, random assignment, manipulation of the dependent variable).

² Prison-based therapeutic communities were not discussed in this document because the focus, as outlined by ICJC, was on **alternatives** to incarceration. MacKenzie (2000) found that therapeutic communities demonstrated one of the best outcomes for substance abusing offenders. Current research continues to support that conclusion.

³ While the purpose of this paper is to focus on alternatives to incarceration, much of the literature on coerced treatment uses residential facilities, some of which are therapeutic communities involving incarceration. In order to address the topic of coerced treatment and its effectiveness, we felt it necessary to include these studies.