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### Circling the Wagons: A Re-Entry Program for Substance Use in NH

Angela Leigh Walter

*Antioch University of New England*

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Circling the Wagons:  
A Re-Entry Program for Substance Use in NH

by  
Angela L. Walter

B.A. Ohio University, 2014  
M.S. Antioch University New England, 2019

DISSERTATION

Submitted in partial fulfillment of the requirements for the degree of  
Doctor of Psychology in the Department of Clinical Psychology  
at Antioch University New England, 2021

Keene, New Hampshire



Department of Clinical Psychology  
**DISSERTATION COMMITTEE PAGE**

The undersigned have examined the dissertation entitled:

**CIRCLING THE WAGONS:  
A RE-ENTRY PROGRAM FOR SUBSTANCE USE IN NH**

presented on March 26, 2021

by

**Angela L. Walter**

Candidate for the degree of Doctor of Psychology  
and hereby certify that it is accepted\*.

Dissertation Committee Chairperson:  
**Kate Evarts Rice, PsyD**

Dissertation Committee members:  
**Elena Balduzzi, PsyD**  
**Robin Belcher-Timme, PhD**

Accepted by the  
Department of Clinical Psychology Chairperson  
**Vincent Pignatiello, PsyD**  
on **3/26/2021**

\* Signatures are on file with the Registrar's Office at Antioch University New England.

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## **Abstract**

This dissertation aimed to adapt Circles of Support and Accountability (CoSA) to a substance-involved population in New Hampshire (NH). CoSA is a volunteer-based community program that provides accountability and various forms of support to previously incarcerated individuals rejoining the community. Program recommendations were created through qualitative realist thematic analysis of a literature review and interviews. Recommendations were integrated with existing CoSA manuals to create the proposed program. NH CoSA, through the principles of narrative reconstruction, risk-need-responsivity, and the Good Lives Model, aims to help individuals successfully re-integrate into their community over a period of about a year. The program will serve substance-involved individuals in NH county jails, with little pro-social support, who will be released to a NH community. Finally, the limitations of the study design and recommendations for future research are discussed.

This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and Ohio Link ETD Center, <https://etd.ohiolink.edu/edu>

*Keywords:* CoSA, Circles of support and accountability, substance use, community-based program, community justice, incarceration, corrections, program design



## **Circling the Wagons: A Re-Entry Program for Substance Use in NH**

### **Preface**

“Years ago, I recognized my kinship with all living things, and I made up my mind that I was not one bit better than the meanest on the earth. I said then and I say now, that while there is a lower class, I am in it; while there is a criminal element, I am of it; while there is a soul in prison, I am not free.”  
— Eugene V. Debs

The “madness” (Lewis et al., 2001) of psychotherapy is ever present in jails. This madness he refers to is the act of someone embracing change, one which they cannot envision and one that requires losing a part of themselves by trusting a stranger. This is particularly present for incarcerated clients. In my experience, people in jail are understandably hesitant to be vulnerable and trust anyone with their wellbeing. Incarceration punishes vulnerability and encourages individuals to lean on familiar coping mechanisms. It would be much easier for someone to find a distraction and bide their time until they are released. Nevertheless, these individuals reach for help anyway.

I spent my first clinical practicum at a county jail in New Hampshire (NH). I felt this unique setting allowed me to connect with the humanity in my clients. It was a very humbling experience, one in which I understood how these men arrived to where they did, how they felt disconnected from others, and also the significance and insignificance of my role in their lives. While I could provide support and a container for their overwhelming emotions once a week, I could not help them meet all of their physical and emotional needs, like housing and family. For many of the men I met, they were at the end of their rope, a final grasp for help before they returned to their troubled lives in the community. I wanted to do whatever I could do to help these men, even if their journeys were difficult. Thankfully, I was able to spend several weeks with most of my fellow travelers, and those weeks allowed men to re-connect with their families

and engage with community resources. One client was not as lucky. This man inspired the prospective program design.

*Joe* as I refer to him was a hard-working blue collar man in his 40's living in rural NH. Joe had witnessed and experienced horrible events. Eventually, his drinking became problematic and then he progressed to using heroin. Consequences of his actions included losing his license and serving a couple weeks in the county jail. Just enough time to put his apartment and employment in danger. After meeting Joe, I learned about all of his probation requirements. These requirements included mandated therapy, regular meetings with his probation officer, and stable employment. For someone who could not drive, had no close friends, and could not access public transportation, such demands appeared to be insurmountable. As much as I tried to help problem-solve with Joe, I left both of our sessions feeling hopeless. I offered free therapy at my school's clinic but we both knew transportation would be a problem. After our second session, we thought we would have one more meeting before he rejoined the community where we could brainstorm resources or people that he could lean on to help him transition. One week later, I was told by my supervisor that Joe was released and that I should expect a call to the clinic to schedule our first community session. One week after that, I was told that Joe died from an overdose.

There is no way to know exactly why Joe used again; but I strongly believe that he felt scared and hopeless when he rejoined the community. I think he felt unsupported and alone, and thought that he would not be able to remain substance-free and reconnect with his loved ones. If he had met a group of supportive individuals prior to leaving, who promised to help him re-join the community and made an agreement to help him reach his post-release requirements, I think Joe would have had a chance. He would have been given the choice of therapy, employment, and

positive support. I think Joe is someone who would have benefited from a Circle if one was available for someone in his position. Because of this, I proposed creating a Circles of Support and Accountability program in NH for substance-involved individuals.

## Chapter 1: Literature Review

### Rationale

#### *Imprisonment and Recidivism are Prevalent and Costly*

Almost 1% of the adult population in the United States was incarcerated in 2013 (Glaze & Kaeble, 2014). Currently, there are 2.2 million people incarcerated in the United States, the highest incarceration rate of any country. Additionally, around 5% of US citizens have been to a state or federal prison in their lifetime (Bonczar & Beck, 1997). This high incarceration rate creates a large bureaucratic and financial burden, estimated at around \$80 billion a year (Kyckelhahn, 2015).

Substance use-related crimes often coincide with other crimes that negatively impact community safety. For example, in 2006, substances were involved in 78% of violent crimes and 83% of property crimes (Bollinger et al., 2016). Substance involvement can take many forms, such as a crime being the direct result of ingesting drugs, behaviors to help obtain drugs, a consequence of cognitive disorganization, or a consequence inherent to the social system in which drugs are exchanged (Brownstein et al., 2003). More specific examples of substances leading to community instability include domestic violence and vehicular accidents (Brownstein et al., 2003; Silverio-Murillo et al., 2020;).

Recidivism is the tendency for an offender to re-offend. Repeat offending increases the burden of incarceration on society due to the continued cost of crime and incarceration. Alper et al. (2018) found that, of offenders across 30 states released in 2005, 44% were rearrested in the first year and 83% were rearrested within the nine-year follow-up period. A recent study found that decreasing recidivism by only 10% would save around \$635 million in the 41 states included in the study (Pew Center on the States, 2011). The recidivism data are no more promising for

substance offenders. After a period of five years, 76.9% of convicted substance-use state offenders in 30 states released in 2005 returned to prison (Durose et al., 2014). Within the same released state offender population, 25% of re-arrest convictions were related to probation/parole violations and 38% were related to substance use offenses (Durose et al., 2014). The New Hampshire Department of Corrections' (DOC) *Recidivism Study 2014* found that after 3 years, 45% of released individuals returned to prison (NH DOC, 2014). Of those individuals who returned to prison in NH, 89.5% returned due to parole violations (NH DOC, 2014). The most common parole violations of the individuals in NH who returned to prison were failure to report to their parole officer, not meeting living or employment requirements, and substance-involved infractions (NH DOC, 2014).

### ***Circles of Support and Accountability (CoSA) Reduces Recidivism of Sex Offenders***

CoSA is a re-entry program for individuals at a high risk for recidivism. The target population, or core members, are selected based on risk factors such as lack of social support. Two concentric Circles are then created. The inner Circle is comprised of volunteer non-offender community members who will be in direct contact with the member. These volunteers are given training and materials provided by the program coordinator. The volunteers act as a supportive community to whom the core member agrees to be accountable (Elliot et al., 2013). The outer Circle, or the advisory committee, includes professionals involved with the members' re-entry to the community and parole requirements (e.g., mental health clinicians, parole officer, social services). The outer Circle provides advice to the inner Circle while operating within the roles and norms of their profession (Malsch & Duker, 2016). The outer Circle functions as emergency contacts if the inner Circle has concerns about the member's behavior (Malsch & Duker, 2016). The model highly values the free exchange of information between the member and the inner

Circle, and the inner Circle and the advisory committee.

Wilson et al. (2005) used a retrospective quasi-experimental design of 60 sex-offender participants and non-participants to investigate the effectiveness of CoSA for reducing recidivism associated with sexual offenses. Offenders were matched based on supervision status, recidivism risk, length of time at risk, and treatment status. This study found significantly lower rates of sexual (70%), violent (57%), and general recidivism (35%) among the treatment group than the comparison group over a 54-month period (Wilson et al., 2005).

Wilson et al. (2009) used a quasi-experimental design to study the recidivism of offenders either involved or not involved in a Circle. Participants were 44 high-risk sex offenders and a matched comparison group (based on risk, length of time in the community, release date and location, and prior involvement in sex offender treatment). The study revealed an 83% reduction in sexual recidivism, 73% reduction in violent recidivism, and a 71% reduction of all types of crimes for those participants involved in a Circle after three years post-release (Wilson et al., 2009). Wilson et al. (2009) theorized that CoSA's provision of prosocial support mitigated the adverse effects of rejection, loneliness, and social isolation for sexual offenders.

Duwe (2013) used a randomized experimental design to evaluate the cost-benefit and recidivism outcomes of a CoSA adaptation in Minnesota (MnCoSA). The study compared 31 CoSA participants with 31 control group participants. The study authors found 62 offenders who were interested in joining the program; the participants were then randomly assigned to the MnCoSA program or the control group (nonparticipants released to the community) in order to control for offender motivation (Duwe, 2013). They found a statistically significant reduction on three (i.e., rearrest, technical violation revocation, and reincarceration) out of 5 recidivism measures over a period of the 3 years (Duwe, 2013). None of the MnCoSA members was

rearrested for a new sex offense between their release in 2008 and 2011. Additionally, this study found that every \$1 spent on MnCoSA avoided \$1.82 in costs due to reduced recidivism (Duwe, 2013).

Additionally, non-controlled research was completed in the UK (Bates et al., 2007; Bates et al., 2011). Bates et al. (2007) used a qualitative, retroactive case study on 16 high-risk, core members of the Thames Valley CoSA (TVCoSA) between November 2002 and May 2006 using case files and interviews of CoSA staff. The study found no reconvictions of sexual offenses within this time period. Bates et al. (2011) reviewed 60 case files of core members with follow-up periods ranging from 1-84 months, with an average of 36 months. This study focused on criminogenic factors prior to starting the Circles program and continual follow-up, including after the Circles ended. The study found improved emotional well-being for 70% of core members. There was a 50% increase in the core member's engagement in age-appropriate relationships and a 50% increase in support networks.

### ***CoSA has Spread Internationally***

CoSA started 15 years ago in Canada as a grass roots, community-based movement (Wilson et al., 2009). The program was created following the successful integration into a Canadian community of two offenders with risk ratings of 100% probability of violent reoffending within 7 years, according to the Violence Prediction Scheme (Wilson et al., 2009). The two offenders, who previously had long histories of sexual offending, were provided intervention and support from community volunteers and were able to cease offending behaviors and improve their general community functioning (Wilson et al., 2005). Based on the success of these community, grassroots interventions, the Mennonite Central Committee of Ontario (MCCO) implemented a formal pilot project called CoSA which was funded by the Canadian

federal government and facilitated by community volunteers (Wilson et al., 2009). Canadian correctional services chaplaincy assisted with program implementation by providing project guidelines and training manuals through a website. As of 2016, there were 16 Canadian sites running 200 Circles (Malsch & Duker, 2016). In Canada, CoSA is viewed not only as a means to prevent recidivism but also as a way to build community within a faith-driven framework of values. This reflects the double mission state of CoSA: “no more victims” and “no one is disposable,” referring to what CoSA calls those considered by many to be the ‘untouchables,’ or the most marginalized in our society (Malsch & Duker, 2016)

CoSA was established in the United Kingdom (U.K.) in 2008. As of 2016, there were 11 regional projects running 150 Circles. The U.K. approach is more secular, formalized, and “professional” than the original Canadian model (Malsch & Duker, 2016). In 2008, the English model was introduced to Dutch probation, where there were 18 Circles running in 2016 (Malsch & Duker, 2016). The UK and Dutch CoSA models use English materials/protocols and target moderate to high-risk sexual offenders with a high need for social support who are on conditional release. The Circles run for 12 months and the core member is required to attend sex offender therapy and have a relapse prevention plan (Malsch & Duker, 2016).

In the US, CoSA has spread primarily to VT and MN. VT CoSA, managed by the Vermont Department of Corrections (VT DOC), was formed in 2005 using grant funds based on the Correctional Service Canada model. The VT DOC runs 50 Circles per year. Vermont’s program formed with the context of a state policy encouraging restorative justice (28 V.S.A. § 2a). In 2008, the MnCoSA was established within the context of rising action to safeguard against persons with sex offense(s) including the Wetterling Act for Sex Registry, Walsh Act for Location, and using civil commitments to incapacitate dangerous persons with problematic



sexual behaviors (Duwe, 2013). Of note, Susan Wetterling, whose son was the eponym for the Wetterling Act for Sex Registry, has become an expert in sexual violence prevention in Minnesota. Over time, Wetterling has learned how fear-based policies have proven to be ineffective and interfere with someone re-entering society (Wright, 2014). She now advocates for recognizing the humanity of people who have offended and to implement effective policies for successful community integration (Wright, 2014). As such, there was a need to empirically study the effects of the CoSA on sexual offending recidivism.

***CoSA Blends Principles of Narrative Reconstruction, Risk-Need-Responsivity, and the Good Lives Model***

The ultimate goal of CoSA is to encourage both the previously incarcerated person's life satisfaction and desistance from crime. Based on longitudinal and narrative research, desistance is not described as an outcome of treatment but an individual process a person chooses to undergo (Farral & Calverly, 2006). According to Farral and Calverly, being a "desister" from all types of criminal behaviors follows six steps (i.e., imprisonment, community supervision, citizenship and inclusion, victimization and desistance, structuration of place, and structuring capacities of emotions). These six steps would culminate with a formerly incarcerated person deliberately staying away from triggering situations and handling their negative emotion states related to negative aspects of their self-image.

CoSA focuses on desistance as a narrative process; Circles target building human and social capital and encourage the development of a positive narrative identity (Malsch & Duker, 2016). Narratives, aligned with a post-modern constructionist perspective, influence our self-perceptions, beliefs, behaviors, and emotions. By changing their dominant narratives, previously incarcerated persons can shape their lives in a way that feels more consistent with

their desires, increase life satisfaction, and live a more pro-social life (White & Epston, 1990). Building a positive narrative identity is fostered by the Circle providing a safe environment for a coherent integration of the core member's offense history into a narrative that does not lead to exclusion and rejection, as long as the member accepts responsibility and can be held accountable (Malsch & Duker, 2016). Positive narrative reconstruction is supported by offering the Circle member a safe, supportive environment to incorporate their offense history into their narrative without social rejection or exclusion (Malsch & Duker, 2016).

The CoSA model has three primary mechanisms of change: (a) support, (b) monitoring, and (c) accountability. Support is provided by the inner and outer Circles, as described earlier. Monitoring, starting after a working alliance is established, is provided by both the inner and outer Circle and aligns with the core member's relapse prevention plan. Members are encouraged to discuss emotional states and coping strategies with the inner Circle and the inner Circle will confront the core member with symptoms of deterioration. The inner Circle can consult and mobilize the outer Circle within their professional roles if they have concerns about the core member reoffending. This open communication reduces the opportunity for the core member to isolate themselves and engage in problematic behaviors unnoticed (Malsch & Duker, 2016).

CoSA is consistent with risk-need-responsivity (RNR) principles. Formalized by Andrew and Bonta in the 1980s and 1990s, the RNR model has become a common standard for assessing and rehabilitating incarcerated individuals (Blanchette & Brown, 2006). The principle of Risk refers to providing services proportionate with their risk to re-offend. The "Needs" principle refers to matching services in accordance with their identified criminogenic risk/needs. Responsivity is tailoring the services or treatment provided to an individual's abilities, motivations, and strengths (Bonta & Andrews, 2007). CoSA meets the first two principles, risk

and need, by targeting high-risk populations with criminal offenses, particularly those who have a high need for social support. Responsivity is met by carefully selecting volunteers that could work effectively with a given core member (Malsch & Duker, 2016). Volunteers are selected and matched based on the needs of the Circle member (e.g., personality differences, financial limitations, cognitive factors, level of motivation; Looman et al., 2005; Malsch & Duker, 2016).

In line with the Good Lives Model (GLM), CoSA encourages a holistic view of previously incarcerated persons and a focus on individual strengths. This humanistic view is represented by understanding the offenses as a failed attempt to achieve acceptable primary goals and that the process to desistance takes time and often involves relapse. Where RNR can be seen as a deficits-based approach, GLM is a strengths-based approach. Primary goals, or strengths, include a healthy life, knowledge, autonomy, inner peace, friendship, community, spirituality, happiness, and creativity (Thompson & Thomas, 2017). Significant research supports the efficacy of RNR with criminally-convicted persons (Wilson & Yates, 2009). GLM has been found to increased treatment gains and treatment engagement (Wilson & Yates, 2009). RNR and GLM principles could be expected to lead to more lasting desistance for persons adjudicated for sexual offenses when combined with addressing risk and protective factors simultaneously (Wilson & Yates, 2009). Finally, the theory incorporates principles of restorative justice through the member's accountability upon release and encouragement to join their community (Sullivan & Tift, 2005).

Preconditions for the effectiveness of CoSA include selection and training of volunteers, selection of core members (insight into risk factors and offense chain), working alliances between the member, inner Circle, and outer Circle (Malsch & Duker, 2016). It is important to note that this model does not replace the cognitive restructuring or other mental health treatment

found effective for convicted persons (including CBT). Core members are often required to continue treatment as a part of their conditional release (Elliott et al., 2013).

***CoSA Principles are Transferable to Substance-Involved Populations***

CoSA addresses social capital deficits common to sexual offending populations. The same social deficits tend to be present in substance-involved convicted persons, as evidenced by pejorative labels, social alienation, stigmatization, socioeconomic consequences, loss of voting rights, and weakening of pre-incarceration social bonds. Social capital is important for re-entry because it provides opportunities and constraints to normative and non-normative behavior (Rose & Clear, 2003). Furthermore, components of CoSA align with important aspects of substance use treatment, such as peer support, team approaches, practical support, and evidence-based treatment.

Despite normalization of substance use in the 1980s and 1990s, persons convicted of substance-involved offenses continue to experience stigmatization, as evidenced by labels such as “junkie” or “pusher” and more generally, “criminal” (Askew & Salinas, 2018). Dealers are seen as particularly amoral individuals that target ‘vulnerable addicts.’ Stigma is further established through prohibition, political rhetoric, abstinence-based treatment, and the misrepresentation of substance users and dealers in the media (Askew & Salinas, 2018). Individuals with substance use histories are considered “suspect populations” which are composed of marginalized poor who live in disorganized communities. They are alienated from the norms and expectations in a capitalist society (Beckett & Sasson, 2000; Sampson & Groves, 1999). Those who are stigmatized avoid contact with others, stop participating in social functions, and view their neighbors as distrustful (Rose & Clear, 2003).

Financial consequences of incarceration include being denied welfare benefits,

educational loans, public housing, and restriction of employment opportunities (Cooper, 2015). Often, previously incarcerated persons are released with limited financial resources and can only find low paying and unstable jobs (Rose & Clear, 2003). Additionally, these individuals often lose the right to vote upon release. Social capital is further decreased because formerly incarcerated persons cannot function in their civic and social duties.

The experience of incarceration weakens vulnerable social bonds, severing a source of law-abiding behaviors, and thus increasing criminogenic behaviors and further straining prosocial bonds (Sampson & Laub, 2003). Sampson and Laub's theory of informal social control explains how social bonds help reduce offending. Laub, Sampson, and Sweeten (2017) assert that "we recognize that both the social environment and the individual are influenced by the interaction of structures and choice... in other words, we are always embedded in social structures" (pp. 281-282), an issue that applies equally to desistance from offending and recovery from substance use. Cano and colleagues (2017) found that longer periods of residence and reduced barriers to recovery was associated with improved recovery capital. This relationship was mediated by the extent to which residents engaged in meaningful activities. Simply put, meaningful engagement in a community was related to increased recovery capital. These benefits would likely translate to an increase in social capital for a substance-involved population.

CoSA aligns with principles of community-based substance use treatment, such as social support, team-based approaches, responsiveness, encouraging self-efficacy, practical support, and evidence-based treatment. Social support, previously noted as beneficial for individuals with various criminal histories, is particularly helpful for individuals with substance use problems. Social support by non-professional community members is an essential component of CoSA. Substance use treatment often emphasizes building upon prosocial supports, with attention to

connection, acceptance, understanding, and improved communication (Smigelsky et al., 2016; Woodbine, 2016). Peers, particularly those with similar experiences, play a crucial role in many substance use programs by providing informal social support and providing a normalizing experience that professionals often cannot (Humphrey et al., 2017; Kurtz, 1991). Substance use treatment in the community often draws upon team approaches and flexible responsiveness to the needs of the client; both components are embodied by CoSA (Osher et al., 2012; SAMHSA, 2008). CoSA demonstrates responsiveness to client needs by matching a highly involved program to individuals at high risk for re-offense, by building on core member's strengths, and by targeting intra- or inter-personal deficits. Practical support that is flexible and long-term is an important aspect of working with substance use disorders, due to the chronic nature of substance misuse, and is implemented in a stage-based progression by Circles (Taxman & Belenko, 2011). Evidence-based treatments recommended for treating substance use concerns include Cognitive Behavioral Therapy (CBT), motivational interviewing, and family interventions. CoSA programs would delegate psychotherapy to the outer circle, specifically to the core member's own personal mental health clinician (Amodeo et al., 2011; Taxman & Belenko, 2011). Positive impacts on social capital and implementation of components common in substance use treatment would likely translate to a reduction in criminal behaviors.

### ***Community-Based Interventions Promote Desistance***

CoSA focuses on building community relationships. Community-focused interventions have been found to promote desistance for previously incarcerated persons. Released persons who participated in community aftercare had a three-year recidivism rate of 27%, compared to 75% for a group of peers who failed to participate in aftercare treatment services (Wexler et al., 1999). This research is consistent with the “associates” principle, a key principle of desistance

within the psychology of criminal conduct model (Andrew & Bonta, 2010). The “associates” principle posits that antisocial associates, and relative isolation from prosocial individuals, influence a person’s belief system and behaviors. CoSA aligns with the *associates* desistance principle by modeling healthy prosocial behaviors, providing a network of friends, promoting prosocial community actions, and encouraging the use of professional services (McWhinnie et al., 2013). Without formal community programs in place to build upon initial services and treatment, previously incarcerated persons are more likely to relapse when the services and social support dwindle (Listwan et al., 2006).

### ***Available Re-Entry Services Lack the Intensity of CoSA***

Traditional services available nationwide to persons upon re-entry include substance use treatment and social services (Lionheart Foundation, n.d.). These services lack the involvement of prosocial community members, wrap-around intervention, pragmatic social support, and are often short-term. Research indicates that people released from incarceration saw decreased benefit from and are more likely to recidivate when treatment lasts less than three months (Sung et al., 2011). CoSA addresses these deficits through its year-long design, wraparound supports, and embedded prosocial relationships. All of these are expected to decrease recidivism and have better outcomes for previously incarcerated people.

### ***CoSA Has Not Yet Been Adapted to Substance-Involved Populations in NH***

CoSA has reduced recidivism within sexual-offending populations in Canada, the United Kingdom, and Minnesota (Wilson, et al., 2005). Little, however, is known about CoSA might be adapted in New Hampshire and implemented with a substance use offending population. Knowing more about how to implement CoSA in New Hampshire would enhance the options available to a substance-use offending population, decrease recidivism for these persons, thereby

helping to address the endemic of substance use disorders in New Hampshire.

***This Study Will Investigate How to Adapt and Implement CoSA for a Substance Use***

***Offending Population in New Hampshire***

This study addressed the foregoing research gap by investigating how best to adapt and implement CoSA for a substance use offending population in New Hampshire (NH). The main research question is: How can CoSA be adapted and implemented to reduce the recidivism of persons convicted of substance-use offenses in New Hampshire? The sub-questions include:

- What is the need and readiness for CoSA and where is it greatest in NH?
- How should CoSA be adapted to work for this population?
- What resources would be needed to implement CoSA with fidelity in New Hampshire for substance-involved populations?



## Chapter 2: Methods

### *Study Design*

Interviews with NH stakeholders and individuals experienced with CoSA, in addition to a review of available literature and other documents, were conducted to answer the aforementioned research questions. The literature and document review were completed prior to the interviews in order to effectively develop and target the interview protocol to the most pressing information gaps.

### *Data Sources*

**Literature Review.** The literature and document review attempted to answer the questions surrounding what programs currently exist for the target population, why CoSA would be preferable to other alternatives, existing resources that would support CoSA implementation, and adaptations that have previously been made to implement CoSA in the United States. The literature review used “Circles of Support and Accountability” as an initial search phrase in the following databases: PsycINFO, Education Research Complete, and Google Scholar. Other key search terms included “community re-entry;” “substance use offending, New Hampshire;” “substance use programs NH;” “substance use re-entry;” “community-based programs substance use;” and “substance use offense, re-entry.” Additionally, Google search terms began with “substance use programs in New Hampshire” and “community re-entry in New Hampshire.” The inclusion criteria for Google search results included government documents and news releases discussing programs in New Hampshire addressing either substance use or community re-entry for incarcerated persons. I excluded programs focusing on adolescents or primary prevention because they did not immediately inform my program proposal. Additionally, community-based re-entry programs included a wide variety of individual psychotherapeutic treatment,

corrections-based programs, and social support programs. I chose to exclude the aforementioned programs and focus on non-residential and mostly non-professional programs. This decision was based on CoSA being a wraparound community program where core members reside in the community and professional support in only one facet of the overall support provided.

Information was gathered and themes were developed using a realist-oriented thematic analysis across data sets. Realist thematic analysis examines individuals' experiences and assumes a simple, unidirectional relationship between meaning and language; in other words, realist thematic analysis stays at the explicit level of communication and does not deconstruct the language and meaning used by respondents (Braun & Clarke, 2006). Different levels of meaning, such as the meaning gained through a constructivist lens, is not likely to add to the information learned. The information was interpreted in a straightforward manner and used to answer pragmatic questions. The thematic analysis involved summarizing the lessons learned from each data source and searching for themes within and across sources. The themes were then organized into clusters to find a broader meaning and implication for CoSA implementation.

**Verification Procedures.** Research assumptions and biases can influence how data are gathered, analyzed, and interpreted. My research assumptions in this study centered around motivation. I assumed the core member, community, and state-level programs and officials would be supportive of the program. I further assumed at the state-level that there is a financial incentive to decrease substance use re-offending, therefore creating motivation to fund the program. Additionally, I assumed that the core members will want the program's support and that the community is motivated to aid in community re-entry of previously incarcerated individuals in their area. The program design I chose assumed that CoSA can be implemented with fidelity in a population with substance use offenses despite the changes in the intended target or core

member (e.g., decrease in risk to the safety of the community relative to sexual offenses). I used journaling, self-reflection, external audits, and transparency to mitigate these assumptions in conducting my study.

I used journaling to track my decision-making over the course of the study and to reflect on how my biases may have influenced my decisions. Some of the reflection questions I asked myself include: Are the findings grounded in the data? What is the degree of potential research bias? What strategies were used for increasing credibility (e.g., peer review)? External audits, by my advisor and committee members, were used to examine both the process and product of my analyses. My advisor audited my journaling of reflections and decisions, the coding structure I used, and the final interpretations. One committee member reviewed my coding structure and final interpretations. Each committee member reviewed the final analysis and product. Transparency is shown by sharing my decision-making process in the methods and discussion sections. Data transparency is offered by including tables showing how raw data was coded, themed, and clustered.

**Key Informant Interviews.** The interviews elicited information about the need, feasibility, adaptation, challenges, and expertise needed to implement a CoSA program in NH. Participants included administrators and professionals in the VT CoSA program, CoSA researchers, an administrator with the Bureau for Drug and Alcohol Services in NH, and the Deputy Director of Forensic Services with the NH Department of Corrections. Participants from these organizations are considered key informants because they have expertise in implementing CoSA and other programs relevant to the substance use population in NH. Individuals with CoSA experience were recruited through use of published academic literature, community justice centers, and participant referrals. I initially contacted NH stakeholders through the Center for

Excellence, the NH Department of Corrections website, and the NH Bureau for Drug and Alcohol Services website. Through these initial contacts, I was provided referrals who would best be able to answer my interview questions. Inclusion criteria included staff or professionals who participated in the implementation and evaluation of CoSA programs at any point in that program. Inclusion criteria for NH stakeholders included having experience with community re-entry in NH for substance-involved individuals. Seven individuals were interviewed.

I created a semi-structured interview that served as a prompt to gather as much relevant data as possible and allow for flexibility while answering the research questions. Questions included: What were the selection criteria for core members? How were Circle members recruited? What challenges arose during implementation? What challenges arose while the Circles were progressing? How were those challenges addressed? What adaptations have been made to CoSA's from the original Canadian model? How volunteers are recruited, selected, and trained? How does the program create connections with the community? How is CoSA evaluated? The literature review portion of data collection explored more specific information on CoSA theory, structure, and process. To respect the interviewees' time, I chose not to ask questions about CoSA implementation that could be answered in the available literature review and implementation manuals made available by CoSA researchers.

The information analyzed with a realist-oriented thematic analysis resulted in themes across data sets. The thematic analysis began by familiarizing myself with the data, then generating initial codes, searching for themes, reviewing themes, naming themes, and relating the analysis back to the research questions (Braun & Clarke, 2006). The analysis used an inductive approach focusing on answering the research questions. I searched for patterns across the interviews and lumped themes together into clusters. Similar to the document and literature

review analysis, the patterns from the interviews were summarized or interpreted with an attempt to find a broader meaning and implication. I consulted with my advisor and committee member to explore alternative ways to code, cluster, and depict meaning gathered from the interviews. Later, in the narrative discussion of my results, I included excerpt tables showing the research questions, clusters, themes, and codes.

After analyzing the interview data, the two data sources were integrated. During integration, the themes found from both the document review and interviews were compared. Differences across data sources were explored and interpreted. I discussed themes that were discovered in one source of information but not the others. For themes that were discrepant across sources, I made a decision about the data that most fit the context in which I am looking to implement CoSA. For example, if the literature review and the stakeholders in New Hampshire disagreed about the process to seek volunteers for CoSA Circles, then I would make a judgment about which data source is more fitting for implementing CoSA in New Hampshire. If more applicable and transferable, I would choose to integrate the information gained from the stakeholders based on their experience in this context and record this decision in my research decision trail. In other words, I valued local relevance while making these decisions. Local relevance, more so than literature or research rigor, would be expected to heavily influence program feasibility and implementation. In Chapter 3, lessons learned from the analysis were applied to the research questions to inform the program design for the chosen population.

### ***Procedure***

First, I completed a literature and document review using the aforementioned inclusion and exclusion criteria. I coded the data from the literature and document review using codes, themes, and clusters. Then, using information gathered during the literature review, I created a

structured interview. Participants were recruited from the VT CoSA program, published CoSA research, and NH stakeholders' websites. Referrals were used to find more participants. I completed the structured interviews with participants while editing the questions based on information already gathered or information needed. Then, I analyzed the qualitative data from the interview in a similar process to the literature and document review. Data between sources were integrated and compared. Finally, I designed a program based on previous CoSA models, evidence-based programs for community re-entry, evidence-based programs for substance use, and the information gathered in this study.

### **Chapter 3: Information Gathering**

In this section, I share the lessons learned from data collection and analysis. There are examples from individual data sources, and excerpts and themes from the thematic analysis. The final portion of this chapter synthesizes the two main data sources: the literature review and interviews. Appendices A and B exhibit all of the clusters and themes presented in Chapter 2 as a means for research transparency and to provide an overarching structure for the results presented.

#### **Needs Assessment for New Hampshire**

This section includes a brief needs assessment for New Hampshire. The available literature was used to identify resources currently available, the need for re-entry programming, and specific regions where the need is the greatest for the proposed program.

#### ***Services Available in New Hampshire***

The New Hampshire (NH) Department of Corrections addresses substance-related crimes differently than other types of index offenses. In an attempt to address chronic relapses during probation, NH implemented a new approach to give substance-involved individuals shorter, immediate jail sanctions for parole violations. This is different than the typical process, where a positive substance use test takes weeks to result in consequences and those consequences could take weeks to adjudicate (Robidoux, 2015). Quicker sanctions, or more immediate negative feedback for undesirable behaviors, would be expected to improve learning and increase self-control (Sensui, 2016). Particularly for women under the DOC's care, there is a parole enhancement program that provides psychoeducation and homework using a gender-specific curriculum (NH DOC, 2008).

The NH Department of Corrections and NH community corrections provide connections to treatment services as a part of their continuum of care. Substance-involved individuals with

parole/probation are provided case management, individual substance-focused treatment, and community service referrals (Opioid Task Force, 2019). These treatment services include intensive outpatient treatment, residential treatment, and medication-assisted treatment (National Organization of State Health Offices of Rural Health, 2016). Recently, the Manchester and Belknap Counties have implemented a program that extends traditional re-entry services to those with serious and violent index offenses, a population for which it is often difficult to find treatment (Lattimore & Visser, 2009).

Community-based services in NH include peer support and connection with services. Organized peer support resources include Alcoholics Anonymous, Narcotics Anonymous, community clubhouses, and a support phone-line (“warmline;” Granite State Independent Living, 2017). For clients with co-morbid mental illness, Alternative Life Centers can provide peer support and sometimes assistance with transportation (Granite State Independent Living, 2017). To improve access to services, the NH Recovery Hub and first responders, such as emergency medical services (EMS) or firefighters, can help individuals connect with services (Innovation Now Project Team, 2019). It is important to note that there is more access to services in the larger cities, such as the Manchester and Concord regions. Table 1 illustrates the clusters, themes, and codes informing the previous discussion of services available in NH.

### ***Need in NH for Substance-Involved Re-Entry Programming***

Individuals in New Hampshire struggle to connect with community services. For substance-involved individuals, there has been a noted lack of service utilization. A recent report from the NH Center for Excellence (2016b) found that of the 108,000 individuals in NH with a substance use disorder, 80,000 did not receive state-supported services. Regarding community re-entry, the NH Department of Health and Human Services Bureau of Drug and Alcohol



Services (2016) found that there was a lack of coordinated re-entry efforts for those exiting county jail, noting that the transitional program in one county could only service four people.

Re-entry efforts could be improved by the NH DOC or NH Department of Health and Human Services (DHHS) addressing barriers to treatment. Studies in NH cite numerous barriers to accessing treatment, including limited public transportation, expenses related to owning a vehicle, rural isolation, lack of childcare, finances, and lack of insurance (NH Center for Excellence, 2016a; NH DHHS BDAS, 2016). Another issue related to access is the limited healthcare workforce in NH, which leads to waitlists for residential and intensive outpatient programming, along with limited medication options (Opioid Task Force, 2019). Individuals recently released from incarceration have difficulty acquiring Medicaid during the limited window for enrollment. Other gaps include treatment accessibility in rural regions and treatment options for individuals with co-occurring mental illness (NH DHHS BDAS, 2016).

The NH Department of Corrections may need to improve the approaches listed previously. Although NH does currently provide alternative sentencing and drug courts for substance-involved individuals, further changes could be enacted to better address the chronic nature of substance use disorders. A 2010 NH DHHS BDAS report encourages intermediate sanctions for people with parole revocations and access to substance use services, whereas, typically, individuals would not receive services and or fully be admitted to a correctional institution for their revocation (Justice Center, 2010). This approach would be less punitive and more focused on rehabilitation for individuals with probation or parole.

Additionally, it has been recommended for NH to improve its re-entry coordination efforts and to provide targeted services for high-need individuals. The Justice Center (2010) noted a lack of standardized protocols to identify which individuals should be prioritized for

substance-related services.

### ***Regions in NH with the Most Need***

Rural regions are in the most need of programming due to substance use rates and availability of services. The high rates of rural substance use need can be demonstrated by Belknap and Cheshire counties; both counties are far from the capital region (e.g., Concord and Manchester) and have limited access to public transportation. In 2018, Belknap County had the highest suspected drug use resulting in overdose deaths per capita at 4.75 deaths per 10,000 people (NH Information and Analysis Center, 2019). From 2017 to 2018, Cheshire County experienced an 88% increase in their suspected drug overdose death rate per capita, from 2.20 to 4.14 deaths per 10,000 population (NH Information and Analysis Center, 2019). The high rate of substance use overdoses and the NH Center for Excellence needs assessment demonstrate the need for increased services and community engagement in rural regions of the state.

Because this program is designed to meet the need in NH, it is important to consider the difficulty of implementing a program across a largely rural region. In Canadian CoSA Circles, it was found that sites in large geographic areas experienced challenges coordinating services for core members, administering the site, and maintaining clear communication among all stakeholders (Chouinard & Riddick, 2015). These will likely be challenges faced in a NH CoSA program.

An additional challenge for rural programs may include resistance to identifying with and treating a substance use disorder. Studies indicate that rural culture may promote a stance of self-reliance and independence that delay the diagnosis and treatment of substance use disorders (Jain et al., 2015).

## **Evidence-Based Practice for Community Re-Entry Programs**

The following sub-sections explore evidence-based community re-entry programs for individuals who were incarcerated in either prisons or jails in a traditional correctional system. The overall structure, specific core components, and essential treatment are discussed. Ways to evaluate community re-entry programs, including qualitative and quantitative processes, are explored.

### ***Program Structure***

Collaboration between the justice and mental health systems, including during incarceration, would be helpful for successful community reintegration. Several different evidence-based re-entry programs include interdisciplinary teams that provide comprehensive treatment, monitoring, and case management (Lindquist et al., 2015; Osher et al., 2012). Evidence-based practice defined by the Institute of Medicine and other programs includes the integration of multiple systems, or inter-organizational relationships, to improve client outcomes (Seredycz, 2008; Taxman & Belenko, 2011).

An evidence-based re-entry program would benefit from involving members of the criminal justice system, such as correctional officers and other stakeholders, in order to launch and maintain the program. Similar programs recommend engaging stakeholders early, training correctional staff about re-entry, and improving record-keeping to combat staff turnover-related issues (Lindquist et al., 2015; Miller et al., 2017). Although sentencing disparities have lessened over the 20<sup>th</sup> century, there remains racial discrimination in the justice system and these disparities have caused irreparable harm to Americans identifying as a racial minority and their communities (Merkey, 2015). For individual program participants, improving relationships with law enforcement officers can be helpful towards creating post-traumatic growth and restored

connection with the community (Smigelsky et al., 2016; Smigelsky & Neimeyer, 2018). Jails may have a better return on investment. A rural Tennessee re-entry program recommends focusing on treatment in jails because individuals are newer in their “criminal careers” (Miller & Miller, 2016, p. 390). There is a larger number of individuals passing through jails than prison. Individuals entering jails likely have fewer recidivistic risk factors, such as a history of criminal convictions (Miller & Miller, 2016). Thus, because intervention can occur before someone accumulates more risk factors, Miller and Miller (2016) propose that jails are uniquely positioned to alter individuals’ trajectories towards more prosocial paths.

### ***Assessment for Program Inclusion***

Assessment for intake into a re-entry program should be standardized. The Institute of Medicine defines evidence-based practice through the use of standardized assessment for recidivistic risk, substance use, and co-occurring disorders, and the subsequent matching of treatment using those assessments (Taxman & Belenko, 2011). Similar re-entry programs use a combination of static and dynamic risk assessment (e.g., Ohio Risk Assessment Survey, TCU Drug Dependency Scale III, ASAM criteria; Miller & Miller, 2016; Miller et al., 2017; Taxman & Belenko, 2011).

Assessments for program entry should be individualized and consider the individual’s unique strengths and challenges. A core component of several faith-based re-entry programs is the use of individualized plans to provide services based on standardized assessments (Nelson, 2018). Tailored re-entry plans should consider both strengths and challenges for participants (Hunter et al., 2016). Some challenges to consider are classifications that may prohibit access to community services such as sex offense histories, arson histories, pending felony charges, physical or mental conditions that limit participation, and current correctional supervision status

(Grommon et al., 2013).

Programs should consider racial differences in substance use offenses and provide appropriate treatment. For example, due to a history of economic oppression, Black individuals are more likely than their White peers to be convicted for drug sales and are also more likely to suffer from intergenerational poverty (Rosenberg et al., 2017). Thus, appropriate services should focus on poverty alleviation to decrease further substance-related criminal justice interactions (Rosenberg et al., 2017). Conversely, White individuals are more likely to be incarcerated for opiate use, which would precipitate more intensive substance use treatment (Rosenberg et al., 2017).

In addition to the focus on employment and supervision, re-entry services should encourage social support and treatment. It has been found that treatment is more effective than drug court or supervision alone (Griffiths et al., 2007). While employment services have been found to effectively reduce recidivism, programs focusing exclusively on employment assistance have little to no effect on recidivism after one year (Farabee et al., 2014; Seredycz, 2008; Spjeldnes & Goodkind, 2009). Therefore, factors known to reduce recidivism, beyond supervision and employment, should be included in re-entry services. Table 1.1 illustrates the previous cluster's corresponding themes and codes.

### ***Program Process***

Effective community reintegration should begin as early as possible, be comprehensive, and responsive. An important aspect of community re-entry is early, pre-release intervention (Graffam et al., 2004; Lindquist et al., 2015). There is a lack of programs in jails that address community re-entry (Van Dorn et al., 2017). Miller et al. (2017) recommend additional support while individuals are still incarcerated. An important aspect of several re-entry programs is a

hand-off from pre- to post-release case management, which helps participants during a particularly vulnerable part of their transition (Miller & Miller, 2016).

Re-entry programs should be comprehensive to meet the needs of the participant, which includes case management and advocacy (Graffam et al., 2004; Lindquist et al., 2015). Basic living needs are important considerations during the transition to living in the community. Several programs recommend a focus on meeting participants' basic needs to achieve successful community re-entry. These needs include housing, healthcare, transportation, employment, and education (Farabee et al., 2014; Lindquist et al., 2015; Miller et al., 2017; Taxman & Belenko, 2011; Woodbine, 2016). Women re-entering the community tend to require more assistance with childcare and addressing co-occurring mental health disorders (Spjeldnes & Goodkind, 2009). Further, justice-involved individuals and women often have trauma histories and higher rates of adverse childhood experiences (Leitch, 2017). To better meet the needs of the individual, community re-entry programs benefit from implementing trauma-informed practices (please see *Treatment Component* under Evidence-Based Practice for Community Substance Use Programs for more information about trauma-informed care).

Community re-entry services should adopt a flexible yet responsive continuum of care. Evidence-based practice requires the use of pre- and post-release continuing care, which links participants to community resources (Grommon et al., 2013; Lindquist et al., 2015; Miller & Miller, 2016; Miller et al., 2017, Taxman & Belenko, 2011). This notion of community after-care is further supported by findings that limited communication between the justice system and community mental health services decreases the likelihood of successful community reintegration (Griffiths et al., 2007; Van Dorn, et al., 2017). Beyond simply existing, a continuum of care should be responsive to the needs of the participants (Lindquist et al., 2015). Being

responsive through a participants' transition means that ongoing services should be provided when necessary and possible. Successful reintegration is more likely when programs provide lasting assistance (Graffam et al., 2004; Lindquist et al., 2015).

### ***Treatment Component of the Program***

The treatment component of any substance use-focused re-entry program should address criminogenic risks and needs through evidence-based therapies. Evidence-based therapies include cognitive behavioral therapy, motivational interviewing, moral reconnection therapy, seeking safety, and medication-assisted treatment (Miller & Miller, 2016; Miller et al., 2017; Osher et al., 2012; Taxman & Belenko, 2011). These therapies aim to help previously incarcerated individuals create alternative behaviors and thoughts that better align with prosocial norms. To address barriers to re-entry, specific skills should be learned, such as effective problem solving, conflict resolution, and frustration tolerance (Spjeldnes & Goodkind, 2009). Additionally, evidence-based therapies for substance use disorders share several underpinnings, such as being client-focused, being responsive to needs, encouraging self-efficacy, and utilizing a trauma-informed lens (Brown et al., 2015; Casey, et al., 2005; Kadden & Litt, 2011; Najavits, 2002). Responsivity to needs is demonstrated by implementing stage-based changes, utilizing individual strengths, and by targeting interventions to improve upon individual skill deficits (Casey, et al., 2005). Improved self-efficacy is important in substance use-focused re-entry because the client's perceived ability to implement change is a predictor of their future prosocial behavior and abstinence from substances (Kadden & Litt, 2011). Due to the large overlap between individuals with trauma, substance use, and criminal histories, a trauma-informed lens has increasingly become an important component of any substance use-focused re-entry program. Seeking safety, in particular, is a program designed to treat co-occurring substance use

disorders and trauma-related disorders through the use of psychoeducation, CBT interventions, and interpersonal interventions (Brown et al., 2015; Najavits, 2002).

Evidence-based treatment focuses on individual factors, including dual diagnoses and cultural differences. Individualized treatment is strongly encouraged for individuals with serious mental illness and co-occurring substance use disorders (Kesten et al., 2012). Spieldnes and Goodkind (2009) found substance use treatment and mental health services to be important factors reducing recidivism when integrated into a re-entry program. Considering cultural differences remains an important aspect of tailoring interventions to suit the needs of the participants. Lindquist et al. (2015) identified gender-specific therapies as a core component of several re-entry programs. As mentioned previously, women may face different re-entry challenges and a responsive program should consider these needs.

### ***Social Support Within the Program***

Social support is an important factor in substance-focused re-entry programs, including support from someone's community, peers, and family. Osher et al. (2012) and Miller et al. (2017) encourage future programs to build community bonds, beyond connecting with community resources. Both faith-based programs and restorative retelling groups emphasized the importance of connection, group acceptance, understanding, empathy, and improved communication (Smigelsky et al., 2016; Woodbine, 2016). Volunteers are a cost-effective source of social support that can help provide normalization and decrease stigmatization while individuals re-enter the community. Many re-entry programs rely on volunteers as a cost-effective social resource for their participants that can augment positive outcomes (Nelson, 2018; White 2009). Volunteers also benefit through their support to program participants and can function as long-term social support (White, 2009).



Peers, especially those with similar experiences, provide a normalizing experience and a level of understanding that professionals often cannot fully bring (Woodbine, 2016). The use of peers provides an equal counterpart with similar experience navigating the challenges someone faces upon release. Peer recovery supports can help to ameliorate the inequality, perceived invasiveness, role passivity, cost, inconvenience, and social stigma present in a professional working relationship (White, 2009). Forensic Assertive Community Therapy, and several other re-entry programs, includes a peer with lived criminal justice, substance use, or serious mental illness experience (Lindquist et al., 2015; SAMHSA, 2019).

Family serves as an additional social support when these relationships are characterized as positive and nurturing (Miller et al., 2017; Seredycz, 2008). Because weak or negative social supports are key predictors of recidivism, re-entry programs benefit from building on positive, prosocial relationships (Seredycz, 2008; Spieldnes & Goodkind, 2009).

Positive social relationships both require and help to build on personal accountability. Accountability is an important aspect of community re-entry and long-term criminal desistance. Faith-based re-entry programs, restorative retelling groups, and the Delaware County Transition program all use accountability as a mechanism of change (Miller et al., 2017; Smigelsky et al., 2016; Woodbine, 2016). Additionally, accountability to one's recovery process is shown through regular drug testing and the sanctions for defying supervision requirements (SAMHSA, 2019; Taxman & Belenko, 2011).

### ***Evaluation of the Program***

Evaluation of programs may consider qualitative factors (e.g., mental health, attitudes, engagement, and program fidelity) in addition to quantitative factors (e.g., recidivism). Recidivism is an almost-universal measure for re-entry programs, considering the programs'

goals of successful re-entry and desistance from criminal justice interactions. Other ways to evaluate success include mental health-related outcomes, substance use, attitudes towards substances, and community integration (Miller et al., 2016). A program should assess for core components of the program, engagement by the participant, mechanisms of change, and program fidelity (Miller et al., 2016). Additionally, qualitative measures can be used to contextualize the quantitative findings. This may be helpful when exploring why participants disengage from the program early or other program implementation challenges.

### **Evidence-Based Practice for Community Substance Use Programs**

The following section reviews evidence-based practice for community substance use programs. These programs may or may not include individuals who have criminal histories. The structure, process, treatment, social support, and evaluation procedures are reviewed. Table 1.2 displays the following clusters and themes surrounding community substance use programs.

#### ***Program Essentials***

Core components across several programs identify and illuminate effective facets of programs that should be considered for future programs. Core components of community-based substance use focused programs often include a team approach, time-unlimited services, flexibility, crisis services, a risk-need-responsivity approach, evaluation, treatment, community engagement, drug testing, and a continuum of care (Osher et al., 2012; SAMHSA, 2008). Treatment should be evidence-based for a substance-involved population, such as cognitive behavioral therapy, which has a broad range of effective uses (Osher et al., 2012). The National Institute of Corrections encourages alignment with risk-need-responsivity principles in which, broadly stated, more intense services are provided for more severe substance use disorders (Osher et al., 2012).

Identifying access to basic needs is important when determining a person's risk-needs profile. Housing is an important basic need for individuals, particularly those with substance use disorders, and it may be helpful to separate housing services from treatment requirements. Pathways Housing First (PHF) is a program serving individuals with co-morbid mental illness and substance use disorders, which takes a novel approach to provide housing. Pathways Housing First shifts from a traditional model of providing housing contingent on attending treatment towards a model where housing is first and permanent (Tsemberis, 2011). The PHF model expects that a client's psychosocial wellbeing and treatment engagement will improve afterward (Tsemberis, 2011). Greenwood and colleagues (2013) found that PHF reduces homelessness faster and at higher rates than more traditional substance use programs and was associated with longer-term stable housing arrangements. Additionally, consumers spent less time in psychiatric hospitals and the program cost less to administer when compared to traditional substance use community programs (Greenwood et al., 2013).

Community referrals and support are important and, based on the chronic nature of substance misuse, should be flexible and long-term. The National Quality Form standards encourage community support, including probation and parole officers. Probation/parole is often an important source for treatment initiation and encouragement. Supervision strategies, when applicable, should screen individuals, make recommendations to specific programs, and initiate contact by setting up appointments (Taxman & Belenko, 2011). While coordinating with community resources is especially important for a substance-involved population, similarly important is the duration of continued support. Because substance use disorders are chronic conditions, long-term coordinated services are required and should be adapted over time (Taxman & Belenko, 2011). Progress should be monitored and the services should be adapted to

fit the client's needs (Taxman & Belenko, 2011).

Providing financial incentives for continued treatment engagement and meeting therapeutic goals can be a cost-effective intervention. Contingency management is an increasingly popular substance-focused approach that provides financial incentives to individuals who refrain from using substances. In one effective iteration of this program, the financial incentives cost about \$200 per person over 12 weeks (DePhilippis et al., 2018). Contingency management was effective for people with primary stimulant use disorders and showed little or no effect on opioid use disorders (Cochran et al., 2015). Contingency management may interact with CoSA if a core member's probation/parole or mental health professionals decide to utilize this approach towards increasing engagements and motivation. The structure and process of CoSA as a program traditionally does not use financial incentives to reward core members and prefers to focus on internal benefits from continued engagement.

### ***Treatment Component of the Program***

Evidence-based treatment should be a part of substance use programming. The primary outpatient treatments for substance use disorders include motivational interviewing, assertive community treatment, motivational enhancement therapy, contingency management, family focused interventions, adolescent community reinforcement approach, and cognitive-behavioral treatment (Amodeo et al., 2011; Taxman & Belenko, 2011). Adolescent community reinforcement would not apply to the population the proposed program is targeting. Motivational interviewing principles would be utilized by the volunteers and Circle coordinator. The remaining aforementioned approaches could be integrated into CoSA through the core member's mental health professionals.

Trauma-informed care has been increasingly considered as an important aspect of

evidence-based substance use treatment (Levenson & Willis, 2019). Although the original articles addressed in the literature review process did not explicitly identify trauma-informed care as an essential component for treatment, there is a growing body of research identifying trauma as a major influence on the development of substance use disorders and encouraging the implementation of trauma-informed practices in programs and policy (Leitch, 2017; Levenson & Willis, 2019). Trauma-informed care has been a response to the pivotal study denoting the impact of Adverse Childhood Experiences (ACE) on adult health outcomes (Felitti et al., 1998). After identifying the lasting effects and widespread nature of trauma and adverse experiences, researchers and care providers have been strongly encouraging trauma-informed practices to improve awareness, responsiveness, and health outcomes for individuals across settings (Leitch, 2017). Trauma-informed care includes addressing that trauma has a widespread impact on individuals and communities, recognizing signs of trauma in staff and clients, integrating trauma knowledge into policy, and avoiding re-traumatization when possible (Leitch, 2017).

Medication-assisted treatment, if recommended, is best delivered alongside psychosocial interventions. Based on ASAM recommendations, medication-assisted treatment should be made available for individuals with opiate or opioid use dependence (Taxman & Belenko, 2011). Psychosocial treatment should be used in conjunction with pharmacological treatment for opioid use disorders (Kampman & Jarvis, 2015). Psychosocial treatment should include a needs assessment, counseling, family supports, and referrals to community services (Kampman & Jarvis, 2015).

### ***Social Support Within the Program***

Peers play a large role in many substance use community programs by providing non-professional social support and modeling that decreases the shame accompanying stigma.

Many programs have utilized peers in their programs and their involvement has been associated with positive health outcomes and increased connection to the community (Khan et al., 2018; Paterno et al., 2018). Peers trained in motivational interviewing techniques help potential clients accept services that they otherwise may have declined (Khan et al., 2018). Important components of Alcoholics Anonymous (AA) and 12-step facilitation models are peer support, role modeling of successful substance use recovery, direct mentoring, and recovery oversight through sponsorship (Humphrey et al., 2017). Kurtz (1991) notes how anti-professionalism and common language, both of which are intrinsically tied to peer-based facilitation, are important to the appeal of AA. An important role for peer specialists is dispelling stigma and mistrust (Jain et al., 2015). Yalom's notion of "common suffering," speaks to the way peers can connect and engage with each other without the fear of judgment surrounding those shared experiences (Humphrey et al., 2017, p. 2). Shared experiences can go beyond previous substance use histories to include cultural familiarities. Jain and colleagues (2015) assert that, because peers come from the same community as those they work with, their shared background may help reduce the stigma associated with seeking mental health services in small communities. The problem of rural reluctance towards mental health treatment was noted earlier and it seems the use of local peers may be one possible solution.

Peers assisting programs should be given training that includes basic therapeutic skills (e.g., active listening, maintaining boundaries, and coping skills). The authors encourage a balance between comprehensive training and the "natural skills" peers bring (Jain et al., 2015, p. 129). Volunteers are then able to promote these gained and natural skills in the individuals with which they work, thus fostering abstinence, self-efficacy, and psychological well-being (Humphrey et al. 2017).

### ***Evaluation of the Program***

Substance use programs can be measured via many different client outcomes and program focused variables. Client outcomes can be measured through emergency department visits, community services, completion of program, contact frequency, informal support engagement, abstinence, mental health symptoms, employment or education enrollment, criminal justice involvement, family and living stability, psychiatric inpatient visits, and social connectedness (“Performance and Outcome,” 2004). Assertive community treatment is a popular community approach for individuals with substance use disorders. Assertive community treatment program fidelity is measured through caseload size, team effectiveness, staff turnover and capacity, inclusion/exclusion criteria, program time limits, dropout policy, service intensity, individualized treatment plans, assessments for co-occurring disorders, and the role of the client on the team (SAMHSA, 2008). Many of these variables can be used to evaluate a CoSA program.

It is important to not overlook how service utilization may be needed for individuals with complex needs and not seen as a program failure. Substance-use treatment can be a point of access for other necessary social services such as transportation, childcare, mental health treatment, employment, and medical healthcare (Delany et al., 2009). These necessary supports can help to improve a client’s functioning and treatment engagement (Delany et al., 2009). Although substance-use programs aim to decrease service utilization, this simple approach may ignore the complex nature of substance use disorders and the crucial role meeting basic needs has in long-term recovery (Delany et al., 2009).

### **CoSA Implementation**

The following section explores the principles and practices of CoSA programs. The

theories, purpose, goals, structure, implementation, and processes are discussed. These findings will provide a substantial foundation for the resulting program design.

### ***CoSA Theory***

Below are the theoretical foundations for CoSA and the proposed mechanisms of change. As noted, CoSA is theorized to assist core members through spiritual, social, emotional, and behavioral domains. To demonstrate thematic transparency, Table 1.3 provides a brief excerpt of the codes, themes, and clusters for the theoretical foundations of CoSA.

**Religious Founding Principles.** CoSA was created through grassroots action by a Mennonite community. As such, religious principles are a crucial piece of CoSA theory. The important religious founding principles of CoSA include: being agents of healing work, recognizing the humanity of both victim and offender, and acknowledging that love is necessary to heal the community. The initial Circles were centered on the idea of “radical Christian hospitality,” or welcoming and loving strangers without conditions (Mennonite Central Committee of Ontario, 1996, p. 9). Mennonite attitudes towards CoSA members include accepting the core member into an accountable community, one that is safe, healthy, and seeks to prevent further victimization. The original Circles believed that through education, meaningful relationships, and accountability our communities would become safer (Mennonite Central Committee of Ontario, 1996).

**Criminogenic Theories.** Other theories to understand CoSA’s mechanism of change include desistance and self-regulation theories. Integrated desistance theories are essentially internal (e.g., narrative identify change) and external (e.g., employment) transitions that help to fulfill primary goods and improve self-efficacy and agency (Höing et al., 2013). One such external motivator is the role of community in desistance through a deinstitutionalization effect



(Fox, 2013). Broadly, the community provides healthy role models and a sense of belonging, allowing individuals to create a prosocial identity (Fox, 2013). In part, it is due to these relationships with role models that individuals gain self-regulation skills that further help their desistence efforts. Relationships, or attachments, require and motivate regulatory actions (Orehek, 2017). The research further remarked on CoSA implementing principles of risk-need responsivity and the Good Lives Model, which has been stated previously (see CoSA Blends Principles of Narrative Reconstruction, Risk-Need-Responsivity, and the Good Lives Model).

**Community Relations.** CoSA can be framed as a public health intervention or a community intervention that helps more than just the core member. Public health interventions aim to reduce harm through the use of evidence-based methods for the broad majority, rather than interventions focused on specific individuals (e.g., immunization, needle exchange programs; Kemshall, 2008). In regards to working with previously incarcerated individuals, a public health approach would focus on humanizing and integrating, rather than demonizing and isolating, these individuals. CoSA demonstrates a public health model by managing risk while a person is integrating into the community (Armstrong & Wills, 2014).

Beyond managing risk, CoSA provides support and encourages accountability to one's self and the community. Wilson et al. (2009) pronounce that CoSA's positive outcomes are due to the meaningful relationships and sense of belonging that accompany the Circle's intensive monitoring. While individuals integrate into their community, there is a need for support and companionship that CoSA can meet in a way that a "control agent" such as probation services cannot (Fox, 2013, p. 11).

**Social Theories.** Human and social capital are ways to understand what the core members gain during a CoSA. Human capital is the resources available to a person that allows

them to have meaningful social connections and deficits in this capital relate to recidivistic risk (Höing et al., 2013). Human capital interventions include improving social and self-regulation skills and changing cognitive distortions (Höing et al., 2013).

Social capital is the quality of one's social network and their environment (Höing et al., 2013). Höing and colleagues note building social capital as the most prominent effect of CoSA's social surrogate network. Fox asserts that CoSA works because of unpaid, non-professionals and the voluntary nature (similar to that of AA; 2013). Through volunteer social support, core members grow a "sense of obligation" and connection that would be more difficult to obtain within a professional relationship (Fox, 2013, p. 11). It is through this surrogate social network that core members can create their own prosocial network to meet both social and practical needs.

**Individual Factors.** CoSA provides practical support that helps with reintegration requirements. As Wilson and McWhinnie note, "higher-order emotional and psychological needs" are important but cannot be obtained until basic needs are consistently and reliably met (p. 67). As an individual re-enters the community, they will need to find ways to meet their very basic living needs (e.g., housing, employment, food), while simultaneously meeting probation requirements. CoSA provides a key role in helping members fulfill practical obligations during the first phase of reentry. Helping members operate within the conditions of their release, allows a person to settle and eventually concentrate on their desistence efforts and prosocial integration (Fox, 2013).

### ***CoSA in Practice***

**Purpose.** The CoSA mission statement, through the pillars of support and accountability, relies on reducing victims of crimes and not giving up on those who have offended. Despite

changes in the model and secularity, two main components of the mission statement remain the same: “no more victims” and “no one is disposable.” (Höing et al., 2013, p. 268). Wilson and McWhinnie powerfully state that “support without accountability is irresponsible; accountability without support is just mean” (p. 22). Each core member is humanly known and welcomed by their Circles. It is through this warm relationship that the core member is held accountable to themselves, the Circle, and their community.

The goal of CoSA is to support previously incarcerated individuals as they re-enter the community. CoSA attains these goals by providing support, advocacy, and a way to meaningfully, safely integrate into their community (Wilson et al., 2005).

CoSA is designed for individuals with a high risk of recidivating, particularly those with few social supports who can accept some responsibility and be willing participants. Historically, CoSA was first created to address three issues for Canadian prison releasees: high risk for recidivism, being released without supervision, and lack of social capital (Elliott & Zajac, 2015). Although my proposed target population will likely have supervision requirements, the other two issues of risk and social capital will be considered. It is important to consider both static and dynamic risk factors for recidivism. Additionally, a common inclusion criterion for CoSA is little or no prosocial supports in the community (Wilson & McWhinnie, n.d.). Wilson and McWhinnie state that core members need to be high-risk for recidivism, accept some responsibility for their previous and current actions, and be willing to participate.

**Funding.** Because CoSA operates between the community and correctional spheres, it is important to consider where program funding will originate. Whereas Vermont’s (VT) CoSA formed through grassroots action, Minnesota (MN) and European models are government driven. Vermont had existing community justice centers that could absorb CoSA, thus creating a reliable

base for widespread CoSA use in the state (Wilson & McWhinnie, n.d.). Initially, the MN Department of Corrections (MN DOC) implemented MN CoSA in partnership with a nonprofit organization and over time MN DOC became responsible for and ran the MN CoSA (Duwe, 2013).

Although the reasons for funding CoSA often emphasize lowering recidivism and reducing costs, it can be argued that Circles should be funded for moral reasons beyond the legal responsibility of probation/parole services. Because the original core members were no longer under the supervision of the Canadian correctional services, there was no legal responsibility of the government towards their community re-integration. Consequently, the first iteration of Circles by the Mennonite Central Committee of Ontario obtained funding based on the government's moral responsibility to both the community and core members (Wilson et al., 2005). Additionally, for the long-term success of CoSA, the community must accept responsibility for the individuals re-entering their community (Wilson et al., 2008). Wilson and colleagues (2008) note that the community must recognize that through inclusion, individuals who have offended can regain some of their positive roles in the community whereas exclusion may have played a role in a core member's original offending behavior. Because of this notion of community responsibility, community members become the most important stakeholders in the formation of a CoSA program (Wilson et al., 2008).

**Expenses.** Due to the fact that CoSA relies on volunteers, costs mainly pertain to staff salaries, volunteer training, and recruitment efforts (Duwe, 2013). Other expenses include hiring a project coordinator, renting meeting spaces, office supplies, travel expenses, and technology for contact with core members (Wilson et al., 2005). Some of these expenses can be offset by using spaces free for the public to meet (e.g., churches, parks) and by using online resources (e.g.,

training brochures, email).

**Structure.** The structure of CoSA consists of a Circle coordinator, an outer Circle, an inner Circle, and a core member. Coordinators, either full- or part-time employees, work as quasi-case workers and can work either under the department of corrections or a community/research center, depending on the funding source for CoSA (Fox, 2013).

Coordinators are involved in every stage of CoSA, including attending inner Circle meetings or receiving minutes even when no potential warning flags have been raised (Armstrong & Wills, 2014).

The outer Circle, or advisory/steering committee, should include local professionals and stakeholders, such as psychologists, law enforcement, social workers, and correctional officers (Wilson et al., 2005; Wilson et al., 2009). The outer Circle may consider including a victim advocacy representative who could encourage fidelity to the motto of “no more victims” (Wilson & McWhinnie, n.d.).

The inner Circle consists of 3-6 volunteers, the number depending on the regional model and the available pool of volunteers (Armstrong & Wills, 2014; Wilson et al., 2005). The criterion for selecting a core member can vary depending on the program’s intended population and resources. CoSA is suitable for a variety of populations re-entering a community, given that any adaptations to the original model maintain fidelity to the core components and should continue to target individuals at high risk for recidivism (Duwe, 2013). The CoSA model proposed by Wilson & McWhinnie (n.d.) is resilient to variation and includes a fidelity checklist to ensure core components are met.

**Process.** There are different delineations of phases with a Circle depending on the regional model used. U.K. models have two phases, where U.S. and Canadian models typically

have three phases. The U.K. model has an alliance-building phase and then a phase where meetings and demands of the Circle are lessened over time and lasting relationships are not encouraged after the Circle “dissolves” (Armstrong & Wills, 2014). The U.S. and Canadian models are typically depicted in three phases and could last after the “dissolution,” if Circle members form more natural friendships (Wilson et al., 2005; Wilson et al., 2009). Through these three phases, the relationships are akin to friendship and accountability builds over time through openness and honesty (Wilson et al., 2009).

The co-constructed covenant will dictate how Circle conflicts are resolved unless a coordinator needs to intervene. The covenant, or Circle agreement, between the inner Circle and core member clarifies the rules and how conflicts will be resolved (Wilson & McWhinnie, n.d., p. 60). The co-constructed agreement describes how every member is accountable to each other (Wilson & McWhinnie, n.d.).

Core components of the Circle process across adaptations include intra- and inter-Circle processes along with core member internal processes. Intra-Circle processes include medication and advocacy between the Circle and the community, such as assisting a core member in obtaining services and handling local news press (Mennonite Central Committee of Ontario, 1996). Inter-Circle process core components include group development and a Circle’s availability to the core member (e.g., assessment, building, equilibrium, handling group dysfunction; Höing et al., 2013; Mennonite Central Committee of Ontario, 1996). Core member internal processes include coping skills, social development, cognitive distortions, and narrative reconstruction (Höing et al., 2013).

**Volunteer Selection and Training.** Volunteers create the inner Circle within a CoSA. Volunteers commit to meeting with the core member for 12–24 months, depending on the model,

while informal Circles can often extend beyond that period of time (Höing, 2013). In U.S. or Canadian Circles, where informal relationships can develop beyond the formal Circle process, a Circle can last as long as several years (Chouinard & Riddick, 2015). Armstrong and Wills (2014) mentioned a recommendation of two years but set no guidelines for ending times.

The available pool of volunteers is important to consider before determining a pilot location. The initial CoSA pilots used heavily populated cities due to the increased volunteer pool (Duwe, 2013). Wilson and McWhinnie (n.d) recommended first finding volunteers through the town's faith community, similar to the first Circles, however, there are many other good sources of volunteers. Other sources volunteers can include the local volunteer recruitment center, by word-of-mouth; by contacts made during public speaking tours, public forums, or conferences; by attending advanced graduate classes at the local college or university; and by making use of newspaper and electronic media advertisements (Armstrong & Wills, 2014; Duwe, 2013; Wilson & McWhinnie, n.d.).

Volunteers need to be pro-social members of the community and they often are motivated by shared values of social justice and helping vulnerable people (Armstrong & Wills, 2014). CoSA can include individuals with a criminal offense history, with references and extended interviewing to determine their community stability (Wilson & McWhinnie, n.d.). CoSA volunteers must demonstrate a willingness to be honest and open in the Circle and share their attitudes towards others and the justice system (Wilson & McWhinnie, n.d.).

While it is a given that all volunteers should share prosocial, positive characteristics, the inner Circles should be diverse and have different levels of experience with Circles. Volunteers should represent a small community through a balance of gender, age, experiences, and skills (Wilson et al., 2008). Key characteristics for volunteers should include a nonjudgmental attitude,

the belief that people can change, being a good listener, having no agenda or expectations, and having good boundaries (Fox, 2013). It could be helpful to group more experienced volunteers with less experienced ones (Chouinard & Riddick, 2015).

Volunteers need to be thoroughly trained on their role in the Circles and understanding basics about criminal offending (Wilson et al., 2005). Programs differ in how training is provided: through informal or formal means and how long the training lasts. The first step of training is screening and an orientation to the program, which is available for both volunteers and professionals willing to volunteer their expertise (Wilson et al., 2005). In one model, volunteers then received four days of training in four phases (Wilson et al., 2005). Regarding their role in the Circle, volunteers should be trained on the expectations of the Circle members and boundaries to prevent them from becoming overwhelmed (Fox, 2013).

Additionally, volunteer training should include information about burnout and self-care in addition to the support provided by coordinators. People in helping professions, including CoSA staff and volunteers, are often good at empathizing with other's pain. Without appropriate self care, being overly compassionate can lead to emotional and physical pain (Wilson & McWhinnie, n.d.). The authors encourage self-care and debriefing with Circle coordinators for volunteers or others involved with CoSA (Wilson & McWhinnie, n.d.).

**Introduction to the Community.** Because CoSA serves a stigmatized population that can cause community fear, stakeholder support remains vitally important to both implementation and program sustainability. Stakeholders support CoSA because it places community safety at the forefront. Qualitative feedback from professionals and local agency respondents indicated that what they liked the most about CoSA was that it increased offender responsibility and accountability, and that community safety and support are the focus of the project (Wilson et al.,



2005). Results from the community-at-large showed that 68% of respondents from the public reported they would feel safer if they found out that an individual at high risk for sexual offending in their community belonged to a Circle (Wilson et al., 2005). It is important to garner support from local professionals, agencies, and community members to initiate a CoSA program and then a positive feedback Circle will proliferate community support.

**Selection of Core Member.** Appropriate selection of a core member is essential to a successful Circle. Core members are eligible if they are sufficiently motivated, have few social supports, and are willing participants who are at high risk for recidivism and have been released into the target community. Correctional staff are often tasked with screening potential Circle members. In this screening process, correctional staff ask about social support, a primary inclusion criterion for CoSA involvement (Fox, 2013). Motivation is important to assess because CoSA participation is a voluntary activity and dropping out early can be a costly consequence. Individuals who participate must be motivated to not re-offend (Höing et al., 2017). With that said, Fox (2013) found that even CoSA core members with sub-optimal motivation came to appreciate the value of CoSA support after an initial period of ambivalence.

Risk is a core component of selecting participants in a CoSA program, which connects a high level of service utilization to a high-risk population. Minnesota uses previously established correctional risk levels for releasees that include actuarial tools and dynamic risk factors (Duwe, 2013). Vermont includes individuals without sex-related offenses who are at a high risk to recidivate; this is one of the few regions to include individuals without sexual offenses (Fox, 2013). Other criteria for inclusion are an individual's county of release and release date (Duwe, 2013).

An important inclusion criterion is the lack of social support. Individuals proposed for

CoSA involvement must demonstrate a high need for social support (Höing et al., 2017). One exclusion criterion noted in the literature was a high level of antisocial or psychopathic behavior, both of which may limit an individual's ability to benefit from the social support provided and may put the volunteers at a high level of personal risk (Höing et al., 2017).

**Volunteer Duties.** Volunteer activities vary widely. Volunteer activities can include assistance with social services, encouraging treatment and employment, challenging the core member about attitudes/behaviors, mediating conflicts in the community, celebration, and advocacy (Bates et al., 2012; Mennonite Central Committee of Ontario, 1996).

**Common Adaptations.** Common adaptations from the original Canadian model include being more secular, more inclusive of different types of release, and using different funding sources. Since the original pilot, CoSA programs have increasingly become more secular through the use of non-religious volunteer recruitment and more governmental and research bodies (Duwe, 2013). As mentioned previously, Vermont and some other regions have begun to include core members with or without sex-related offenses. Finally, CoSA programs have differed in their funding sources. CoSA in the US, except Vermont, tend to operate under a correctional branch or probation services, and are given government funding or research grants to operate (Elliot et al., 2013).

### ***CoSA Evaluation***

The following section explores the various ways to evaluate CoSA. Ways in which qualitative and quantitative assessment can improve program effectiveness are discussed. Table 1.4 depicts the following section discussing the evaluation of previous CoSA programs.

**What is Success?** It is important to distinguish what “success” means while evaluating CoSA. The goal of CoSA is “no more victims” through the arm of accountability; this means that

a program's success could include a core member being recalled to prison to prevent further victimization (Elliott & Zajac, 2015). Thus, defining success is essential to evaluate a CoSA program. The U.K. Circles defined success as: a core member not sexually recidivating, a core member being appropriately recalled to prison based on the Circle's information gathering, including community members in public protection, having a humane method for safe community reintegration, and proving that a community program could effectively work with statutory agencies (Bates et al., 2011). Members in U.K. Circles could remain in contact with their Circles and rejoin upon release (Wilson et al., 2008). This rejoining supports the notion that being accountable does not mean isolation and abandonment, further supporting the meaningful, accountable relationships CoSA attempts to model (Wilson et al., 2008).

**Quantitative Evaluation.** Recidivism should be studied, in a variety of ways, to demonstrate the effectiveness of the program (Wilson et al., 2009). The measurement of months offense-free in the community would be a better measure than the binary yes/no of typical recidivism studies because this would better measure and describe a high-risk population that has a likelihood of returning to prison (Elliott & Zajac, 2015). This could be measured using a Cox Proportional Hazards Model of measuring until an event occurs, or does not occur (Duwe, 2013). Duwe (2013) studied recidivism data and then performed a cost-benefit analysis of estimated crime savings to program costs. Another study of cost-effectiveness by Chouinard and Riddick (2015) found that \$1 translates to \$4.60 in savings. These analyses help to encourage both consistent program funding and the spreading of CoSA to other regions and populations.

Another way to evaluate CoSA would be to measure the decrease in risk using a standardized recidivism tool and survival analysis. Because CoSA members are initially assessed for their recidivism risk, a study could measure one's risk before a Circle and thereafter. One

study used the Stable-2007 to measure the decrease in risk for core members (Chouinard & Riddick, 2015). It is important to note that the Stable-2007 is sex offense specific and is not applicable to individuals without prior sex offenses. In Canada, a person's risk was measured using the General Statistical Information on Recidivism (GSIR) and could be compared in a similar fashion (Wilson et al., 2009).

It is important to control for differences in how and where CoSA was implemented to improve the validity of the research conclusions. Circle-related variables, such the dosage of CoSA (i.e., whether contact with the Circle is weekly, monthly, annually, and how long those frequencies were in place), the number of volunteers per Circle, and the duration of the Circle should be measured to improve the CoSA knowledge-base (Elliott et al., 2013). It would be beneficial to include some environmental data, such as regional crime rates for sites and information about the institutions from which the Core Members are released (Elliott et al., 2013,).

Quantitative evaluation should control for known factors that increase recidivism rates. Control variables from previous research include age, race, county, prior felonies, prior violent convictions, risk screening tools, length of incarceration, treatment, and supervision type/level (Duwe, 2013). It is important to provide context surrounding these control variables and why these may increase an individual's likelihood to recidivate, beyond the simple label provided, as to not irresponsibly support inequality and social stigma.

**Qualitative Evaluation.** Measuring qualitative aspects helps to inform the theory of change and further improve CoSA implementation (Elliott et al., 2013). Beyond recidivism, it would be helpful to look for other successes of CoSA, such as factors known to influence recidivism or to inform future programming. It would be helpful to include evaluation of other

influences on recidivism, such as housing, employment, risk awareness, social cognition, self esteem, and so forth. (Elliott & Zajac, 2015). Successes other than those related to recidivism should be evaluated. Personal skills, reductions in criminogenic risk, and reductions in reconvictions should be measured to look for program successes that may occur outside of or opposed to recidivism (Elliot et al., 2013).

CoSA projects should evaluate group dynamics (includes reflection questions for the groups with a qualitative tool in the index), recidivism/arrests, the functioning of a core member, cost savings to government, and education to the community (Mennonite Central Committee of Ontario, 1996). Core member variables would need to be included, such as demographic information and psychological data, such as motivation, decision-making skills, and antisocial cognitions to improve the qualitative data from Circles (Elliott et al., 2013).

Several outcomes of CoSA, such as integration into society and social capital, are difficult constructs to evaluate. Chouinard and Riddick (2015) commented on the difficulty of measuring a core member's integration into society. The authors (Höing et al., 2013) noted that future research could measure agency, self-regulation, problem-solving, and social capital, but these would require more in-depth follow-up and have their own construct limitations.

Surveys are a common qualitative and quantitative tool to measure group dynamics, Circle progress, and Circle success. Wilson et al. (2005) and Fox (2013) included questionnaires to sample experiences from a variety of CoSA-involved parties, including core members, Circle volunteers, professionals, and members of the community. These individuals are often able to share best practices and share their personal stories with researchers and the Circle coordinators (Petrina et al., 2015). Survey content varies based on the party but such surveys generally evaluate experiences and attitudes towards CoSA (Wilson et al., 2005). Surveys, which all

include an introduction and informed consent, can be provided by Circle meetings, email, or mail (Wilson et al., 2005).

### ***Barriers to Implementation***

**Circle Creation.** Early program failures can be avoided through program fidelity and proper assessment of Circle members' motivation. Höing and colleagues (2013) encouraged improved volunteer adherence to program integrity and ensuring member motivation to reduce the program dropout rate. Some of the U.K. core members failed very early on due to lack of motivation; it is important to get clear buy-in to start a Circle and not waste volunteer resources (Bates et al., 2012).

It can be challenging to operationalize selection criteria and adapt to the requirements from funding sources. Criteria for selecting core members, such as a lack of social support and a high level of risk, must be operationalized for both program fidelity and research purposes (Elliot et al., 2013). Core members must be selected with an eye towards grant, correctional or probation services program requirements (Chouinard & Riddick, 2015). One such requirement can be community service required by housing support programs, which may or may not help a core member during their initial community re-entry efforts (Fox, 2013). These funding requirements must be balanced with program fidelity and the motivation levels of potential core members (Chouinard & Riddick, 2015).

A core member's mistrust of corrections can be overcome with time and unconditional support from their Circle. Fox (2013) notes that individuals released from incarceration may mistrust correctional systems and may view CoSA as an appendage of corrections based on their initial referral to the CoSA program. Therefore, trust must be built over time and through the demonstration of unconditional support by the Circle volunteers (Fox, 2013).

A frequently cited challenge with CoSA is recruiting and retaining appropriate volunteers, as well as appropriate professionals (Chouinard & Riddick, 2015; Wilson et al., 2005). Initially, volunteers are recruited through religious organizations, however over time volunteers increasingly come from more secular organizations (Wilson et al., 2005). Volunteer retention is a challenge, especially when one considers the amount of time and emotional energy required from a Circle volunteer (Chouinard & Riddick, 2015). Additionally, the volunteers must be appropriately evaluated and adequately motivated to perform the task of working with high risk formerly incarcerated individuals (Wilson et al., 2005). Finally, it can be challenging for professionals in the core member's life to embrace the Circle process and support the inclusion of the core member in volunteers' families (Wilson et al., 2005). Because most core members in traditional CoSA programs have previous sex offense convictions, some professionals have expressed concern that a core member could cross boundaries creating risk for harm to the volunteer and their family.

Volunteer training is very important and needs to be adapted to meet the needs of the volunteers and of the core member with whom they will be working. The authors noted challenges with designing and adapting training materials specific to the diversity of volunteer information needs (e.g., substance use disorders, boundaries, personality disorders; Chouinard & Riddick, 2015).

**Circle Process.** Transparency between the Circles and with the community can be a challenge for the Circle dynamics. CoSA models encourage transparency about the reporting aspects of the volunteers to police and frame the community monitoring as positive community relations and protection. (Wilson et al., 2008). However, it is important to note the potential negative effects on Circle morale if volunteers or a coordinator must breach confidentiality

(Chouinard & Riddick, 2015).

Circle coordinators have a unique and complex role within Circles. Coordinators must strike a balance between providing adequate support to volunteers and allowing them to function independently in their roles (Wilson et al., 2008). Volunteers should feel both competent in their role and not overly dependent on the Circle coordinator to enact their duties, unless of course there is a potential red flag raised by a core member.

**Community.** An initial challenge when implementing CoSA is encouraging communities to take responsibility for the individuals released to their community. The authors (Mennonite Central Committee of Ontario, 1996) discuss how assisting released individuals is helping to prevent further harm rather than only putting out fires with victims (even if both are worthy causes). The authors also place co-responsibility on the person who offended and the community for offending behaviors (Mennonite Central Committee of Ontario, 1996). This is a shift in our current retributive model of criminal responsibility towards a more community-based, public health model of desistance (see pages 39-40).

### ***Recommendations***

**Community.** Recommendations for future programs include expanding the authority and influence of Circles in the community. Fox (2013) recommends obtaining more buy-in from corrections and probation/parole services, which could potentially help with relaxing some supervision requirements. Additionally, Fox (2013) encourages extending Circles to other types of releasees, similar to Vermont's CoSA program with substance-use involved individuals.

**Within the Circle.** There should be as many and as diverse a group of volunteers as possible, given the available pool of volunteers. Recommendations are mixed in regards to how many volunteers are ideal for a successful Circle. Fox (2013) recommends reducing the number



of volunteers to maybe two, due to a low number of available volunteers, thus providing CoSA to more people. However, Armstrong and Wills (2014) recommend using as many volunteers as possible and having diversity with the Circle, which would provide a better quality experience for both core members and volunteers. A compromise between the two extremes would be to compare the number and diversity available in a pool of volunteers to the number of individuals who could benefit from a CoSA Circle. Then, matching as many volunteers as possible within the research-based recommendations of 3–6 volunteers per core member. Volunteer expenses should be covered when possible. Fox (2013) recommends helping the volunteers with Circle-related expenses, such as sharing a lunch with a core member or travel expenses.

Recommendations include having a well-informed coordinator who provides ongoing training. Armstrong and Wills (2014) recommend having a well-trained coordinator who has knowledge about specific types of criminal behaviors and has organizational skills. Additionally, coordinators should provide ongoing training to volunteers, which helps to maintain appropriate boundaries and reduce burnout (Armstrong and Wills, 2014).

## **Interviews**

This section reviews information gathered from interviews with NH stakeholders and experienced CoSA-involved individuals. The NH stakeholders, including a representative from the NH DOC and NH Department of Health and Human Services, provide insight into NH's current re-entry programming, re-entry needs, and common barriers for those re-entering their communities. The CoSA experts, spanning from direct service providers to researchers in the U.S. and abroad, shared their knowledge pertaining to adaptations to the CoSA model, how a Circle is created, common barriers to implementation, and ways to evaluate the program. Table 1.5 illustrates the research questions, clusters, and extracts from interviews with NH

stakeholders.

### *New Hampshire Stakeholders*

#### **Needs Assessment**

*Current Programs.* In the state system, every incarcerated person is assigned a re-entry case manager; however, individuals who go to a halfway house are given more re-entry supports. It is important to distinguish between the state system and county systems within the broader department of corrections. The state system includes the three state prisons located in Concord and Berlin, NH. It is these two regions that are provided state-wide re-entry services. The local houses of corrections in every county engage in programming independently; consequently, services can vary widely between counties. In the state system, there are case managers and counselors responsible for re-entry planning for every person preparing to leave, including assistance with housing, insurances, doctor appointments, and accessing medications. The reentry managers aim to work with individuals **six** months prior to release, however, this rarely happens. Individuals who go to transitional living houses are provided more re-entry supports because they are still under the umbrella of the department of corrections. Re-entry case managers are more engaged in helping persons living in transitional housing to connect with services and provide more follow-up. In the past year, the Bureau of Drug and Alcohol Services (BDAS), under the Department of Health and Human Services, has funded re-entry case managers who specifically work with individuals with substance-use offenses. The BDAS case managers are required to stay in contact with their clients for six months after leaving transitional housing. There seems to be a gap in aftercare for individuals who serve their entire sentence and do not need to live in transitional housing.

Every community has access to the NH resource referral system online (i.e., Doorways)

and a recovery community organization. Doorways is an online resource that connects individuals with healthcare services and peer support networks. Individuals are encouraged to use Doorways by correctional staff and case managers. There is a recovery community organization that provides peer support, medication-assisted treatment, telephone support, and some counseling services. There are 13 recovery community organizations around the state supporting 18 centers.

*Need for More Programming.* Many groups could benefit from non-professional support, however, individuals with substance use and mental health disorders may benefit the most. The interviewees remarked how re-entry programming is typically professionally driven, and how more informal relationships and mentorship could be a uniquely helpful aspect of CoSA. Although virtually everyone re-entering the community could benefit from additional support, individuals with substance use and mental health disorders struggle more with community transition. Individuals with substance use disorders often struggle to adjust to the community, partially because they benefited from the structure of being incarcerated and challenges to criminogenic thinking. The interviewees discussed the importance of structure and prosocial support while someone transitions to the community. Thus, individuals with substance use disorders would gain more from intensive wraparound services and support such as those provided by CoSA.

A consideration for future programs will be the pilot location, whether that is rural or urban and focused on a population exiting jail or prison. A benefit to working in large NH cities with individuals from prison will be the individual's disconnect from antisocial peers and a detriment will be their disconnect from prosocial supports. This disconnect occurs when a person is incarcerated for a longer period of time. Conversely, individuals released from jails may still

be in contact with both anti- and pro-social peers and family. This could be helpful in the sense that the person receives support from people who care about them, and harmful simultaneously, because it is easier to access substances from previous connections and to connect with peers actively using substances.

Larger cities, such as Concord and Nashua, both have the most need and the most resources. These larger cities have the highest rates of recently released individuals re-entering the community and have the highest rates of substance use. More populated regions have the most transitional living and recovery housing.

Although rural areas will face transportation and resource difficulties, programs may have more flexibility in their approach. Individuals in rural communities struggle to connect with healthcare treatment and are expected to travel further to access services, a particular difficulty for individuals who have legal involvement and are barred from having a driver's license. A benefit of piloting a program in rural regions is the flexibility allowed by some counties. Some counties (e.g., Merrimack, Rockingham, Grafton and Warren) have more bureaucratic support and progressive policies that encourage new programming. Compared to larger cities with more bureaucratic challenges, less populated regions operate with more independence and flexibility. An interviewee commented on the progressive policies and re-entry supports in Merrimack, Rockingham, Grafton, and Warren counties. Additionally, Claremont was lauded for providing housing and requiring counseling for substance-involved individuals.

### **Barriers for Substance-Involved Individuals**

*Financial Stressors.* Financial stressors, which can be influenced by stigma, constitute a large barrier to re-entry. Two of the biggest and most immediate challenges for someone reentering the community are housing and employment. This need is further complicated by the

circular nature of needing housing to apply for employment and needing funds to access housing. People can perceive incarcerated and/or substance-involved individuals as detrimental to the community and this discrimination can influence one's ease of accessing basic living needs. Stigmatization occurs when someone re-enters the community and people fail to see their humanity and potential for change. Financial stressors and barriers to accessing basic needs can be a factor leading to a lapse in recovery efforts and potentially returning to incarceration.

*Available Assistance.* Individuals in NH with felony convictions have access to disability benefits and food benefits. Individuals in NH have access to subsidized housing unless there are charges related to sex offenses or methamphetamine production (McCarty et al., 2016). However, an individual can be removed from their subsidized housing if they engage in illegal or problematic substance use or criminal behaviors (McCarty et al., 2016).

*Common Probation Requirements.* Although somewhat individualized, requirements for individuals with substance use offenses typically include requirements to maintain sobriety, not engage with people who have felony convictions, maintain housing and employment, pay fines/fees/restitution, and attend and fulfill treatment requirements. Because individuals cannot engage in activities with peers who have felony convictions, approval must be obtained by their parole/probation officer to participate in recovery programs/centers where this issue may arise.

### ***CoSA Experts***

#### **Adaptations**

*Previous Adaptations.* Vermont successfully implemented CoSA with substance-involved core members and women, in part due to the motivational interviewing and active listening already included in the CoSA approach. Vermont seems to be the only location that uses CoSA for all types of offenses, including substance use offenses, and with women. The interviewees

remarked on how adaptable CoSA is to other populations, given the necessary core components and core member selection mentioned later in the following section.

Canadian and US models encourage more informal and natural friendships, where CoSAs in other countries tend to dissolve Circles formally. The U.K., Australian, Irish, and Catalanian models have stricter boundaries surrounding the role of volunteers. Relationships are more formal and meeting places are typically public spaces. The Circle members do not meet outside of the Circle (e.g., going to a core member/volunteer's house, personal events). Additionally, contact is completed through the Circle coordinator as Circle members do not have each other's personal contact information. The original Canadian model allows Circle members to develop more natural friendships that may last after a Circle has dissolved. The members may meet in private spaces and share personal contact information. Table 1.6 depicts a brief excerpt of themes from interviews with CoSA experts discussing current adaptations to the original CoSA model.

*CoSA Adaptations for Substance Involved Core Members.* A primary focus on adapting CoSA for a substance-involved population is volunteer training. Volunteers will need to be trained with a focus on substance use disorders and boundaries, because substance-involved individuals have different needs and dynamics. Substance-involved individuals have different risk factors than other populations. Additionally, volunteers should be aware of maintenance and medication-assisted treatment to assess the functioning of the core member and if the core member is in a good mental state for Circle meetings (i.e., not overly medicated during meetings).

Alongside a focus on needs, volunteers should be trained on the inter- and intra-personal dynamics common in individuals with substance use disorders. A person with substance use difficulties may have negative views of themselves that they struggle to articulate; volunteers

should be trained in active listening and reflection skills to improve a core member's narrative reconstruction and communication skills. Substance-involved individuals may cross more interpersonal boundaries with Circle members than other populations. Volunteers should have clear boundaries that protect both themselves and the core member.

Circle coordinators provide the initial orientation of volunteers to the CoSA model, including the motto of "no secrets." This motto encourages openness and honesty within the Circle to create the most helpful and accountable space possible. When a core member has substance use problems, coordinators should increase their contact with volunteers to ensure the Circle members are operating within their roles properly and have adequate interpersonal boundaries.

CoSA should work collaboratively with local resources, such as substance abuse treatment and other centers in the community. CoSA, as a community-based intervention, strongly encourages connections with the local community and assisting the core member in creating a prosocial surrogate support network. As such, it is helpful for a burgeoning program to make community connections and connect with available substance use centers and groups. In Vermont, CoSA was hosted by a community justice center and connected with substance use centers, such as Turning Point.

Circles are adapted to fit the core member's needs, making CoSA easily adaptable to other offending populations. Every core member has unique needs and the Circles modify their approach to best meet those needs. Vermont CoSA, through the community justice centers, recruited individuals with prior substance use disorders to volunteer in Circles. As mentioned in the literature review portion, peer support by individuals with prior substance use provides a normalizing and de-stigmatizing experience.

*Redefining Victim and Community Accountability.* The core motto of “no more victims” refers to preventing further sexual victimization by the original CoSA population of individuals with sexual offenses. The meaning behind the motto may shift as other populations are included in Circles. Substance use is different because the main victim is often the core member, although family members and friends may be considered “victims.”

Because the ethos of this motto is future-facing and encouraging of self-improvement, the spirit could remain through accountability and prosocial behaviors. The spirit of CoSA is about accountability and community re-integration. Both of these are considered future oriented; Circles help members become aware of their triggers and work towards living a better life. Although the harm prevented may become more focused on the core member and their immediate social network, the intent behind the motto and the essence of CoSA remain.

### **Circle Creation**

*Core Member Selection.* Core members are referred by parole/probation or community professionals based on their needs and the available resources. The Circle organization and coordinator ultimately determine who becomes a core member. Although CoSA intends to target medium and high-risk individuals, low-risk individuals can participate depending on the available community resources. One such important resource is the pool of available volunteers. As mentioned earlier, CoSA principles align with the risk-need-responsivity principles that matches services to a person’s level of need. A highly intensive program matched to a lower risk individual would lead to poorer returns of investment and may exhaust the valuable resource of volunteers. However, to satisfy the demands of services provided by grant funding and extenuating circumstances, realistically low risk individuals may be included in CoSA.

Standardized risk assessment tools can be used to create a risk level and to screen



potential core members. Some tools that exist for substance use risk include the Ohio Risk Assessment survey, the Michigan Alcohol Screening Test, the Drug Abuse Screening Test-20, the Level of Service Inventory-Revised, and the Level of Service Case Management Inventory. These risk assessment tools can provide an objective measure of relative recidivism risk and identify risk- relevant needs, including for social services.

Inclusion criteria such as repeat offending, emotional stressors, and social support are considered. However, these criteria can be subjective and can include low-risk individuals. Low risk individuals who are struggling and have multiple vulnerabilities, or cumulative risk for recidivism, should be targets for a Circle. Conversely, individuals at high risk for recidivism but have a high level of social support would not be selected for a Circle because they will not benefit from additional social support. Individuals with adequate social support would be excluded from CoSA.

Other exclusion criteria include a lack of motivation and continued violence; individuals with previous violent convictions are not excluded from joining Circles. Primarily, core members must be adequately motivated to participate in a Circle because it is a voluntary program. Continued violence, especially if it is expressed in Circle meetings, would not be tolerated and should be addressed by a Circle coordinator.

*Outer Circle.* The outer Circle, which remains constant across core members, consists of local professionals, including police, advocates, those with expertise about criminal behaviors, social work, and parole/probation. The outer Circle often meets monthly or quarterly to review the core member's and the Circle's progress. The professionals will share information and expertise related to their respective domains. There can be adjuncts to the outer Circle that include the core member's own professionals (e.g., healthcare providers).

Typically, the core member's professionals are not adjuncts. Despite an informal connection, contact between the coordinator and the professionals is encouraged. Interviewees reported that it can be difficult to engage the core member's professionals in the Circle process. These difficulties can stem from the professional's reluctance towards the Circle process or the lack of financial compensation for consultation with the Circle.

Because Circle organizations are often funded or connected with parole/probation services, parole/probation are contacted regularly and can attend Circle meetings. A core member's personal parole/probation officer is more closely tied to the Circle than other professionals. There would be open communication between the Circle and the parole/probation officer, especially if warning signs arise during Circle meetings that may indicate a core member's imminent decompensation. Beyond earlier intervention in decompensation, the existence of a Circle can provide the parole/probation officer with a sense of relief and trust towards the core member. It is reassuring that the core member has other supports and individuals concerned with their best interests.

*Circle Coordinator.* Coordinators will recruit, select, and train volunteers. Initially, they will facilitate Circle meetings; over time they will transition to managing relationship dynamics, evaluation, and support as needed. Because NH and VT vary with post-release resources, a primary function of Circles in NH may need to be assisting the core member with accessing services. Circle coordinators in VT attend almost every meeting. In other regions, CoSA coordinators may attend meetings less frequently and instead acquire detailed meeting notes from the Circle members.

Coordinators are hired by the organization that is hosting the CoSA program. In government-driven programs, the coordinator may be hired by the department of corrections. In

VT, coordinators are hired by the community justice centers. Depending on the size of the program or number of Circles, the coordinator position can be part- or full-time.

*Circle Beginning.* Circle meetings often begin post-release, although ideally, they would begin while the core member is incarcerated. Meeting during a core member's incarceration can help provide support during a vulnerable point of transition. Beginning a Circle prior to a person's release is difficult because the coordinator will have to coordinate with the corrections caseworker and the volunteers, most of whom may not live near the prison. It is even more difficult to coordinate a Circle meeting prior to a core member's release when they are housed out-of-state. The Minnesota model, which originates from the department of corrections, has the best chance of beginning while a person is incarcerated.

*Volunteers.* Depending on the community and current infrastructure, religious communities can be a good resource for recruiting volunteers. In the original Canadian model and some U.S. communities, faith-based associations can provide a great initial core of volunteers. Vermont's infrastructure is facilitative of a CoSA model because its community justice centers have an established network of volunteers. The healthcare sector, universities, media tours, and local meeting spaces are other great sources for quality volunteers. Word of mouth from previous CoSA volunteers becomes a means of recruitment as a program develops.

When selecting volunteers, it is important to consider the necessary characteristics. Volunteers should be mature, aware of the risks involved, and maintain appropriate boundaries. Although universities are a great source for recruitment, students can be naïve on some aspects of working with previously incarcerated individuals. The Circle coordinator should assess for a volunteer's cognizance of potential risks and their ability to create and enforce appropriate boundaries. Another category of volunteers that poses a risk for Circle dysfunction is comprised

of those who have previous problematic substance use. CoSA does not exclude individuals with previous substance use or criminal histories given they meet the other necessary criteria to become a volunteer. An interviewee found that individuals with previous substance use difficulties were more likely to cross boundaries with their core member and, in a few rare instances, simultaneously engaged in substance use with the core member. It was recommended to be mindful of the stage of recovery a volunteer is in and their ability to maintain appropriate boundaries.

Volunteers engage in a variety of activities to support the core member and these activities are to the volunteer's level of comfort. In the Canadian and U.S. CoSA models, where more informal relationships develop, the core member can become more integrated into the lives of their volunteers. This can include outings with family and friends and providing the core members with transportation. The volunteer determines their level of comfort towards contact with their core member in a conversation beforehand and the Circle agreement. The only overarching rules surrounding volunteer-core member contact is the prohibition of gift-giving and romantic connection.

Volunteers can participate in more than one Circle concurrently if they have the time and desire. Some volunteers, such as those who were in helping professions before retirement, participate in more than one Circle at once. There is no policy excluding this; volunteers should be made aware of the time commitment involved with one or more Circles.

### **Barriers to Implementation**

*Volunteer Challenges.* It can be challenging to match up appropriate volunteers for given core members unless there is a large enough pool to select from. Volunteer recruitment is consistently cited as a challenge, both in the interviews and the literature review. Volunteers must

commit to weekly meetings for at least a year; this high level of involvement can deter potential volunteers. However, given that CoSA is a rewarding experience, once individuals join a Circle they tend to remain in the program.

It is important for volunteers to maintain boundaries and remain aware of risks. Mentioned previously, volunteers can sometimes fail to maintain appropriate boundaries (e.g., gift-giving, substance use, romantic relationships) with their core member. Volunteers should be trained thoroughly on proper boundaries and avoiding dysfunctional interpersonal dynamics (i.e., “manipulation”). Additionally, volunteers should be screened for personal struggles that may interfere with their ability to function in the Circle fully. The volunteers should be made aware of general and specific risks related to volunteering with a core member; for example, a core member with a history of violence towards women demonstrates a specific risk towards women volunteers. Conversely, a female core member with a trauma history may face challenges working with male Circle members. The latter example again highlights the importance of trauma-informed care being integrated into CoSA.

*Funding and Resources.* Overcoming community resistance and stigma to obtain consistent funding can be difficult although this can lessen over time. Because CoSA works with a stigmatized and feared population, the community and local professionals can be hesitant to support the program and the core members. Interviewees referenced that there seems to be a fear of change and preference to look for failings of a new, controversial program. This is one reason why research that shows a broad decrease in recidivism is important to the survival of CoSA. Regarding CoSA survival, reliable funding is important and can be endangered due to working with a stigmatized population. In Canada and Vermont, where the program has become established, those initial barriers have decreased.

Despite the program being volunteer-based, there are expenses that require consistent funding. There must be an organizational framework, including the Circle coordinator and physical resources, to maintain a volunteer-based program. Volunteers can also be compensated for their travel and core member related expenses. An interviewee's evaluation found that is cost between \$12–14,000 to run each Circle.

A challenge can be finding local professionals willing to commit to being in the outer Circle for a period of time and providing training to the volunteers and core members, particularly in rural areas. Local professionals, both within and outside of the outer Circle, are requested to donate their expertise and time to train volunteers and core members. This averages around three hours at a public space one a year, not including any time spent traveling. Outside of initial or yearly training, professionals in the outer Circle spend time preparing for training, maintaining their professional competence, and consulting with the inner Circle.

*Dynamics in Rural Areas.* Core members may struggle to re-enter a small community if they gained notoriety or are in close proximity to peers who engage in or enable substance use. Because criminal activities are often shared in local news sources, a CoSA member could have gained some negative attention for their index offenses. It can be difficult to reconstruct a new pro-social identity while facing public disapproval. Additionally, when re-entering a small community, core members will encounter friends and family who are actively using and have access to substances.

*Transportation and Resources in Rural Regions.* Transportation is a common challenge in rural areas, both for core members and volunteers. Rural areas typically lack adequate public transportation. To meet probation/parole demands, a core member needs to have access to transportation. Additional transportation demands are created when a core member must

regularly attend Circle meetings. Volunteers and professionals in Circles may also face difficulties with transportation across large geographic areas. There may be only one substance use expert willing to donate their time in a rural region and, thus, expect to drive hours to provide this service.

Finding quality resources can be more difficult in rural areas, namely substance use treatment and peer support networks. There will be fewer volunteers and professionals in rural regions due to smaller populations. Quality substance use resources, such as healthcare and peer support centers, will be more difficult to access. These difficulties inherent in rural regions do not exclude a CoSA program, but rather, may necessitate such support.

### **Evaluation**

*Circle Effectiveness.* Evaluations of CoSA need to define what success means. A failure would be if the Circle fails to recognize when a core member reoffends. If someone returns to prison based on knowledge acquired by a Circle member that could be framed as a successful use of the monitoring arm of CoSA. A similar dilemma was found in reviewing available literature. Based solely on recidivism studies, someone returning to prison is a failure of a re-entry program. A more complex evaluation process must accompany a CoSA program to fully capture both successful desistance and appropriate recalls to prison.

*Current Research and Future Directions.* Generally, CoSAs are evaluated through recidivism studies and small-scale qualitative data. A researcher in Vermont, who has completed both qualitative and quantitative evaluations of various CoSA programs, aims to perform a randomized control study. Randomized control studies would be helpful though there are ethical concerns with creating a matched sample by withholding an intervention from some individuals.

To maintain funding, there is a need for quantitative data about recidivism and qualitative

data about what works and the needed intervention dosage. Federal grants for re-entry assistance require recidivism studies. Quantitative studies, with recidivism rates and standardized measures related to risk, reinforce the programs' impression that Circles are effective through data that persuade stakeholders. Additionally, to better inform CoSA program development, qualitative studies can help to isolate the mechanisms of change and the necessary elements (e.g., challenging stigma, reducing isolation). Bureaucratic agencies financing CoSA have expressed an interest in quantifying the dosage and scaling of CoSA needed to create positive client outcomes. Identifying the ideal dosage of support would allow coordinators to most efficiently use CoSA resources.

### ***Recommendations for Future Programs***

This section includes recommendations for future substance-involved programs from both NH stakeholders and CoSA experts. The recommendations are delineated into the role of the coordinator, community-level approaches, and the role of CoSA. Table 1.7 illustrates the following clusters and themes.

#### **Coordinator Approach**

Core members should be encouraged to utilize social services and peer support while working towards independence and skill acquisition. Volunteers and coordinators serve as positive role models for core members in practical and interpersonal domains. CoSA could serve a key role in assisting core members with accessing treatment, obtaining housing, engaging with community resources, and refining the skills needed to function independently. However, there should be a balance between assistance and fostering an attitude of over-dependence. The core member should grow more competent over the life of the Circle until its dissolution.



## **Community-Level Changes**

Applying principles of CoSA, or radical community accountability, more broadly, to criminal justice could be revolutionary. Many principles that form CoSA are directly opposed to that of the traditional justice system, including unconditional positive regard and providing support before requiring accountability. This warm, welcoming approach has engaged individuals who the criminal justice system presumed would fail upon release. The program intentionally chose individuals who were at a very high risk to recidivate and achieved so many positive results and successful community re-integrations. Moreover, CoSA shifts the responsibility of criminal behaviors from solely on the shoulders of individuals to a shared responsibility with the community. Every convicted person came from a community and virtually all incarcerated individuals will return to their communities but those same communities do not want to take responsibility for accepting and molding these individuals. It is to the detriment of the whole to ignore people on the fringes of our society. CoSA proposes a radical approach to community-based accountability and social responsibility that could revolutionize our criminal justice system and the health of our communities.

A CoSA adaptation for substance-involved individuals could integrate therapeutic community models. One researcher recommended a CoSA-like program that approximated a therapeutic community model. A therapeutic community, often seen in substance use recovery settings, is a democratic mutually helpful peer group that relies on honesty and accountability to foster long-term recovery. Notably, the community is responsible for all of its members and the members are accountable to the community. This is similar to the previous proposal of reshaping our views towards responsibility and accountability to build more functional and healthy communities.

## **Role of CoSA**

It is important to distinguish CoSA from substance use treatment and to work in conjunction with local resources and peer support centers. It needs to be clear in the program design that CoSA does not replace substance use treatment. CoSA is foremost a re-entry social support system, one that can encourage treatment utilization but does not provide that same service as a treatment professional. Interviewees highly recommended that a substance-use focused CoSA adaptation should work with local community resources (e.g., treatment providers, recovery supports) and utilize peer supports in the inner Circle.

Similarly, it is important to separate CoSA from the department of corrections. Although Circles work closely with corrections and should understand the varied probation requirements, Circles should not feel like an extra hoop in a core member's re-entry requirements. One danger of referring a person to CoSA right when they are released is for CoSA to feel like another required, straining obligation. To overcome this pitfall, there should first be a focus on support and then a focus on accountability can build slowly over time. This support establishes the unique role CoSA performs and the value it can add to a core member's life.

## **Synthesis of Information**

When integrating the literature review and interview data, conflicting themes were identified. Themes related to similar research questions that were noted in one source but not the other are later discussed. I resolved these discrepancies by attempting to integrate both pieces of information, when possible, and determining which information seems most pertinent to creating the following program design. When possible, a potential rationale is provided for the discrepancies.

Services in NH vary depending on release location and housing situation. Interviewees,

unlike the resources available online, were able to identify differences in how services were provided to individuals with substance-related crimes. Notably, the interviewees noted major differences between counties in their available re-entry programming both in and out of jail. Services were more available to individuals who entered transitional housing. Discrepancies between the information sources could be due to the lack of publicly available information about each county's available programming; whereas, NH state prisons provide more accessible information on their state DOC website. Because there seems to be a dearth of services available to individuals released from certain county jails, along with a difficulty accessing services, the proposed program targets individuals released from a county jail.

Interviewees encouraged a focus on individuals with multiple vulnerabilities. Both sources agreed that rural regions would be an important area to focus on, because of the need for increased services and practical support that could be provided by CoSA volunteers. However, interview data identified individuals with co-morbid substance use and mental health disorders as important targets for increased re-entry programming. Although the literature found a need for substance use resources and improved access to treatment in rural areas, it did not note a specific need in NH for justice-involved individuals with mental health and substance use disorders. This is an important factor for determining who is included or excluded as a core member. Given the identified need, the proposed program will target individuals with co-morbid mental health and substance use disorders who also meet the other core criteria (e.g., willingness, motivation, high-risk for recidivism).

Interviewees included more standardized protocols for core member selection. The discrepancy likely occurred because the interviewees were made aware of the proposed substance-involved target population. Published reports and studies used in the literature review

were describing a more traditional CoSA population with sex-related offenses. Standardized protocols will be helpful to persons referring potential core members and to demonstrate a reduction of recidivism risk for CoSA members.

Circle coordinators should strike a balance between advising volunteers and fostering independence. Interviewees with different CoSA experience noted the complexity of the coordinator's role in assisting the volunteers. Both sources of information noted that Circle coordinators should provide adequate support to the volunteers to improve the chances of having a successful Circle. However, interviewees noted that coordinators should encourage volunteers to gain some sense of independence and ability to function well in their roles, without constant oversight or advice from the coordinator. Competent and appropriately independent volunteers will make more efficient use of the coordinator's time, thus allowing for more Circles to be run by that coordinator.

Clarifying the role of CoSA was an important factor in multiple interviews. Based on the interviewees' personal experience with Circle processes and dynamics, CoSA having an easily distinguished role was important. Introducing CoSA as separate from probation requirements and the dynamics that accompany probation officer interactions with their clients is important in establishing the importance of CoSA in a core member's life. The proposed program design will attempt to clarify the role of CoSA in the community and in someone's re-entry plan.

Formality of the model was an important difference between the European CoSA model and the Canadian and Vermont CoSA models. This likely arose because studies were focusing on similar CoSA programs within a geographic area, and the researchers I interviewed were familiar with and commented on differences among broad regions. The formality of CoSA is important for volunteer selection, training, and Circle processes. The proposed program will use a more

informal approach, similar to VT and Canada, which encourages Circle members to meet in public or private spaces (after acquiring trust and clear boundaries) and allows more natural friendships to continue after dissolution.

## **Conclusion**

Findings from a literature review and interviews with experts and NH stakeholders suggest that prominent adaptations for the proposed program include volunteer training, inclusion criteria, integration with community services, shifts in the central motto, and program evaluation. Another important focus was locating a site for the proposed program. Due to the recognized need for support in rural areas, the information gathered was used to understand how to establish and maintain CoSA in a rural environment. The lessons learned in this chapter are integrated into the following program design.

## **Chapter 4: Program Design**

The following chapter presents in detail the design for a community-based re-entry program for individuals with substance offense index offenses. The program, referred to as NH CoSA, integrates information gained from multiple CoSA implementation manuals and interviewees, as synthesized in Chapter 2. The mission, structure, implementation process, and evaluation are described in the following chapter.

### **Mission**

#### ***Purpose***

NH CoSA seeks to reduce the risk for general criminal recidivism for individuals re-joining their communities, consequently improving community safety. The program, through the integration of the principles of narrative reconstruction, risk-need-responsivity, and the Good Lives Model (see CoSA Blends Principles of Narrative Reconstruction, Risk-Need-Responsivity, and the Good Lives Model), seeks to help an individual re-integrate successfully into their communities. Successful re-integration would be demonstrated by creating meaningful connections with peers and community resources, otherwise known as sources of social capital.

#### ***Goals***

The primary goal of NH CoSA is to prevent further victimization of both the participant and their community. This is accomplished through the two pillars of support and accountability. Support is provided by pro-social community peers, consulting professionals, and an administrative organization. The core member becomes accountable to their support network over time. Accountability will be shown through honesty, openness, and taking responsibility for their past and current behaviors. Accountability will be monitored by the inner Circle and the Circle coordinator to ensure the core member is not engaging in problematic behaviors or

increasing their risk for recidivism.

### ***Core Values***

The core values of NH CoSA are recognition of the core member's humanity and possibility, relationships akin to friendship, and community responsibility. Oftentimes, personhood can be overshadowed by the public criticism that accompanies a criminal history. This eclipse can be more present when a person has caused direct harm to someone while battling addiction. It is important to note, when we lose sight of a person's humanity, or demonize them, we fail to hold them accountable. A person completely lost is no longer accountable to their community. To encourage accountability, a necessity of meaningful relationships, NH CoSA aims to recognize the humanity present in every core member and to use person-first language. Person-first language centers the core member's humanity while acknowledging the person's agency.

Relationships between the core member and the inner Circle, otherwise known as volunteers, approach more naturally formed friendships. This is a major distinction between the role of professionals in the core member's re-entry plan and the role of the CoSA volunteers. Professional relationships are traditionally characterized by a one-sided focus on the releasees' actions and their sole responsibility for those actions. In the inner Circle, the process of building trust and being held accountable is slow and gentle, similar to a natural friendship. Both the core member and the volunteers must overcome initial trepidation to engage meaningfully in a Circle. Both parties will be honest, open, and accountable to each other. Through accountability, NH CoSA aims to decrease future victimization, of both the core member and their community.

An important aspect of establishing a CoSA program in NH will be to foster community responsibility for newly returned citizens. Virtually every incarcerated person will return to a

community, but those same communities oftentimes reject these individuals. Ignoring our most in-need citizens, such as those with substance use or criminal histories, harms the entire community. NH CoSA shares the responsibility of criminal behaviors between the core member and the community in which they live. Through community-based support, a person can more fully re-integrate and become truly accountable to themselves and their neighbors.

## **Structure**

### ***Overarching Structure***

NH CoSA will be a government-driven model where the housing agency responsible for running the program is within the NH DOC. The program is comprised of two concentric Circles. The inner Circle contains the core member and volunteers. The outer Circle of professionals provides consultation to the coordinator and volunteers, as well as provides yearly training for the volunteers and core members. The coordinator, beyond their critical role in establishing new Circles, serves as a mediator between and within the Circles. The coordinator and outer Circle will introduce NH CoSA to the local community. The NH CoSA works with local resources to enhance the support provided to individuals rejoining the community; this program is not intended to replace mental health or substance use treatment.

### ***Core Member***

Many people who struggle with substance use and incarceration feel alienated from their family or prosocial friends. Additionally, rejoining the community includes challenges such as no employment, financial difficulties, housing instability, and probation/parole requirements. The target population is comprised of individuals incarcerated in NH county jails, soon to be released to a NH community, with a documented history of substance disorders or substance-related index offense(s). Rural locations will be a particular focus of this program to address the need for



services, transportation, and social support in these regions. This program is not intended for children, adolescents, or individuals with alternative sentences (i.e., drug court). NH CoSA aims specifically to help returning persons meaningfully integrate into their community, perhaps for the first time. For this reason, the primary inclusion criterion for NH CoSA will be someone having little or no prosocial supports in the community. A secondary consideration will be whether the incarcerated person is considered at high risk for recidivism upon rejoining the community. Individuals with co-occurring psychiatric disorders or a history of violence will be considered for inclusion in the program. Exclusion criteria are high levels of antisocial or psychopathic behavior, as evidenced by criminal history, behavior while incarcerated, previous mental health assessments, and interviews with the Circle coordinator.

Core members would be recruited while incarcerated and within a year of their release date. Counselors and release coordinators in the NH DOC will be tasked with identifying potential core members. Initial screening tools will include the Ohio Risk Assessment System (ORAS), the Level of Service Inventory-Revised (LSI-R), and the TCU Drug Dependency Scale-III. Further screening, identification, and orientation to the potential core members will be provided by the Circle coordinator. Additional assessment will include the American Society of Addiction Medicine (ASAM) criteria indicating the most appropriate treatment planning; completing this portion of re-entry and treatment planning with a correctional re-entry counselor would support its efficacy. Based on these assessment tools, the coordinator would be able to approximate the severity of a potential core member's substance use difficulties, their biopsychosocial needs profile, and their level of risk for recidivism. The coordinator then would attempt to evaluate whether someone might be a good fit for a CoSA program, given their current needs/abilities and the available program resources (e.g., volunteers).

After being identified as a good fit for CoSA, a core member would be oriented to the program and engaged in an informed consent process. The coordinator would provide an orientation to CoSA, including a clear distinction from parole/probation services and a clear depiction of the roles and responsibilities within the Circle. The potential core member would be made aware that: the program is completely voluntary, they would need to be meaningfully engaged in the process, they would become accountable to the other Circle members, there are limits to the Circle's confidentiality, and there would be ongoing evaluation and dissemination of information for grant funding and research purposes. The Circle agreement provides both the core member and the inner Circle another opportunity to define the specific roles and expectations within the Circle.

### ***Volunteers***

The volunteers, along with the core member, form the inner Circle. To create the nurturing surrogate network necessary for meaningfully community re-integration, it is important to establish a robust pool of quality volunteers. Ideally, the volunteers would represent a diverse, pro-social group of individuals from the local community. Volunteers would commit to at least one year with their Circle and may serve in more than one Circle concurrently, if they have the time and desire. These individuals will ideally be characterized as having a nonjudgmental attitude, a good listener, and having good boundaries. Volunteer activities include a variety of social and practical support for the core member; these can include assistance with obtaining employment, transportation, and friendly social events outside of scheduled Circle meetings. Because CoSA does not replace mental health or substance use treatment, volunteers may encourage core members to seek treatment when appropriate. Advocating for the core member with the local community or government services is an important volunteer role. Although the

volunteer position is unpaid and part-time, costs associated with assisting the core member (e.g., gas used to transport a core member to a probation office) may be reimbursed by the CoSA program.

Volunteers support the accountability function of CoSA by contacting the coordinator and core member's professionals, when necessary. Volunteers would be expected to contact professionals in the core member's life to prevent decompensation or criminal behaviors, including substance use. It is important to note that relapse commonly occurs when a person is overcoming addiction. With that being said, volunteers will alert the probation officer and/or therapist with their information and it will ultimately be up to the probation officer to determine if the core member needs to return to incarceration. NH CoSA, including the coordinator, would ideally work towards creating a trusting relationship with the criminal justice professionals with a mutual understanding of the process of relapse prevention. This may include some allowances for relapse when a core member is being honest, accountable, and working towards living substance-free. To maintain working relationships within the Circle, the volunteers are expected to openly communicate with the core member about any disclosures they make to law enforcement. The core member would be made aware in the Circle agreement that substance use will be reported to their probation officer and/or therapist.

Volunteers would be recruited, selected, and trained by the Circle coordinator. When a CoSA program is first established, volunteer recruitment requires a major time investment by the coordinator. Volunteers would be recruited through local faith communities, colleges or universities, volunteer agencies, healthcare organizations, and internet-based promotion. Then, volunteers from previous Circles would be welcomed to join new Circles and word-of-mouth would be expected to increase applications by other community members.

The Circle coordinator would determine which volunteers are appropriate for CoSA. The volunteer selection process would consist of an initial application with character references, an interview by the Circle coordinator, and an orientation to the program. The Circle coordinator would be evaluating the potential volunteer's stability, their familiarity with the community, their motivations for joining a Circle, and their awareness of associated risks. With respect to the literature, volunteers need to be stable members within their community, meaning they have lived in the community for two or more years and formed community-based relationships (i.e., faith community, friends, and social groups). Ideally, the volunteers would be aware of local resources related to employment, housing, healthcare, government services, and recreation.

During the interview, the coordinator will solicit a volunteer's motivations to participate in a CoSA. Volunteers would be selected because they are genuinely interested in principles of social justice and helping vulnerable people in their community. To foster positive working alliances, volunteers must hold prosocial values and believe that people can create positive change. A balanced perspective of criminal behaviors, including a reasonable awareness of the risks involved with a Circle, is important for volunteers. Additionally, emotional maturity is a key volunteer characteristic to promote healthy communication and problem-solving within a Circle.

A potential volunteer may have a criminal or substance use history, given certain conditions. The person must demonstrate sustained stability and be willing to be open and honest with the coordinator and the inner Circle about their history. These conditions aim to prevent boundary-crossings or a volunteer creating undue temptation for a core member to recidivate or initiate substance use. If a volunteer meets these conditions and shows strong interpersonal boundaries, they could provide invaluable understanding and empathy to the core member.

Proper training is essential to the long-term success of any Circle and the prevention of burn-out among the volunteers. Volunteer training would occur over a period of three full days and then be conducted annually. The initial phase of volunteer training would include an orientation to the program, with the goals including explanation of the structure, process, and evaluation of CoSA. There will be an initial discussion of criminal offending and an opportunity to dispel some of the common myths related to incarcerated individuals. After this, potential volunteers can decide if they would like to continue training. This functions as another stage of screening an applicant, because some volunteers may decide that they are not a good fit for the unique dynamics within a Circle.

The next stage of training includes education about a variety of factors related to substance use disorders, criminal offending, psychosocial needs, incarceration, community reintegration, and the specifics of engaging in a Circle process. Volunteers will be trained on intra- and inter-personal dynamics common in individuals with substance use disorders. Although a coordinator would be able to provide much of this information, it is recommended for local professionals from the outer Circle to deliver some of the training, especially those related to their areas of expertise. This creates an opportunity for the prospective inner and outer Circle members to meet and begin working relationships. For more information about training volunteers, please see *Circles of Support and Accountability: A Guide to Training Potential Volunteers*, a manual published by the Correctional Services of Canada.

In addition to interpersonal dynamics, volunteers are expected to be sensitive and responsive to various cultural factors. Traditional CoSAs targeted cis-gender men in areas that were majority White and Christian. As CoSA expands to new populations, including individuals with substance use, it is important to consider how gender, sexual orientation, ethnicity, race, and

religion will influence the Circle dynamics. Regarding gender, women and transgender core members will face different challenges re-entering the community than cis-gender men due to various social vulnerabilities and victimization risks. For example, women tend to be the primary childcare providers for their families, and thus, childcare will be an important factor in scheduling meetings and participating in community-based services. Due to CoSA's religious roots, it is also important to consider how moral principles will arise in the Circle. LGBTQ+ core members may be hesitant to join a Circle if they fear judgement and shame around their identities or if the Circle imposes traditional Christian values in a way that seems rejecting. Cultural humility will be important both in Circles with LGBTQ+ members and individuals who identify with a minority race or ethnicity. Volunteers are expected to be open to working with individuals from various cultural backgrounds and express a willingness to discuss cultural factors in the inner Circle and with the Circle coordinator to address any biases/concerns that may arise.

### ***Outer Circle***

The outer Circle, which remains constant across core members, is comprised of local professionals who have experience and knowledge pertaining to criminal behavior, substance use, community resources, and mental health. A reliable outer Circle is important to establish first, before selecting volunteers or core members. The outer Circle will function as an advisory panel that meets monthly, or whenever the need arises, to review the program and current Circles. Topics of review include the core member's progress, the quality of the Circles, and any signs of deterioration. The outer Circle should be comprised of local professionals from the community. In more rural areas, where professionals are likely less available, it would be acceptable to include individuals who are willing to commute to outer Circle meetings or attend

meetings virtually. The professionals volunteer their time and expertise in order to improve the safety and wellbeing of their community. They are not the paid professionals who serve in other capacities with a core member, such as police officers or a core member's mental health clinician. However, contact between the core member's professionals with the Circles or coordinator is encouraged. The outer Circle members utilize their expertise to identify risk factors for recidivism. In special circumstances where a core member has unique needs, additional training or services may be sought.

### ***Coordinator***

The Circle coordinator plays a critical role in the NH CoSA. The coordinator will help to establish CoSA with the local community, forge working relationships with the outer Circle, create the inner Circles, mediate intra- and inter-Circle dynamics, and provide administrative support. Circle coordinators will attend every Circle meeting during the initial phase and may attend the meetings less frequently as the Circles progress. They will be expected to either take meeting notes or obtain notes from the volunteers. Documentation would include the Circle agreement, any crises or indications of deterioration, and any communication to law enforcement or the core member's professionals. A possible job description, created by Wilson and McWhinnie (n.d.), for this full-time position is shared in Appendix C. The coordinator will be hired through the NH DOC and paid by the funds mentioned later in this chapter. The coordinator will become the representative of the program to stakeholders and will report to both the NH DOC and funding sources. As such, choosing the right person is important. Beyond professional and administrative skills similar to those of a project manager, the coordinator must possess knowledge of the criminal justice system and be willing to work with previously incarcerated individuals. They must understand risk, both for recidivism and the risk volunteers

encounter while participating in a Circle. The coordinator will help to identify and manage risk to keep the core members and volunteers as safe as possible. Circle coordinators must strike a balance between adequately supporting the inner Circle volunteers while encouraging role independence. For a more comprehensive orientation to the Circle coordinator position, please see *A Quick Reference Guide for New CoSA Coordinators* by Andrew McWhinnie and Robin Wilson.

### ***Stakeholders***

The stakeholders invested in the success of CoSA include the broad targeted community in addition to groups with direct ties to implementing the program. Direct stakeholders include the grant funding source, the NH Department of Corrections, social services, the healthcare sector, and the inner and outer Circles. Other community members have an indirect interest in CoSA, perhaps without their knowledge, due to the core member's influence on and engagement with those around them. The broader community would include friends, family, neighbors, government and private community organizations, employers, and housing services. Stakeholders, whether direct or indirect, should be engaged as early as possible to ensure the long-term success of a CoSA program.

### **Implementation**

**Community Engagement.** CoSA aims to meaningfully integrate core members into their community. In order to achieve this goal, one of the first steps in implementing NH CoSA is establishing strong connections with community stakeholders. Some of the first connections would be with local corrections staff and administration, police officers, and probation/parole officers. These will be the individuals who need to invite CoSA into their current system and will be integral to introducing the program to prospective core members. Next, a funding source



would be identified and a grant application completed. One grant will be proposed as a potential funding source, after which the expenses of the proposed program will be explored as they relate to that grant. This will provide one example of how funding could be applied to serve the expenses of a NH CoSA. Local professionals, such as those who may be invited to join the advisory committee, would need to be engaged next. Once there is an administrative foundation for CoSA (i.e., funding source, NH DOC involvement, Circle coordinator) and an outer Circle has been established, a volunteer recruitment strategy can begin. The Circle coordinator would connect with local resources, such as the Alternative Life Centers or the NH Center for Excellence, to establish positive working relationships. Finally, once all of these components have been selected, the screening and selection of core members can begin.

**Funding.** The proposed program could be funded by a \$500,000 grant by the Bureau of Justice Assistance (BJA), operating under the Office of Justice Programs, within the U.S. Department of Justice (DOJ). The BJA put out a call for applications of programs that could address criminogenic risks and needs through comprehensive case management and collaboration between community, law enforcement, and other reentry stakeholders (US DOJ, BJA, 2020). The funding source provides \$500,000 to re-entry programs which assist at least 75 recently released individuals to reintegrate into the community. NH CoSA is an appropriate candidate for this funding source because it leverages available resources, including the local justice system and community volunteers, to provide a network of support with a relatively small administrative framework (e.g., Circle coordinator). The grant directly identifies that funds can be used to support programs that engage peer support.

**Expenses.** While NH CoSA is provided to core members at no charge, funding is needed to hire Circle coordinators, train volunteers, provide educational materials, and reimburse

volunteers' out-of-pocket expenses. The following is a summary of the intended expenses. In order to meet the grant requirement of servicing 75 core members, NH CoSA will hire five Circle coordinators at a salary of \$55,000. These coordinators will be expected to oversee 15 Circles and provide trainings annually. The Circle coordinators will be compensated for their mileage at a rate of \$0.60 per mile with an estimated 200 miles per week. There will be an estimated 365 volunteers or around four to five volunteers per core member. There will be a primary investigator hired to evaluate the program. The primary investigator will be hired part time to complete the evaluation for a total of \$9,000, or \$28 an hour for 6 hours a week. A supervisor within the NH DOC will be recruited to spend 4 hours a week, for a total of \$7,000, supervising the program and will be tasked with hiring the Circle coordinators. Training materials for the inner and outer Circles and professional training for the Circle coordinator have been estimated at \$3,750 and \$6,000 respectively. Benefits, including payroll taxes and health/life/dental insurance, have been estimated at 10% of total salaries. Finally, program support and indirect charges (e.g., human resources) have been estimated at a rate of 15% of the total expenses. In total, in this example, \$492,780.75 has been budgeted from the original \$500,000 funding source. Appendix D provides a visual accounting of the proposed expenditures.

**Circle Agreement.** A Circle agreement, referred to as a covenant in CoSA manuals (see Wilson & McWhinnie, n.d.; Mennonite Central Committee of Ontario, 1996), defines clear roles, rules, and boundaries within the developing Circle. This document creates intentional relationships that require honesty and accountability to one another. The co-constructed agreement describes the Circle's decision-making process and, particularly, the conflict resolution process. Decisions will be made by Circle consensus, when possible. In accordance

with the CoSA model, Circle dynamics will aim to achieve open communication, honesty, trust, and safety. If a Circle is not running as it should or when conflict arises, the Circle agreement provides a structure with which members can resolve the conflict or identify available remedies. The agreement is a key point in the Circle creation where working alliances are developed. This is the moment for Circle members to set their boundaries and expectations to which they will later be held accountable.

The Circle agreement is not a legally enforceable document. This document will, however, identify how the Circle will address legal complications if they arise. This can include a core member's disclosure of criminal behaviors that violate their probation requirements, which will be subsequently reported to their probation officer. The document allows the core member to fully appreciate the role of CoSA in holding them accountable and that accountability may include being recalled to prison.

It is important to note that the Circle agreement can take a couple of meetings to finalize. The document would ideally be completed before a core member rejoins the community. There are foreseeable circumstances where this cannot be completed and thus a Circle would complete the document relatively quickly to establish the rules governing their meetings and relationships. The agreement includes key aspects such as: commitment to support the core member's goals and re-integration, confidentiality with limitations (e.g., harm to self/others, breach of probation, criminal behavior, risk towards a child or vulnerable person, relapse into problematic behaviors), description of the process of breaching confidentiality, day/time/location of meetings, and a commitment to honesty and accountability (Wilson & McWhinnie, n.d.). The document would aim to be individualized and include interpersonal boundaries, especially related to the specific risks associated with a core member's past behaviors. For example, if a core member has

engaged in violence towards others there could be a rule requiring at least two volunteers be present during any Circle meeting. The Circle agreement is a flexible document and can change over time as the need arises.

**Circle Evolution.** The CoSA process will evolve in relation to the needs of the core member. First, the Circle members would meet and document their goals, expectations, and boundaries in the Circle agreement. The beginning phase, where the Circle will meet at least once weekly, will focus on helping the core member acquire basic needs (e.g., housing, food, clothing, security, transportation). These basic needs will require both short- and long-term solutions. For example, the core member may need help accessing a local food bank and then applying for government food assistance. This initial phase allows ample time for the Circle members to build working alliances and develop those more natural friendly connections. The volunteers will be responsible for assisting the core member address initial barriers to re-entry and responsible for modeling appropriate behaviors, coping skills, and relationship skills. If this program is implemented, the Circle meetings will be frequent, regular, and conducted in a neutral community space (i.e., church or community center).

Upon achieving a level of connection and trust, the Circle can progress. As the Circle advances into the second phase, there will be an increased focus on “higher-order emotional and psychological needs” (Wilson & McWhinnie, n.d., p. 67). The Circle will discuss the core member’s behaviors, thoughts, goals, new skills, and community involvement. Accountability from the core member to the volunteers will become a more predominant focus. The second phase will commonly encompass moments of celebration and disapproval, when appropriate. Volunteers should be “firm but fair” while delivering reinforcement to the core member (Wilson & McWhinnie, n.d., p. 70). As trust builds and the Circle member becomes adjusted to their new

environment, Circle meetings may decrease in frequency and formality. For example, the core member may begin to meet every other week with one or two of the volunteers at a local coffee shop. While formal Circle meetings should still occur, they may become monthly rather than weekly. The frequency of meetings should be discussed during a formal Circle meeting.

Finally, the Circle will begin the third and final phase. Around one or two years, the formal Circle transitions into a less formal process. In this phase, formal Circle meetings would decrease in frequency, given that the core member would have been successful in rejoining the community. The ending of a Circle should be discussed in a formal Circle meeting and include consultation with the Circle coordinator and outer Circle. After the dissolution of a Circle, volunteers and core members may continue their informal, friendly gatherings.

If a core member has been remanded to custody, the Circle can decide if they would like to continue meeting with the core member, pause the Circle meetings until the core member's release, or dissolve the Circle permanently. This decision will be influenced by the Circle's connections and the expected length of incarceration. A Circle could dissolve if a core member decides they no longer wish to be involved with their Circle. The Circle may attempt to discuss this decision with the core member and request a formal Circle meeting occur, but ultimately the core member's agency is to be respected.

## **Evaluation**

Success in NH CoSA will be demonstrated by a core member successfully re-entering the community, or appropriately being remanded back to prison. Ideally, core members will show successful community re-entry by not engaging in criminal behaviors, not engaging in problematic substance use, engaging with community and government services, obtaining housing, and being employed or continuing training/classes. If a core member engages in

criminal behaviors and is remanded to prison due to a report by the Circle members, this would represent a success of the accountability arm of the CoSA model. Failures of NH CoSA would include a core member engaging in criminal behaviors and remaining in the community or a Circle dissolving early.

NH CoSA will be evaluated using recidivism data, cost-benefit analysis, needs profiles, and qualitative data. Recidivism will be defined as any convictions for crimes that occur after a Circle has begun. Statistic controls for quantitative data analysis (i.e., recidivism) include the dosage of CoSA (i.e., frequency of meetings), number of volunteers per Circle, the duration of the Circle, and factors known to decrease recidivism (e.g., county, prior felonies, length of incarceration, treatment). A cost-benefit analysis will be performed by comparing general recidivism data to actual core member recidivism to estimate the cost savings to the government, criminal justice, and community. Another source of evaluation will be comparing the needs profile of a core member pre-CoSA to their needs post-CoSA, as it is hypothesized that core members will be successful in obtaining their basic needs through the assistance of the inner and outer Circles. Finally, surveys will be used to study the quality of Circle relationships, reasons for success or failures, and what the Circle members have gained during the process. Surveys will also be obtained from correctional staff and community organizations to evaluate NH CoSA service utilization and professional relationships. Appendix E includes a fidelity checklist, shared by CoSA researchers that could be used by the primary investigator to determine if the initial pilot program has remained consistent with CoSA principles and recommendations from previous research. The fidelity checklist was shared in its original form; some items will not apply to a substance use-focused CoSA program and some content is labeled differently than in this design (i.e., covenant and Circle agreement).

## **Chapter 5: Discussion**

### **Aim**

This project aimed to answer how a CoSA program could be adapted to a NH substance-involved population. Themes from literature reviews and interviews were then analyzed with a goal of creating synthesized recommendations for the proposed program. These recommendations were integrated with the available manuals and literature explaining how to establish a CoSA program.

### **Key Findings**

#### ***Needs Assessment for NH***

Although NH DOC approaches substance-involved charges differently than other index offenses, this project found a need for improved and expanded re-entry programming for substance-involved individuals. There is a variety of prison- and community-based services available in NH, including case management, AA/NA, community clubhouses, an online referral network (e.g., Doorways), and support phone-lines. However, individuals in NH struggle to connect with services as evidenced by a lack of service utilization. Several barriers to services include public transportation, rural isolation, childcare, finances, limited healthcare workforce, and insurance. Rural areas, where people have compounded difficulties accessing services, are a particularly important target for re-entry programming. While administrators of a pilot program in a rural area may struggle to access resources, there may be more flexibility in their approach and implementation.

#### ***Evidence-Based Practice for Community Re-Entry Programs***

An evidence-based re-entry program would benefit from collaboration between the justice and mental health systems. Collaboration beginning while someone is incarcerated,

especially in county jails, could provide a better return on investment. The earlier an intervention is implemented, the higher likelihood a person has of successfully re-integrating into their community.

A balance between a standardized and individualized intake process would provide the best use of services and ensure that the program aligns with the principles of Risk-Need Responsivity (RNR). Standardized assessment can include known static and dynamic risk factors for recidivism. Individual factors (e.g., strengths/challenges, motivation, supervision status, substance use history) help to predict an individual's suitability for CoSA and to match the person with complementary volunteers. Additionally, crafting an individualized re-entry plan (i.e., mental health services, employment assistance) is a component of evidence-based re-entry programming. Justice- or substance-involved individuals often struggle with finances, accessing services, and navigating probation requirements. These would be important targets for an effective re-entry program.

The treatment component of a substance-focused re-entry program is most effective when it addresses criminogenic risks and needs through evidence-based therapies. Treatment aims to reduce criminogenic risk through skill building and encouraging more prosocial behaviors and attitudes. These evidence-based therapies, similar to the intake process, address individualized factors such as cultural differences and dual diagnoses.

Whether from friends, family, or peers, social support is an important factor of re-entry programming. Building community bonds and prosocial relationships assist in one's meaningful re-integration into their community. Volunteers are a cost-effective source of social support. Volunteers, particularly those with similar experiences, provide normalization of the individual's struggles and can provide a level of understanding that professionals may not be able to bring.



Accountability, a core principle of CoSA, is required in positive social relationships and promotes long-term criminal desistance.

Re-entry programs typically consider quantitative factors, primarily differences in recidivism. Qualitative factors, such as mental health, attitudes towards treatment, and program fidelity, also serve as marks of a successful program. Qualitative factors can provide context to the quantitative findings and can help explore program implementation or retention challenges.

### ***Evidence-Based Practice for Community Substance Use Programs***

Community-based substance use programs share several core components including a team approach, time-unlimited services, flexibility, crisis services, a risk-need-responsivity approach, evaluation, treatment, community engagement, drug testing, and a continuum of care. A responsive program identifies and addresses basic needs, such as housing or employment. Based on the chronic nature of substance misuse, community programs are ideally flexible and long-term. Consistent with re-entry programming, community-based substance programs utilize evidence-based treatments (e.g., motivational enhancement therapy, CBT, MAT). Evaluation of community-based substance use programs include a variety of client outcome and program focused variables, such as client service utilization, program completion, abstinence, mental health, individualization of treatment, and program fidelity.

### ***CoSA Adaptations***

As CoSA has spread internationally, adaptations from the Canadian model emerged, such as being more secular, including individuals with various index offenses, Circle formality, and using different funding sources. Vermont has successfully implemented CoSA with both substance-involved core members and women. Where the UK Circle relationships are more formal and tend to terminate after a Circle dissolves, the US and Canadian models encourage the

development of more informal and natural friendships. The interviewees expressed how easily the CoSA model lends itself to adaptation due its focus on meeting each individual core members' needs. Inclusion of the core member as a victim, to whom harm should be prevented, is one adaptation this project design made to the primary CoSA principle of no more harm.

### ***CoSA Implementation***

Several theories were explored to better understand the primary principles underlying CoSA. These theories include religious principles of radical community love, criminogenic needs and risk, community connection, social capital, and the hierarchy of human needs. CoSA, through the pillars of support and accountability, aims to reduce future crimes while not giving up on those who have offended. The goal of CoSA is to assist individuals in re-entering their community in a meaningful and safe way. CoSA is primarily for individuals with a high risk of recidivism. CoSA is either funded through a community-based organization or through a state's department of corrections. Expenses include a variety of administrative, training, and marketing expenses. The CoSA members are categorized as the core member, the inner Circle of volunteers, the outer Circle of consulting professionals, and the Circle coordinator. Circle coordinators serve an important role in training volunteers, meditation between Circles, and striking a proper balance of support to volunteers. Circle coordinators are ideally well-informed about criminal behaviors and recidivism, and ideally possess strong organizational skills.

Volunteers are the backbone of a CoSA program. These individuals commit to volunteer for at least 12 months and may be involved with the core member for several years as a source of informal social support. Although CoSA programs have increasingly become secular, religious organizations continue to serve as a major source of volunteers. A challenge within rural areas will be recruiting a large enough pool of diverse and appropriate volunteers. Volunteers share

several prosocial, positive traits that serve to create strong working alliances within the Circle and model appropriate social behavior to the core member. Proper training of volunteers is important to ensure appropriate boundaries and prevent burnout. Additionally, adapting CoSA to a substance-involved population would necessitate training around inter- and intra-personal dynamics common in individuals with substance use disorders.

The Circle typically progresses through either two or three phases wherein the Circle builds a strong working alliance, provides intensive support, transitions into less intensive support, and eventually dissolves. Across adaptations to CoSA, there are core member processes (e.g., coping skills, narrative reconstruction), intra-Circle processes (e.g., assisting core member with assessing services), and inter-Circle processes (e.g., assessment, handling conflict). The Circle agreement clarifies the expectations of the Circle and dictates how the Circle conflicts are resolved.

Community engagement is important because CoSA programs serve a stigmatized population that can cause fear. Stakeholders broadly support CoSA because it prioritizes community safety. One of the first steps in establishing a CoSA program is engaging community and professional stakeholders. This process also helps to recruit professionals for the consulting outer Circle.

Core members are referred by parole/probation or by community professionals based on their needs and available program resources. A core member is ideally someone who is sufficiently motivated, needs social support, is willing to participate meaningfully, and is at a high risk for recidivism. Data collected in the current study encouraged a clear distinction be made between CoSA and probation/parole requirements; this distinction would assist in establishing the importance of CoSA in a core member's life.

Similar to the evidence-based findings of substance use programming and re-entry programming, comprehensive CoSA evaluation includes qualitative and quantitative factors related to recidivism, individual outcomes, and program fidelity. Prior to starting a pilot program, it is important to define what success means to both the researchers and the stakeholders. Success needs to be defined because sometimes someone returning to prison prior to engaging in new criminal behaviors is a successful use of the accountability principles of CoSA, thus preventing harm to the community or further harm to the core member. However, this would also mean that the core member did not successfully re-integrate into their community. It would be helpful in future CoSA program evaluations to clearly describe how they define success and how it will be measured.

### **Limitations**

Accessing information was one challenge with this project design. Research on CoSA has been steadily growing; however, information about improving the modest day-to-day details is often housed within separate bureaucratic or community organizations, and this helpful information can be overlooked by published research seeking to answer larger questions (e.g., did a CoSA program decrease recidivism risk?). Many helpful resources were unavailable in popular databases (e.g., PsycINFO, Google Scholar) but were provided by the author upon request. The CoSA researchers and implementers were well-informed and immediately helpful. I encourage any future students or clinicians interested in CoSA to reach out to the authors of unavailable articles or guides.

Another limitation was the imbalance of CoSA researchers to NH stakeholders. If I had interviewed more people, I would have liked to interview more individuals with program or correctional experience in NH. A more in-depth needs assessment and exploration of state and

local policy and programs would be helpful before implementing this program. For example, narrowing down the program to a specific county would necessitate an exploration of the local county jail's policies and programs.

Finally, there was a notable lack of information about trauma-informed care and gender dynamics. Many of the studies used in the literature review focused on re-entry needs and services for males released from incarceration. Regarding CoSA, previous Circles have traditionally focused on men with sex offense histories. Women and non-conforming gender identities have not been a primary target for many re-entry programs and, therefore, there is a research gap regarding their specific re-entry needs and effective programming. Fortunately, VT CoSA includes female core members and has an opportunity to evaluate the effectiveness of CoSA with women. The influence of trauma on criminal behaviors and the importance of trauma-informed care were absent in most of the literature and interviews. As noted previously, programs are encouraged to implement trauma-informed practices in order to better meet the needs of participants and more holistically approach biopsychosocial difficulties, including criminal behaviors and problematic substance use. Future CoSA programs would benefit from an increased focus on trauma-informed practices, including volunteer training, Circle dynamics, and program evaluation.

### **Future Research**

For future research, adapting CoSA to other populations, increasing evaluation, and improving communication across CoSA could be helpful. Through data collection, it seems that CoSA could be implemented with populations other than those with sexual convictions, which has been demonstrated in Vermont. The CoSA model welcomes itself to adaptation because the model focuses on the needs of the core member, thus creating individualized re-entry plans and

Circle progression.

Additionally, implementing CoSA on a larger scale would benefit from increased research on the effectiveness of the program. As mentioned previously, although the research base has been steadily growing, interviewees recommended more qualitative and quantitative research be conducted. Identifying the mechanisms of change and various secondary psychosocial benefits would further develop the CoSA model and theory. Further established quantitative data, particularly regarding recidivism, could encourage proliferation of the program in other states or with other justice-involved populations.

Improved communication across roles within CoSA and internationally could improve the knowledge base and improve program fidelity. In other words, CoSA implementers, coordinators, volunteers, and researchers may benefit from increased dissemination of effective and ineffective practices, both publically and amongst CoSA practitioners. I found it difficult to access published information about the routine practical aspects of CoSA programs, outside of my interview with a coordinator. Future research may consider interviewing individuals across multiple roles within a program to learn more about their positions. More pragmatic information could be helpful in training future program managers, Circle coordinators, or volunteers. Further, I am unaware of the connections between separate CoSA programs that would allow for CoSA program leaders to disseminate and implement best practices as they are discovered. If this exists presently, I imagine it would be helpful to publicize to future and current CoSA programs. An exception to my previous remarks is the communication among CoSA researchers; it seems that the foremost researchers in the field are aware of each other's work and are aware of the different CoSA programs and practices internationally. The *Circles of Support and Accountability: A "How To" Guide for Establishing CoSA in Your Location* (Wilson & McWhinnie, n.d.) has been

an invaluable resource, particularly for learning about the theory, model, structure, and community ties essential to a CoSA program. More pragmatic information would likely be adapted based on location and target population and may require interviewing with somewhat similar CoSA programs.

The current dissertation aimed to adapt CoSA to a NH substance-involved population. A literature review and interviews were used to learn more about best practices and potential adaptations to the proposed program. Information gathering focused on substance-involved individuals, community-based programs, and established CoSAs. The information was synthesized to create recommendations for the proposed program, such as having a strong focus on community engagement and measuring program effectiveness through multiple lenses. In the third chapter, the recommendations were applied to a project design that was heavily influenced by available CoSA manuals. The previous CoSA manuals provided a theoretical basis and an organizational structure for the proposed program. The discussion chapter explored the limitations of the research method and recommendations for future research, including increased communication among CoSAs and increased public dissemination of materials. CoSA is a forward-thinking, community-based intervention that appears to be flexible and efficacious to various populations of individuals.

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**Table 1***Qualitative Thematic Analysis Excerpt of Services Available in New Hampshire*

Cluster	Theme	Code
NH DOC approaches substance-involved individuals differently	Alternative approaches to probation are provided for substance-involved individuals	An alternative approach recently implemented in New Hampshire will give substance use offenders short, immediate jail sanctions. This is different than the typical process where a positive substance use test takes weeks to see a consequence and those consequences take weeks to adjudicate. This could lead to an increase in violation hearings in the beginning, but Chief Justice Nadeau believes the outcomes would be positive in the long run for individuals with chronic substance use problems (Robidoux, 2015).
		All parolees receive case management, medical model treatment of substance use disorders (SUD) including psychosocial and medication-assisted treatment, and maximizes community referrals (Opioid Task Force, 2019).
		In NH's women's prison, there is a parole enhancement program which provides SUD psychoeducation/homework using a gender-specific curriculum (NH DOC, 2008).
		According to NH DOC, the SUD continuum of care provided is connection to IOP, residential or MAT services (NH DOC, 2018).
Community-based services in NH include peer support and connection with services	Organized peer support includes traditional AA and community recovery centers, with more access in the larger cities	IDN regions 2 and 5 are currently implementing a "C2 – Community Re-Entry Program for Justice-Involved Adults and Youth" (National Organization of State Health Offices of Rural Health, 2016).
		Reentry program with professionals assisting adults released in Manchester and Belknap county, only. Extends traditional re-entry services to those with serious and violent index offenses. Primarily focuses on connecting individuals to services (Lattimore & Visser, 2009).
		Community recovery centers exist in NH and provide services to NH residents with substance use problems (Innovation Now Project Team, 2019).
		Only peer-based, non-offender community-based

Cluster	Theme	Code
		resources on NH services hub are the warmline and community clubhouses (community recovery centers mentioned above; Granite State Independent Living, 2017).
		A couple support groups including NA and AA mostly in Manchester and Berlin (NA has more meetings, also in bigger cities; Granite State Independent Living, 2017).
		Alternative Life Centers in NH provide peer support to those with mental illness, sometimes including transportation (Granite State Independent Living, 2017).
	The NH Recovery Hub and some first responders, such as EMS or firefighters, can help individuals connect with services	Safe Station is a program where anyone 18+ can speak with an EMS or firefighter to get connected to services or support, including transportation when available and without the need for insurance or payment (Innovation Now Project Team, 2019).

**Table 1.1***Qualitative Thematic Analysis Excerpt of Evidence-Based Practice for Community Re-Entry**Programs*

Theme	Code
Assessment for intake into a re-entry program should be standardized (ASAM, DSM V, ORAS, TCU Drug Dependency Scale III, actuarial measures)	<p>A rural TN re-entry program encourages actuarial measures to screen for folks with a high risk for recidivism (Miller &amp; Miller, 2016).</p> <p>The Delaware County Transition (DCT) program model included utilization of actuarial intake, assessment and classification tools (Ohio Risk Assessment Survey and TCU Drug Dependency Scale III; Miller, Barnes, &amp; Miller, 2017).</p> <p>Evidence based practice defined by the Institute of Medicine include the use of a standardized risk assessment tool, the use of substance abuse assessment procedures (such as DSM IV), treatment matching (similar to the ASAM or other patient matching criteria), and practices to address co-occurring disorders through specialized screening and treatment (Taxman &amp; Belenko, 2011).</p>
Assessments for program entry should be individualized and consider the individual's unique strengths and challenges	<p>Classifications that sometimes prohibit placements to community services include sex offense histories, arson histories, pending new felony charges, physical or mental conditions that may prohibit participation, paroles from other states under interstate compacts, and those assigned to minimum community correctional supervision status (Grommon, Davidson, &amp; Bynum, 2013).</p> <p>A core component across 11 faith-based programs is assessment-driven reentry plans to determine the appropriate tailoring of treatment and support services (Nelson, 2018).</p> <p>The authors recommend moving from a risk evaluation approach to a strengths-based approach, (Hunter, Lanza, Lawlor, et al., 2016).</p> <p>Programs should consider racial differences in substance use offenses (cannabis vs opiates) and how treatment should be individualized (poverty alleviation vs. more intensive SUD treatment; Rosenberg, Groves, &amp; Blankenship, 2017).</p>
In addition to the focus on employment and supervision, re-entry services should encourage social support and treatment	<p>Classifications that sometimes prohibit placements to community services include sex offense histories, arson histories, pending new felony charges, physical or mental conditions that may prohibit participation, paroles from other states under interstate compacts, and those assigned to minimum community correctional supervision status (Grommon, Davidson, &amp; Bynum, 2013).</p> <p>A core component across 11 faith-based programs is assessment-driven reentry plans to determine the appropriate tailoring of treatment and support services (Nelson, 2018).</p> <p>The authors recommend moving from a risk evaluation approach to a strengths-based approach, (Hunter, Lanza, Lawlor, et al., 2016).</p> <p>Programs should consider racial differences in substance use offenses (cannabis vs opiates) and how treatment should be individualized (poverty alleviation vs. more intensive SUD treatment; Rosenberg, Groves, &amp; Blankenship, 2017).</p>

**Table 1.2***Qualitative Thematic Analysis Excerpt of Evidence-Based Practice for Substance Use Programs*

Cluster	Theme
Program Essentials	Core components of community-based SUD programs can include a team approach, time unlimited services, flexibility, crisis services, application of risk-need-responsivity principles, evaluation, therapeutic treatment, community engagement, drug testing, and a continuum of care
	Housing is an important basic need for individuals with substance use disorders and it may be helpful to separate housing services from treatment requirements
	Community referrals and support are important and, based on the chronic nature of substance misuse, should be flexible and long-term
	Providing financial incentives for continued treatment engagement and meeting therapeutic goals can be a cost-effective intervention, primarily with people who have stimulant use disorders
Treatment component of the program	Evidence-based therapeutic treatment should be a part of substance use programming (e.g., CBT, MI, contingency management, family interventions)
	Based on ASAM recommendations, MAT should be available for individuals with SUD and implemented alongside psychosocial interventions
Social support within the program	Peers can provide non-professional social support and modeling that decreases the shame accompanying stigma
	Peers assisting programs should be given training that includes basic therapeutic skills (e.g., active listening, crisis management, coping skills) and maintaining boundaries
Evaluation of the program	Substance use programs can be measured via many different variables, including a participant's interactions with staff, engagement with the ER department, treatment engagement, and individual treatment goals
	It is important to not overlook how service utilization may be needed for individuals with complex needs and not seen as a program failure



**Table 1.3***Qualitative Thematic Analysis Excerpt of the Theory Behind CoSA*

Cluster	Theme	Code
Religious Founding Principles	The important religious founding principles of CoSA include: being agents of healing work, recognizing humanity of both victim and offender, and love is necessary to heal the community	<p>Initial Circles were Christian in nature, centering on the Christian's covenant with God and "radical Christian hospitality" (Mennonite Central Committee of Ontario, 1996, p. 9).</p> <p>Here are some of Mennonites guiding principles: "We recognize the humanity of both the victim and the offender; We affirm that only love has the potential to heal the wounds of the victim, the offender and the community. This love is lived out in the context of meaningful and accountable relationships where support and care takes on a human face; We welcome the offender into community and accountability. Where this does not exist for them, we seek to "re-create community" with them in responsible, safe, healthy and life-giving ways; We seek to prevent further victimization both through reducing recidivism by offenders and increasing public awareness in the wider community. It is through education about the roots of violence and abuse that our communities become safer; "(MCCO, 1996, p. 10).</p>
Criminogenic Theories	Other theories to understand CoSA's mechanism of change include desistance and self-regulation theories	<p>The authors describe a members' change process through desistance and self-regulation theories. Integrated desistance theories are essentially internal and external transitions that occur which help fulfill primary goods (GLM) and improve self-efficacy/agency (Höing et al., 2013).</p> <p>CoSA created a deinstitutionalization effect (Fox, 2013).</p>
	CoSA implements principles of risk-need-responsivity and good lives model	<p>CoSA uses RNR by matching Circle frequency and processes with members' risk level (Höing et al., 2013).</p> <p>CoSA uses motivational aspects of Good Lives Model (Höing et al., 2013).</p>
Community Relations	CoSA can be framed as a public health intervention or a community intervention that helps more than just the core member	<p>The authors describe the rehabilitation model as a "public health" model through the use of holistic and reintegrative strategies (Armstrong &amp; Wills, 2014, p. 12).</p> <p>Recent criminological studies have focused on what promotes desistance from crime, ranging from internal promoters (such as narrative identity shift) to external promoters (such as employment and marriage). An understudied promoter is the role of ordinary community members in integrating released offenders into community life (Fox, 2015).</p>
	Beyond monitoring, CoSA provides support and encourages accountability to one's self and the community	<p>"Some might argue that the positive effects of being involved in CoSA noted in this study might simply be the result of intensive monitoring. We would counter that CoSA's "intensive monitoring" is tempered by warm, positive regard, and a meaningful sense of belonging and</p>

Cluster	Theme	Code
		connectedness” (Wilson et al., 2009, p. 426).
		In the British model there is an emphasis on decreasing loneliness, modelling appropriate relationships, and humanity and care (support) through laws and government support and (monitor) accountability, trust, and treatment goals (maintain; Wilson et al., 2008).
		CoSA fills a gap between incarcerated rehab services and probation services (by providing social support not provided by a “control agent” (Fox, 2013, p. 11).
Social Theories	Human and social capital are ways to understand what the core members gain during a CoSA	Intervention targets for CoSA include positive narrative identity, acquiring human and social capital (turning dynamic risk factors into protective factors), and supporting a core member in self-identifying risk factors and motivation to address problematic behaviors (Höing et al., 2013).
		Human capital interventions include developing appropriate relationships, changing cognitive distortions, and increasing self-regulation skills. Assuming that emotional and social loneliness influence sexual re-offending (Hoing et al., 2013).
		Social capital is the quality of the person’s social network and the quality of their environment (this is probably the most important effect of CoSA; Hoing, et al., 2013).
	Similar to AA and peer support programs, CoSA provides non-professional and voluntary support	Fox asserts that CoSA works because unpaid, non-professionals and voluntary nature (similar to that of AA; 2013).
Individual Factors	CoSA provides practical support that helps with reintegration requirements	CoSA helps with reintegration/probation requirements (i.e., operate within conditions of their release; Fox, 2013, p. 10).
		These “higher-order” emotional and psychological needs are important to all people, but they cannot be met until basic needs are being consistently and reliably met. As such, your first few weeks will likely be absorbed helping your core member fulfill those basic needs in a whirlwind of events and mini-crises (Wilson & McWhinnie, n.d., p. 67).

**Table 1.4***Qualitative Thematic Analysis Excerpt of CoSA Evaluation Methods*

Cluster	Theme
What is success within CoSAs?	It is important to distinguish what “success” means while evaluating CoSA because sometimes success is someone being recalled to prison
Quantitative evaluation	<p>Recidivism should be studied, in a variety of ways, to demonstrate effectiveness of the program</p> <p>Another way to evaluate CoSA would be to measure the decrease in risk using a standardized recidivism tool and survival analysis</p> <p>Quantitative evaluation should control for race, age, county, prior felonies, prior violent convictions, risk screening tools, length of incarceration, treatment, and supervision type/level</p>
Qualitative evaluation	<p>Beyond recidivism, it would be helpful to look for other successes of CoSA, like factors known to influence recidivism or to inform future programming</p> <p>Several outcomes of CoSA, such as integration into society and social capital, are difficult constructs to evaluate</p> <p>Surveys are a common qualitative and quantitative tool to measure the group dynamics, Circle progress, and Circle success</p>

**Table 1.5***Qualitative Thematic Analysis Excerpt of Interviews with New Hampshire Stakeholders*

Research Question	Cluster	Extracts
What current re-entry programs exist for substance use offenders?	Re-entry case manager	In the state system every incarcerated person is assigned a re-entry case manager; however, individuals who go to a halfway house are given more re-entry supports
	Available substance use resources	Every community has access to the NH resource referral system online (Doorways) and a recovery community organization that provides peer support, medication-assisted treatment, telephone support, and some counseling services
Which populations would benefit the most from additional re-entry programming?	Substance-involved population	Many groups could benefit from non-professional support, however individuals with substance use and mental health disorders may benefit the most  Individuals with substance often struggle to adjust to the community, partially because they benefited from the structure of being incarcerated and challenges to criminogenic thinking
	City and rural regions	A benefit to working in large NH cities with individuals from prison will be their disconnect from antisocial peers and a detriment will be their disconnect from prosocial supports  Although rural areas will face transportation and resource difficulties, programs may have more flexibility in their approach
	County policies	Some counties (e.g., Merrimack, Rockingham, Grafton and Warren) have more bureaucratic support and progressive policies that encourage new programming
What barriers/challenges are common for individuals with substance use re-entering the community?	Financial stressors	Financial stressors, which can be influenced by stigma, constitute a large barrier to re-entry
	Available assistance	Individuals with felony convictions have access to disability benefits and food benefits
	Common probation requirements	Although somewhat individualized, typically individuals with substance use offenses are required to maintain sobriety, not engage with people who have felony convictions, maintain housing and employment, pay fines/fees/restitution, and attend and fulfil treatment requirements

**Table 1.6***Qualitative Thematic Analysis Excerpt of Interviews with CoSA Experts on Adaptations*

Cluster	Theme	Extracts
Previous adaptations	VT successfully implemented CoSA with substance-involved core members and women, in part due to the MI and active listening already included in the CoSA approach	<p>Hartford center uses it more with substance-involved folks. At least 4 women, but there have been more over time.</p> <p>Her understanding is that VT is the only place that uses CoSA for all different types of offenses. A lot of people use it with sex offenders. People mistakenly believe it's a sex offender model - it's completely adaptable for other populations. It's about 1/3 SO, 1/3 violent offenders, and a 1/3 general offenders (everything else), there were some women.</p> <p>Circles function so well, including MI (support and accountability, with their own language) and active listening, that it's difficult to think how it's been adapted.</p>
	Canadian and US models encourage more informal and natural friendships, where CoSAs in other countries tend to dissolve Circles formally	<p>Canadian version is much looser, a group of people that come together and more of a friendship Circle that never ends. In the UK, because it was brought over by religious groups initially then the ministry of justice and a lot of safeguarding issues - they weren't comfortable with folks remaining friends long after the Circle, interested in concept but wanted it more formalized. Adaptations to the way reintegration is done in the UK, formalizing and parameters strictly around who gets in and how people leave. This approach is what a lot of other countries have taken, Australia, Irish, Catalanian (Canadian and UK). The model is the same, it's just working in a somewhat more formalized fashion.</p> <p>The model is the same, it's just working in a somewhat more formalized fashion. In the UK, join a Circle with the coordinator, 4-5 volunteers who help, but you never meet them outside of the Circle and you don't have their personal address or phone number, and don't discuss the Circle in public.</p>
	CoSA adaptations for substance-involved core members	<p>Biggest adaptation to working with substance-involved folks, is that the manipulation is more present (deceive in the moment, flip the group whereas SO will minimize their crime). Prepare volunteers to be witnesses and define what goals are and what successes look like and to not give money or gifts.</p> <p>Education volunteers a little differently and a little more check-in between coordinators and volunteers (boundaries).</p> <p>With SUD, they are very personable and engaging but to maintain boundaries or hold back a little personally. 3 months is the awkward</p>

Cluster	Theme	Extracts
		<p>and then intimate conversation period, hopefully something magical happens and you'll see the relationships pick up with someone in the group.</p> <p>Focus on the "no secrets" motto - more follow-up with the Circle.</p> <p>The only adaptation in VT was the CoSA team was about what their risk factors were, those would be different for different offenses. The volunteers would get training on these risk factors (people, places, things that are triggering).</p> <p>There is also maintenance and medication-assisted treatment to consider- needing folks to be functioning and not overly medicated with Suboxone for example.</p>

**Table 1.7***Qualitative Thematic Analysis Excerpt of Interviews on Program Recommendations*

Cluster	Theme
Coordinator approach	Core members should be encouraged to utilize social services and peer support while working towards independence and skill acquisition
Community-level changes	<p>Applying principles of CoSA, or radical community accountability, more broadly to criminal justice could be revolutionary</p> <p>A CoSA adaptation for substance-involved individuals could integrate therapeutic community models</p>
The role of CoSA	<p>It is important to distinguish CoSA from substance use treatment and to work in conjunction with local resources and peer support centers</p> <p>Although Circles work closely with DOC and should understand the varied probation requirements, Circles should not feel like an extra hoop in a core member's re-entry requirements</p>

## Appendix A

### Qualitative Results from Literature Review Portion of Data Collection

Research Question/Category	Clusters	Theme
What services are available in NH?	NH DOC approaches substance-involved individuals differently	Alternative approaches to probation are provided for substance-involved individuals
		NH DOC and NH community corrections provide connections to treatment services in the community as a part of their continuum of care
	Community-based services in NH include peer support and connection with services	Organized peer support includes traditional AA and community recovery centers, with more access in the larger cities
		The NH Recovery Hub and some first responders, such as EMS or firefighters, can help individuals connect with services
Does NH need more re-entry programming for substance-involved individuals?	Individuals struggle to connect with services	Individuals with SUD and/or re-entering the community struggle to connect with services
		Housing cost and availability are two issues often faced by individuals re-entering the community
	NH DOC may need to improve the approaches listed previously	Alternative approaches to parole should be provided for individuals with substance-related problems
		There is a need in New Hampshire for standardized and coordinated re-entry efforts, especially for substance-involved individuals
Which region has the most need in NH?	Rural regions are in the most need for programming	Rural regions have high rates of substance use and limited substance-focused or re-entry focused services
		Rural cultures may foster a resistance to identifying with and/or treating a substance use disorder
What is evidence-based practice for community re-entry programs?	Program structure	Programs should focus on the integration of services and coordination with the local community
		Improving offender-officer relations can be helpful towards restorative justice and create post-traumatic growth
		Engaging correctional officers and other justice system stakeholders is helpful in launching and maintain a program
		Jails may have a better return on investment because individuals are newer to the criminal justice system and have fewer recidivistic risk factors
	Assessment for program inclusion	Assessment for intake into a re-entry program should be standardized (ASAM, DSM V, ORAS, TCU Drug Dependency Scale III, actuarial measures)
		Assessments for program entry should be individualized and consider the individual's unique strengths and challenges
		In addition to the focus on employment and supervision, re-entry services should encourage social support and treatment
	Program process	Effective community reintegration should begin as early as possible, be responsive and comprehensive



Research Question/Category	Clusters	Theme
		Basic living needs (e.g., housing, healthcare, transportation) are important considerations during the transition to living in the community
		Community re-entry services should adopt a flexible yet responsive continuum of care
	Treatment component of the program	The treatment component of any substance use-focused re-entry program should address criminogenic risks and needs through evidence-based therapies, including CBT, MI, MRT, and MAT
		Evidence-based treatment focuses on individual factors, including dual diagnoses and cultural differences
	Social support within the program	Social support is an important factor of substance-focused re-entry programs, including support from someone's community, peers, and family
		Volunteers are a cost-effective source of social support that can help provide normalization and decrease stigmatization while individuals re-enter the community
		The use of peers provides an equal social peer with experience navigating the challenges someone faces upon release
		Accountability is an important aspect of community re-entry and criminal desistance
	Evaluation of the program	Evaluation of programs may consider qualitative factors (e.g., mental health, attitudes, engagement, program fidelity) in addition to quantitative factors (e.g., recidivism)
What is evidence-based practice for community substance use programs?	Program Essentials	Core components of community-based SUD programs can include a team approach, time unlimited services, flexibility, crisis services, a risk-need-responsivity approach, evaluation, therapeutic treatment, community engagement, drug testing, and a continuum of care
		Housing is an important basic need for individuals with substance use disorders and it may be helpful to separate housing services from treatment requirements
		Community referrals and support are important and, based on the chronic nature of substance misuse, should be flexible and long-term
		Providing financial incentives for continued treatment engagement and meeting therapeutic goals can be a cost-effective intervention, primarily with people who have stimulant use disorders
	Treatment component of the program	Evidence-based therapeutic treatment should be a part of substance use programming (e.g., CBT, MI, contingency management, family interventions)
		Based on ASAM recommendations, MAT should be available for individuals with SUD and implemented alongside psychosocial interventions

Research Question/Category	Clusters	Theme
	Social support within the program	Peers can provide non-professional social support and modeling that decreases the shame accompanying stigma
		Peers assisting programs should be given training that includes basic therapeutic skills (e.g., active listening, crisis management, coping skills) and maintaining boundaries
	Evaluation of the program	Substance use programs can be measured via many different variables, including a participant's interactions with staff, engagement with the ER department, treatment engagement, and individual treatment goals
		It is important to not overlook how service utilization may be needed for individuals with complex needs and not seen as a program failure
What is the theory behind CoSA?	Religious founding principles	The important religious founding principles of CoSA include: being agents of healing work, recognizing humanity of both victim and offender, and love is necessary to heal the community
	Criminogenic theories	Other theories to understand CoSA's mechanism of change include desistance and self-regulation theories
		CoSA implements principles of risk-need-responsivity and good lives model [already stated in proposal]
	Community relations	CoSA can be framed as a public health intervention or a community intervention that helps more than just the core member
		Beyond monitoring, CoSA provides support and encourages accountability to one's self and the community
	Social theories	Human and social capital are ways to understand what the core members gain during a CoSA
		Similar to AA and peer support programs, CoSA provides non-professional and voluntary support
	Individual factors	CoSA provides practical support that helps with reintegration requirements
How is CoSA implemented?	Purpose	The CoSA mission statement, through the pillars of support and accountability, relies on reducing victims of crimes and not giving up on those who have offended
		The goal of CoSA is to support previously incarcerated individuals as they re-enter the community in a meaningful way
		CoSA is designed for individuals with a high risk for recidivating, particularly those with few social supports who can accept some responsibility and be willing participants
	Funding	Whereas VT CoSA formed through grassroots action, MN and European models are government-driven
		It can be argued that Circles should be funded for moral reasons beyond the legal responsibility of probation/parole services

Research Question/Category	Clusters	Theme
	Expenses	Expenses include hiring a project coordinator, renting meeting spaces, office supplies, travel expenses, and technology for contact with core members
	Structure	Coordinators, either full or part time employees, are involved in every stage of CoSA and act as mediators between and within Circles
		The outer Circle should include local professionals and stakeholders and including a victim advocacy representative could encourage fidelity to the motto of “no more victims”
		Recommended volunteers range from 3-6 depending on the model
		CoSA is suitable for a variety of populations, given that the adaptation maintains fidelity to the core components and should continue to target high risk individuals
	Process	UK models have 2 phases where US/Canadian models typically have 3 phases
		Circles are typically in three phases and could last after the “dissolution,” if Circle members form more natural friendships
		The co-constructed covenant will dictate how Circle conflicts are resolved unless a coordinator needs to intervene
		Core components of CoSA across adaptations include availability of Circle members, accountability of the Circle, mediation between multiple groups, healthy group processes, and core member internal processes (coping skills, social development, cognitive distortions, narrative reconstruction)
	Volunteer selection and training	Volunteers commit to 12-24 months, depending on the model, while informal Circles can often extend beyond that period of time
		The available pool of volunteers is important to consider before determining a pilot location
		There are many other good sources of volunteers including faith communities, schools, media releases, online, and community forums
		Although volunteers should share prosocial, positive characteristics, the inner Circles should be diverse and have different levels of experience with Circles
		Volunteers need to be pro-social members of the community and they often are motivated by shared values of social justice and helping vulnerable people
		Volunteer training should include information about burnout and self-care in addition the support provided by coordinators
		Volunteers need to be thoroughly trained on their role in the Circles and understanding basics about criminal offending
	Introduction to the community	Stakeholders support CoSA because it places community safety at the forefront
	Selection of core member	Core members are eligible if they are sufficiently motivated, have few social supports, and are willing

Research Question/Category	Clusters	Theme
		participants who are at a high risk for recidivism and have been released into the target community
	Volunteer duties	Volunteer activities vary widely and can include assistance with social services, encouraging treatment and employment, challenging the core member about attitudes/behaviors, mediating conflicts in the community, celebration, and advocacy
	Common adaptations from the original model	Common adaptations from the original Canadian model include being more secular, more inclusive of different types of release, and using different funding sources
How is CoSA evaluated?	What is success within CoSAs?	It is important to distinguish what “success” means while evaluating CoSA because sometimes success is someone being recalled to prison
	Quantitative evaluation	Recidivism should be studied, in a variety of ways, to demonstrate effectiveness of the program
		Another way to evaluate CoSA would be to measure the decrease in risk using a standardized recidivism tool and survival analysis
		Quantitative evaluation should control for race, age, county, prior felonies, prior violent convictions, risk screening tools, length of incarceration, treatment, and supervision type/level
	Qualitative evaluation	Beyond recidivism, it would be helpful to look for other successes of CoSA, such as factors known to influence recidivism or to inform future programming
		Several outcomes of CoSA, such as integration into society and social capital, are difficult constructs to evaluate
		Surveys are a common qualitative and quantitative tool to measure the group dynamics, Circle progress, and Circle success
What are barriers to implementation?	Circle creation	Early program failures can be avoided through program fidelity and properly assessing Circle members’ motivation
		It can be challenging to operationalize selection criteria and adapt to the requirements from funding sources
		A core member’s mistrust of corrections can be overcome with time and unconditional support from their Circle
		A frequently cited challenge with CoSA is recruiting and retaining appropriate volunteers, as well as appropriate professionals
		Volunteer training is very important and need to be adapted to meet the needs of the volunteers and to the core member with which they will be working
	Circle process	Transparency between the Circles and with the community can be a challenge for the Circle dynamics
		Coordinators must strike a balance between providing adequate support to volunteers and allowing them to function independently in their roles

Research Question/Category	Clusters	Theme
	Community	An initial challenge when implementing CoSA is encouraging communities to take responsibility for the individuals released to their community
What are recommendations for future CoSA programs?	Community	Recommendations include expanding the authority and influence of Circles in the community
	Within the Circle	There should be as many and as diverse a group of volunteers as possible, given the available pool of volunteers
		Volunteer expenses should be covered when possible
		Recommendations include having a well-informed coordinator who provides ongoing trainings

## Appendix B

### Qualitative Results from Interview Portion of Data Collection

Research Question/Category	Cluster	Themes
Do you know of adaptations CoSA programs have made from the original model?	Previous adaptations	VT successfully implemented CoSA with substance-involved core members and women, in part due to the MI and active listening already included in the CoSA approach
		Canadian and US models encourage more informal and natural friendships, where CoSAs in other countries tend to dissolve Circles formally
	CoSA adaptations for substance-involved core members	Volunteers will need to be trained with a focus on boundaries and open communication because substance-involved individuals have different needs and interpersonal dynamics
		Volunteers should be trained on the inter- and intra-personal dynamics common in individuals with substance use disorders
		Circles are adapted to fit the core member's needs, making CoSA easily adaptable to other offending populations
		CoSA should work collaboratively with local resources, such as substance abuse treatment and other centers in the community
How would the motto of “no more victims” and encouraging community accountability change with a substance using population?	Redefining victim and community accountability	Substance use is different because the main victim is often the core member, although family members and friends may be considered “victims”
		Because the ethos of this motto is future facing and encouraging of self-improvement, the spirit could remain through accountability and prosocial behaviors
How are core members chosen?	Screening process	Core members are referred by parole/probation or community professionals based on their needs and the available resources
		Standardized risk assessment tools, such as the Ohio Risk Assessment survey, the Michigan Alcohol Screening Test, the Drug Abuse Screening test-20, the Level of Service Inventory-Revised, and the Level of Service Case Management Inventory, can be used to screen potential core members
	Inclusion and exclusion criteria	Inclusion criteria, such as repeat offending, emotional stressors, and social support, are subjective and include “low risk” individuals who would benefit from CoSA interventions
		Exclusion criteria include a lack of motivation, continued violence, and having an adequate social network; individuals with previous violent convictions are not excluded from joining Circles
		CoSA can include low risk individuals depending on the available community resources and the pool of potential core members
How are the core member's own professionals included in CoSA?	Inter-Circle structure	Contact between the coordinator and the professionals is encouraged although it can be difficult to engage the core member's professionals in the Circle process
		The outer Circle, which remains constant across core members, consists of local professionals, including police, advocates, expertise about criminal behaviors, social work, and parole/probation
		Because Circle organizations are often funded or connected with parole/probation services, parole/probation are contacted regularly and can attend Circle meetings

Research Question/Category	Cluster	Themes
How the coordinators chosen and what are their responsibilities?	Selection of the coordinator	In VT, coordinators are hired by the community justice centers Depending on the size of the program or number of Circles, the coordinator position can be part- or full-time
	Coordinator duties	Coordinators will recruit, select, and train volunteers. Initially they will facilitate Circle meetings; over time they will transition to managing relationship dynamics, evaluation, and support as needed
		In VT, Circle coordinators attend almost every Circle meeting
		VT and NH vary with post-release resources, thus, Circles in NH may need to assist the core member with accessing services
When do Circles start to meet?	Circle process	Circle meetings often begin post-release, although ideally they would begin while the core member is incarcerated
		Ideally, Circles will meet during a core member's incarceration which can help provide support during a vulnerable point of transition
How do you recruit volunteers?	Volunteer recruitment	Media tours, local meeting spaces, and word of mouth are common ways of recruiting volunteers
		Depending on the community and current infrastructure, religious communities can be a good resource for recruiting volunteers
		The healthcare sector and universities are other great sources for quality volunteers
	Volunteer selection	Volunteers should be mature, aware of the risks involved, and maintain appropriate boundaries
What are the responsibilities of the volunteers?	Volunteer activities	Volunteers engage in a variety of activities to support the core member and these activities are to the volunteer's level of comfort
	Volunteer commitment	Volunteers can participate in more than one Circle concurrently if they have the time and desire
What barriers/challenges have you encountered or learned about?	Volunteer challenges	It can be challenging to match up appropriate volunteers for given core members unless there is a large enough pool to select from
		Volunteers maintaining boundaries and being aware of risks are important
	Funding and resources	Overcoming community resistance and stigma to obtain consistent funding can be difficult although this can lessen over time
		Despite the program being volunteer based, there are expenses that require consistent funding
What are the differences that you've noticed between Circles in rural and city regions?	Dynamics in rural areas	A challenge can be finding local professionals willing to commit to being in the outer Circle for a period of time and providing training to the volunteers and core members, particularly in rural areas
		Core members may struggle to re-enter a small community if they gained notoriety or are in close proximity to peers who engage in or enable substance use
	Transportation and resources	Transportation is a common challenge in rural areas, both for core members and volunteers
		Finding quality resources can be more difficult in rural areas, such as substance use treatment and peer support networks

Research Question/Category	Cluster	Themes
How do you evaluate the effectiveness of the program?	Circle effectiveness	Evaluations of CoSA need to define what success means – if someone returns to prison, that could be framed as a successful use of the monitoring arm of CoSA
	Current research and future directions	Generally, CoSAs are evaluated through recidivism studies and small-scale qualitative data
		Randomized control studies would be helpful though there are ethical concerns with creating a matched sample, or withholding an intervention from some individuals
		To maintain funding, there is a need for quantitative data about recidivism and qualitative data about what works and the needed intervention dosage
What current re-entry programs exist for substance use offenders?	Re-entry case manager	In the state system every incarcerated person is assigned a re-entry case manager; however, individuals who go to a halfway house are given more re-entry supports
	Available substance use resources	Every community has access to the NH resource referral system online (Doorways) and a recovery community organization that provides peer support, medication-assisted treatment, telephone support, and some counseling services
Which populations would benefit the most from additional re-entry programming?	Substance-involved population	Many groups could benefit from non-professional support, however individuals with substance use and mental health disorders may benefit the most
		Individuals with substance often struggle to adjust to the community, partially because they benefited from the structure of being incarcerated and challenges to criminogenic thinking
	City and rural regions	A benefit to working in large NH cities with individuals from prison will be their disconnect from antisocial peers and a detriment will be their disconnect from prosocial supports
		Although rural areas will face transportation and resource difficulties, programs may have more flexibility in their approach
	County policies	Some counties (e.g., Merrimack, Rockingham, Grafton and Warren) have more bureaucratic support and progressive policies that encourage new programming
What barriers/challenges are common for individuals with substance use re-entering the community?	Financial stressors	Financial stressors, which can be influenced by stigma, constitute a large barrier to re-entry
	Available assistance	Individuals with felony convictions have access to disability benefits and food benefits



Research Question/Category	Cluster	Themes
	Common probation requirements	Although somewhat individualized, typically individuals with substance use offenses are required to maintain sobriety, not engage with people who have felony convictions, maintain housing and employment, pay fines/fees/restitution, and attend and fulfil treatment requirements
What are your recommendations for future programs?	Coordinator approach	Core members should be encouraged to utilize social services and peer support while working towards independence and skill acquisition
	Community-level changes	Applying principles of CoSA, or radical community accountability, more broadly to criminal justice could be revolutionary
		A CoSA adaptation for substance-involved individuals could integrate therapeutic community models
	The role of CoSA	It is important to distinguish CoSA from substance use treatment and to work in conjunction with local resources and peer support centers.
		Although Circles work closely with DOC and should understand the varied probation requirements, Circles should not feel like an extra hoop in a core member's re-entry requirements

## Appendix C

### Generic Job Description: CoSA Coordinator

(Wilson & McWhinnie, n.d., Appendix B)

The following description of aspects of CoSA work will be performed under the direction of the NH Department of Corrections

#### *Visible Presence*

The CoSA Coordinator will assure an active presence in the community, particularly to CoSA Core Members and potential members, their families and with affiliated staff, professionals and social service agencies that will include:

- Being present and visible throughout the wider community
- Developing and sustaining relationships with NH correctional institutions, community corrections, other government and non-government agencies, affiliated professionals and social agencies
- Being present, visible and available within the community and at state-level correctional institutions and county jails where CoSA core members and potential members can be contacted
- Making presentations to local community agencies, offender and ex-offender groups, victims and victim service agencies, faith communities, university classes, and others as requested and as appropriate
- Referring core members to and consulting with appropriate individuals, groups and agencies as required
- Working closely and collaboratively with correctional staff, local law enforcement and criminal justice professionals in the community, and other community-based resources to identify potential core members
- Responding to all media requests according to directions from the local governing body for the CoSA organization.
- Recruiting all volunteers for the inner Circle
- The coordinator will also provide supervision and oversight for CoSA Volunteers and their relationships with core members and arrange for applicable resources for each

### ***Core Member***

The CoSA Coordinator will co-ordinate or deliver CoSA training activities in the local target region; which include, but is not limited to:

- Screening potential Core Members and inviting acceptable candidates to enter into an agreement with the Circle
- Encouraging Core Members to live within the Circle agreement by
  - Disclosing to potential "Circle" members triggers for relapse and urges to use substances
  - Disclosing their self-management and release plans
  - Agreeing to continue to deal with associated issues such as substance abuse or other criminogenic needs upon release to the community
  - Accepting the limits of what a "Circle" can provide
  - Taking responsibility for their own actions
  - Being willing to take measures to develop a healthy lifestyle
  - Entering into appropriate group or individual counseling where possible and when indicated
- Preparing Circle volunteers to respond effectively to core members who express a desire to join a faith or other spiritual community, when and where appropriate
- Preparing Circle volunteers to engage and support core members as they encounter issues such as forgiveness, guilt, anger, hostility, pain, hurt, power, rage, self-worth, acceptance, death, trust, help, grief and other significant components of human existence and experience, and to seek referrals to professionals in the community who can provide deeper-level support or counselling

### ***Education and Training***

The CoSA Coordinator will coordinate or deliver CoSA training activities, which include, but are not limited to:

- Implementing an adequate volunteer screening/interview process
- Assuring continuing adequate training programs for volunteers and staff
- Training volunteers to become effective members of a Circle of Support and Accountability
- Providing public education to increase community capacity to respond to the needs of the core members returning to the community

- Developing and creating appropriate promotional materials
- Developing, conducting, supervising, evaluating and modifying various local CoSA activities as appropriate

### ***Building the Network and Outreach***

The CoSA Coordinator must continually develop and sustain a community network and establish effective relationships and resources with individuals, various community agencies, faith groups and non-government agencies. This will provide an opportunity for effective support to core members and volunteers as well as a solid base for effective interventions. Primarily through the Coordinator, the network will be maintained in various ways including:

- Accepting invitations to address groups, lead seminars, and act as the “point person,” or primary contact, and as a resource person to diverse groups at prisons, probation, and parole offices and with others, such as law-enforcement personnel in the community
- Recruiting, selecting, training and coordinating a volunteer base in order to provide sufficient and effective Circles to meet demands brought on by the release of sexual offenders in their community
- Ensuring that volunteers demonstrate a willingness to:
  - Work from a restorative justice framework
  - Participate in honest communication within a group context
  - Assist in the practical issues that may face the core member
  - Wherever possible and as a preferred process for conflict and dispute resolution, all issues should be resolved with the consensus of the Circle
  - Maintain confidentiality
- Promote Restorative Justice activities, principles and practices in the community by “walking-the-walk” of restorative justice in their professional capacity as the CoSA coordinator
- Advocate for the needs of core members, victims of their actions, and families affected by substance use in the community
- Develop partnerships with the correctional and community professionals for the benefit of community reintegration
- Make presentations in prisons and jails for the purpose of developing relationships with offenders to assist them with their reintegration plans

- Attend meetings and conferences appropriate to the work of the local CoSA organization, and as directed by their governing body
- Network with appropriate professionals and related community agencies with which the core member might be involved
- Initiate, enter into and maintain a working and constructive dialogue with victim advocacy groups about the CoSA work

### ***Evaluation***

Participating in an annual performance review with the NH Department of Corrections, with feedback from other committees established by the advisory committee to develop a CoSA work plan which will:

- Maintain a log indicating the individuals who are potential candidates for a CoSA
- Maintain a database of community resources available to assist core members in their safe re-entry to the community
- Provide a database of community-based resources willing to work with core members in the local community
- Prepare a written report on all “critical incidents,” and submit the report to the NH Department of Corrections
- Help in the preparation of grant proposals and other requests for funding with members of the NH Department of Corrections
- Provide an annual report to the NH Department of Corrections and the Bureau of Justice Assistance (BJA)
- Prepare and administer an annual budget approved by the NH Department of Corrections

### ***Governance***

The CoSA coordinator will report directly to the NH Department of Corrections as well as being a liaison between the inner Circle and members of the outer Circle. The coordinator will attend all committee meetings and report all CoSA activities to that body. The coordinator will solicit professional advice when appropriate regarding Circle activities or needs of a core members and staff.

## Appendix D

### Proposed Program Budget

Item		Rate of full-time expense	Description	Base Salary	Total Program Cost
Direct Staff	NH DOC Supervisor	.10	Hire the Circle coordinators and provide part-time supervision of the program	\$70,000	\$7,000
	Circle Coordinator	5.0	Each coordinator runs 15 Circles and provides training annually (one day/coordinator)	\$55,000	\$275,000
	Primary Investigator	.15	Research assesses Circle processes, final evaluation of data, writes report	\$60,000	\$9,000
Fringe Benefits	Payroll Taxes	.10			\$29,100
	Health, Dental, Life	.10			\$29,100
Travel	Coordinator Mileage		5 coordinators x 200 mi/week x \$.60/mi		\$31,200
Supplies	Training Materials		Materials for inner and outer Circles		\$3,750
Contractual	External Training		Training for coordinators		\$6,000
Other	Volunteer Expenses		365 volunteers x \$100 (estimated reimbursement for total out-of-pocket expenses)		\$36,500
	Program Support	.05	Administration for program		\$21,332.50
	Indirect Charges	.10	Across organization, human resources		\$44,798.25
<b>Total Costs</b>					<b>\$492,780.75</b>

## Appendix E

### CoSA Basic Model Fidelity Checklist (Wilson & McWhinnie, n.d., Appendix A)

Scored as follows:

0 – Item is not part of this CoSA Process:

1 – Item is present or part of the CoSA Process, but is inconsistently practiced/followed, not always followed, or under development.

2 – Item is present or part of the CoSA Process and is routinely practiced/followed.

Where noted, some items are mutually exclusive – if one item is scored, then the other item cannot be, or if one item is scored 0 then the next item can only be a 0 as well. These items are identified in the Section where they occur.

#### SECTION A: CoSA MODEL

CoSA originated as a community's response to the presence of a high-risk sexual offender in their midst. It did not originate as a criminal justice systems' response to the release of a sexual offender to live in the community. CoSA was founded by groups of volunteers, often from local faith communities. As CoSA developed, the need for involving community-based professionals, such as treatment providers, correctional officials, psychologists, members of the faith community, law-enforcement, housing, mental health, victim advocacy and addictions professionals in a supportive "outer Circle" in the form of Steering Committees, Advisory Panels or Boards of Directors. It became evident that some form of volunteer preparation or "training" was necessary to prepare volunteers. Since its original conception, the basic "model" of CoSA – a community-based, volunteer-driven intervention addressing the needs of high-risk, high needs sexual offenders residing in the community following their release from prison, in relationships governed by a covenant – has been adapted to meet local needs. To date, the research literature has been developed around the basic or "generic" model, as outlined below. Local CoSA sites should demonstrate good fidelity with this basic model if they wish to remain within the research paradigm of CoSA. Deviations should have a rationale and be documented.

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
1	Local CoSA Site's model adheres to the basic design: <ul style="list-style-type: none"> <li>o Community-based;</li> <li>o Volunteer-driven;</li> <li>o Volunteers supported by paid staff;</li> <li>o Has an identifiable "outer Circle" membership (e.g., a Steering Committee), comprised of local professionals</li> </ul>		
2	Local Site's model, and any deviations from the generic model and rationale are documented by the Site.		

3	Local CoSA Site's model is developed from the relevant literature and research on CoSA in Canada, and adheres to the basic design of an "inner Circle" supported and accountable to an "outer Circle."		
4	Local CoSA Site's model is based on and uses restorative justice principles, which are clearly documented;		
5	Goals and objectives (e.g., Mission Statement, Ethic Model) of the CoSA Site are documented and available for public review.		
6	The site targets primarily high-risk sex offenders for inclusion in Circles.		
7	A basic covenant is established at the beginning of the Circle process, and a process for refining and developing a more comprehensive covenant is also defined and initiated.		

## SECTION B: GOVERNANCE

This sector addresses an important part of CoSA work that involves governance and organizational structure. Safety planning is the responsibility of governance, whereas organizational structure (i.e., established by the governance body) provides for a concrete, working mechanism that, in part, works to maintain the safety of the organization and its members. Some CoSA projects have printed manuals of their policies. These should define mentoring responsibilities (e.g., staff appraisals), conflict resolution strategies, crisis support, and availability of psychological assistance in the event of potentially traumatic critical incidents (**Must Score Minimum of 2**).

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
8	Incorporated as a legal entity according its local law (Score Yes = 2 or No = 0) If No skip 9. And got No. 10 below		
9	Is also a registered charity (e.g., in the U.S.A, a 501(c) (3)) according to its local law (Score No = 0) (If No to 8. above, then must be No to 9 as well).		



10	<p>Guided by an Advisory Committee, or Steering Committee or Board of Directors comprised of local professionals who meet:</p> <p>- Rarely (or only if needed) Score = 0 - Annually or semi-annually Score = 1 - Monthly or more often Score = 2</p>		
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## SECTION C: POLICY AND OPERATIONS

While individual locations will likely have a different set of policies and operating practices established according to local law and customs, affiliation with sponsoring bodies, there will be some common policies and practices between CoSA Sites offering fidelity in terms of “common” policy items and practices. Whatever differences might be expected, each Site’s policies and practices will have been published and re well-known within their Site and their community.

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
11	Policies are established by the Site’s governance body.		
12	Policy around volunteer eligibility and recruitment is documented.		
13	Policy around Core Member eligibility (i.e. “target population”) and recruitment is documented.		
14	Policies are documented in a Policy Manual or similar, which is maintained for review by staff, volunteers, and others as deemed fit.		
15	Policy around non-religious affiliation, proselytizing, “preaching” and religious recruitment is documented.		
16	Policy defining the need for, type and duration of volunteer preparation (“training”) is documented.		
17	Policy defining both the extent and the limitations of Support and Accountability in the CoSA context is documented.		
18	Policy governing volunteer and staff appearances in court on behalf of Core Members is documented.		
19	Policy governing volunteer and staff appearances in court on behalf of Core Members is documented.		
20	Policy governing respectful relationships, non-violence and sexual harassment is documented.		
21	Site Policy requires the development of CoSA Covenants in each Circle.		

22	Standard operating procedures (SOPs), or similar based on policies adopted by the Site's governance body (e.g., confidentiality practices, practice around suspected breaches, criminal activity, Circle meeting process, reporting requirements, attendance requirements, documentation, and other such routines, and as described above) are documented and available to all staff and Circle volunteers.		
23	Volunteer preparation ("training") manuals/procedures are prepared and available for review.		

## SECTION D: LEADERSHIP

CoSA day-to-day operational management is the usual responsibility of a "Site Coordinator," a "Project Manager," or a "Program Director." The common practice has been to refer to this person as the "CoSA Coordinator," both in Canada and the United States. Regardless of its title, this post requires effective management and leadership skills. This sector of the fidelity check list refers to the importance of leadership. Effective leaders and managers are assumed to be generally good in terms of relationship and structuring skills, as well as good managers of human resources, time and budgets. They should also be particularly knowledgeable about offender reintegration, especially sex offender re-entry dynamics. They should also be familiar with the CoSA model as it exists generically in the literature, and be acquainted with the literature regarding the different types of sexual offending, treatment and re-offending risk assessments. They should have their own social support system, and be favourable disposed to clinically relevant and psychologically informed human service. This person is responsible for implementing the core principles of CoSA, and maintaining program integrity. Effective leadership in this role will take the steps required to develop program awareness and "champions" both inside and outside of the agency. Effective leaders will be dutiful managers of staff, and will ensure their CoSA program is routinely evaluated and accredited.

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
24	There is an identifiable person who is responsible for day-to-day CoSA co-ordination, volunteer and (where applicable) staff management and leadership:		
25	This person is qualified by a combination of education and experience in offender re-entry, project management, volunteer management experience, or other combinations of skills as documented.		
26	This person's leadership position (e.g., Coordinator, Project Manager, etc.) is defined in a written job description.		

27	Is directly responsible for and involved in recruiting, screening and supervising training Staff.		
28	Is directly responsible for and involved in recruiting, screening of Volunteers.		
29	Is directly responsible for and involved in recruiting and screening Core Members.		
30	Is directly responsible for and involved in co-ordinating and delivering Volunteer training with local professional involvement.		
31	This person has received expert training and certification in the use of an established, actuarial, dynamic risk assessment such as the CoSA Dynamic Risk Assessment tool.		

## SECTION E: COMMUNITY ENGAGEMENT

Community safety is a prime concern of CoSA projects across the country. Community safety means recognizing that no one really is alone and that no one should ever attempt to do CoSA work alone. Community engagement is the keystone of CoSA success, while teamwork and partnerships embody the principles that No one is disposable and no one is alone. The following Fidelity Check List Items are designed to capture community engagement practices as recommended by CoSA Canada and the “Commonalities Documents” ratified by each CoSA site in Canada at the Ottawa National Gathering in 2012.

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
32	A single Site Point Of Contact exists for local Community partners, media, and other key agencies, and has been well published by way of a Site website, local print and electronic (including broadcast and social) media.		
33	Relationships exist with community groups (e.g., community awareness and orientation campaigns; educational events; faith community outreach; post-secondary educational institutional outreach; news media contact; Other re-entry/reintegration service providers; addictions and mental health service providers, victims advocacy groups; veterans services, etc.).		
34	Relationships exist with key Criminal Justice Sector partners (e.g., law-enforcement agencies; correctional and related governmental agencies; forensic professionals; mental health centers and workers; addictions agencies).		

35	Relationships are fostered with police agencies.		
36	A strong relationship with local Christian and non-Christian faith Community partners (e.g., Chaplains, churches, multi-faith organizations, pastoral associations, etc.).		
37	Site has engaged community partners through presentations, talks, information sessions, attendance at meetings, through workshops and through media interviews. provided orientations, familiarizations to local corrections and criminal justice staff;		

## SECTION F: CIRCLE START-UP AND COVENANTS

A Circle of Support and Accountability has a beginning that is commonly around a Core Member's release from prison. A Circle begins when the complete Circle (all volunteers) are assigned and meet with a Core member for the first time. Ideally, this will be several weeks or a month prior to the Core Member's release. Basic "covenants" are established during this time, and if needed, a process for refining and developing a more comprehensive covenant is also defined.

Covenants are not merely behavioral "contracts" as described by some (e.g., Elliott, Zajak, & Meyer, 2013). When described as such, the value-added nature, and deeper resonance that covenants have over contracts is missed. CoSA is not sex offender treatment, and Covenants are not treatment plans. Covenants do not set treatment goals or outcomes. Covenants are mutually agreed upon frameworks guiding one of the most basic and essential elements of a Circle of support and accountability, the human relationship based on evolving trust, freedom and friendship that is a prime goal of CoSA. Covenants contain elements of mutuality, reciprocity, responsibility and accountability expectations, and respect. They take pains to build relationships based on consensus rather than power and control.

Covenants help establish appropriate boundaries, such as "limit-setting." Some limits are defined by the Circle's agreement around confidentiality. Confidentiality is assured within a Circle, and is at the same time is held in balance with safety; it is proscribed by certain limitations, for example, around unhealthy, unlawful behavior, and behavior that contributes to escalating risk. Covenants define the mutually agreed upon expectations, limitations and processes that will be followed should expectations fail or limits be exceeded. They define practices that will be followed in the case of other types of conflicts as well.

Everyone in the Circle signs the Covenant as an expression of their commitment to its contents. Covenants can be amended from time-to-time through consensus.

Item No.	Description	No = 0 Partially or Under	Comments
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		Development = 1 Yes = 2	
38	Covenants are developed collaboratively by everyone participating in the Circle.		
39	Covenants are prepared at the beginning of each Circle.		
40	Covenants are formally signed by everyone in the Circle, and documented.		
41	Covenants define confidentiality, differentiate between confidentiality and secrecy.		
42	Covenants establish well-defined limits to confidentiality.		
43	Covenants define consequences and processes to be followed in the event limitations are exceeded or “breached”.		
44	Covenants define expectations for all members of a Circle (including the core member), such as attendance at meetings, appropriate behavior, transparency and accountability.		
45	Covenants include the aims and goals of the CoSA Site, and those of the Circle.		
46	The Site has a procedure in place for individuals who are not literate, or who do not speak the language.		

### Section G: Core Members

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
47	Criteria for core member selection has been documented, and is in keeping with the published literature (e.g., is a sex offender; is considered to be high risk for sexual reoffense; has little or no pro-social community support upon release to the community; has volunteered to be in a Circle, and is taking reasonable responsibility for his or her sexual offenses and other criminal behavior).		
48	Core member selection criterion is easily linked to the Site’s stated goals.		
49	Core member referrals are solicited, and there is a documented referral process that is routinely followed, with exceptions or deviations also documented.		
50	Referrals are accompanied by complete file information detailing the core member’s offense history, index offense,		

	and participation (or not) in institutional substance use treatment, and any other relevant details.		
51	Each Core Member has a file maintained with pertinent information by the Site (e.g., Birthday, referral records, criminal history, offense patterns and crime cycle, and attendance at meetings and meeting records, etc.).		
52	Intake interviews with the Core Member are conducted.		
53	Intake interviews are always conducted pre-release wherever possible.		
54	Decision to accept a Core Member or not is made by the CoSA Coordinator in consultation with his or her Governance Body.		
55	An evidence-based risk and needs assessment (e.g., CoSA Dynamic Risk Assessment/Stable 2007-R) is performed by Site manager/staff during selection process.		

## Section H: Volunteers

Item No.	Description	No = 0 Partially or Under Development = 1 Yes = 2	Comments
56	A Volunteer job description is available and provided to each prospective volunteer.		
57	Volunteer expectations and commitments, limitations and liability is documented and clearly explained to each prospective volunteer.		
58	Volunteer recruitment criteria are documented.		
59	There is a separate file maintained for each Volunteer.		
60	Volunteer criminal record checks are required in all cases.		
61	Volunteers complete application forms and submit references, and complete background and reference checks are completed for each volunteer.		
62	Volunteers are interviewed as part of their screening process.		
63	Volunteer orientation, basic and advanced training is provided to all volunteers.		
64	Training manuals and resources are provided to each volunteer.		
65	There is a protocol in place to be followed in the event of a crisis, such as a core member re-offending, or offending		

	inside the Circle, breaching a condition, or other risk-taking behavior is observed.		
66	Volunteers know where to go and with whom to speak if they experience difficulties.		

To calculate the overall Fidelity Score, sum each Section score, then divide by 132 (total number of items in all sections), then multiply by 100. If the overall fidelity score is below 75%, we recommend the CoSA organization examine each section to determine where it is weakest in failing to maintain fidelity with the core CoSA model, and consider modifying or strengthening its CoSA in these areas.

Example: Total Score = 90.  $90/132 = .681818 \times 100 = 68.18\%$

A score of 90 reflects 68% fidelity with the core CoSA model and, therefore, the CoSA Site should re-examine which areas are least in fidelity with the core model.