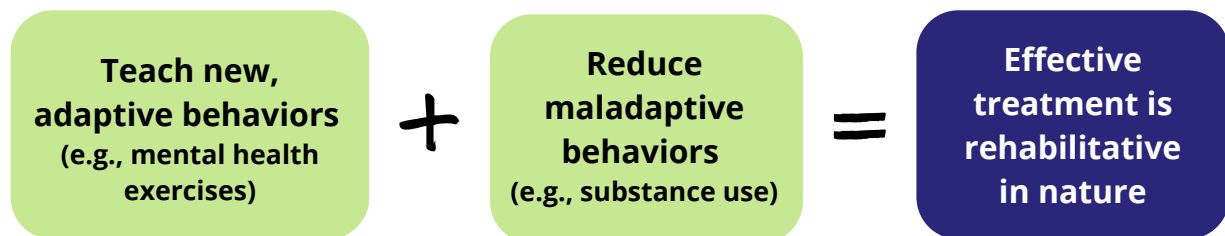


What are Effective Treatment Programs for Jail Inmates?

A research overview prepared by Shawn Datchuk, PhD, at the request of Johnson County policymakers

Across the United States, there were approximately 660,000 jail inmates in 2024.¹ Recidivism is a persistent problem for those committed to jail—an estimated 25% to 75% of inmates that are released will be arrested.² Effective treatment programs for jail inmates are needed to reduce their likelihood of subsequent arrest.

Evidence suggests treatment programs for jail inmates can reduce recidivism and promote positive outcomes, and effective treatment is rehabilitative.



Treatment programs can range in size (i.e., one-on-one to whole group) and focus of treatment (e.g., educational, psychological, or vocational). Regardless of size or focus, effective treatment is rehabilitative in nature: treatments are designed to not only reduce maladaptive behaviors (e.g., substance abuse) but also teach new, adaptive behaviors (e.g., mental health exercises).

A large meta-analysis of 801 research studies found treatment programs with a **rehabilitative focus can reduce inmate recidivism by about 20%.**³

In other words, if a jail usually has a recidivism rate of 50%, or 10 out of 20, that would drop to 8 out of 20 through rehabilitative programs.



Treatment programs that significantly reduced recidivism often included:

Cognitive-behavioral therapy

Help individuals identify and change the thinking processes and choices preceding criminal behaviors.

Structured group course work

Curriculum-based learning in a group setting focused on gaining new knowledge or skills.

Psychological counseling

One-on-one or group supports to address emotional and psychological challenges.

To select, evaluate, and change programs, jails commonly use a process based on principles of Risk, Need, and Responsivity (RNR).⁴

Risk

Screening is conducted to determine which inmates are high risk for recidivism.

Need

Programs address issues related to criminal behavior (e.g., education, employment, psychological wellbeing, and substance abuse)

Responsivity

Data is used to evaluate programs and make changes as needed.

However, the evidence base supporting this process is inconsistent: while some reviews have found recidivism can significantly decrease when RNR principles are used in jails and prisons,⁵ a study assessing the quality of these reviews shows low quality and gaps in the literature.

Despite a focus on RNR principles, recidivism rates can remain high in jails, suggesting RNR alone is insufficient for improving outcomes.⁶

Spotlight: Scott County, Iowa

Scott County Jail is a useful, local example of the types of treatment programs offered to jail inmates. Scott County has public information on programming philosophy, program implementation, and types of programs offered: <https://www.scottcountyiowa.gov/sheriff/jail/programs>.

Pulling from their website, we created a crosswalk between their approaches and related research evidence:

Key term/approach	Related research
Assisted Outpatient Treatment	A narrative review of 21 studies suggests that increased outreach and less coercive tactics may lead to better outpatient treatment outcomes. ⁷
Cognitive Behavioral approach	A meta-analysis of 58 studies found that CBT treatment programs can reduce recidivism by 25% on average, with most effective configurations of CBT reducing recidivism by up to 50%. ⁸
Jail-Based Substance Abuse Treatment	A multi-year evaluation by the Iowa Consortium for Substance Abuse Research and Evaluation indicates that successful completion of the program led to higher abstinence and rates of employment or enrollment in an education program, and reduced arrests. ⁹
Trauma Informed Care Approach	A systematic review of 20 studies suggests that trauma-focused interventions are effective at improving mental health outcomes (including post-traumatic stress disorder, anxiety, and depression) for individuals who have perpetrated crimes. Some programs, like eye movement desensitization and reprocessing (EMDR) therapy and Seeking Safety, were more effective than others. ¹⁰
Wrap-around services	A literature review of strategies to improve prisoner reentry outcomes suggests that wrap-around service programs, as currently implemented, are not effective and may even be detrimental to participants. ¹¹

**Note: these studies are mostly general reviews of literature, so these findings are not specific to a certain state or county (except the Jail-Based Substance Abuse Treatment program, which is specific to certain counties in Iowa)*

Spotlight: Scott County, Iowa

In addition, Scott County Jail Program Coordinator, Jennifer Rice provided additional information regarding how programs are selected, maintained, and evaluated. General treatment programs are offered to all inmates. Currently, there are 54 different programs, mostly staffed by community partners.

Scott County's Program Cycle

Evaluating and adjusting:

Staff make programmatic changes as needed to best meet participant needs



Becoming a partner:

Interested organizations submit a proposal detailing their treatment plans, goals, and instructional materials

Assuring program fit with rehabilitative goals:

Scott County provides feedback to partners to ensure treatment plans align with program initiatives

- Community partners, free of charge, provide their time, resources, and personnel to conduct daily or weekly courses. For example, Scott Community College provides GED educational courses to inmates.
- In addition to community partners, some programs are led by Scott County Jail staff, such as an Art Therapy group for female inmates. Furthermore, a variety of healthcare professionals—there is a close working relationship with Unity Point, Robert Young Mental Health Center—provide evaluation and treatment staffing.
- Scott County Jail staff make programmatic changes as needed. For example, based on inmate interest, availability of Art Therapy groups increased for female inmates but decreased for male inmates. Staff of each community partners collect and evaluate data for their specific programs.

Funding & Support



This brief was completed as part of a project funded by the William T. Grant Foundation and is a joint effort of the HEDCO Institute for Evidence-Based Educational Practice at the University of Oregon and Johns Hopkins University. All information provided is the viewpoints of the brief authors and do not reflect the official views of the University of Oregon, Johns Hopkins, or Project LINK. For more information, please email linkproject@uoregon.edu.

Methods

Findings presented in this brief come from a literature review of academic peer-reviewed studies, as well as a review of research and findings from non-partisan think tanks, foundations, and organizations. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal statistical methods for summarizing results and exploring reasons for differences in findings across studies.

References

1. Kang-Brown, J., & Zhang, J. (2024). People in jail and prison in 2024. <https://www.vera.org/publications/people-in-jail-and-prison-in-2024>.
2. Verona, E., Smith, K., Hua, M., & Fox, B. (2023). What works in improving reentry outcomes? Effective programs and recommendations. In E. Verona & B. Fox (Eds.), *Routledge handbook of evidence-based criminal justice practices* (1st edition, pp.310-320). Routledge. <https://doi.org/10.4324/9781003219286-40>
3. Lipsey, M. W. (2019). Rehabilitation Programs for Adult Offenders: A Meta-Analysis in Support of Guidelines for Effective Practice. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/rehabilitation-programs-adult-offenders-meta-analysis-support>
4. Olver, M. E., & Stockdale, K. C. (2023). Correctional programming: Evidence-based programs, policies, and practices. In E. Verona & B. Fox (Eds.), *Routledge handbook of evidence-based criminal justice practices* (1st edition, pp.295-304). Routledge. <https://doi.org/10.4324/9781003219286-38>
5. Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16(1), 39–55. <https://doi.org/10.1037/a0018362>
6. Fazel, S., Hurton, C., Burghart, M., DeLisi, M., & Yu, R. (2024). An updated evidence synthesis on the risk-need-responsivity (RNR) model: Umbrella review and commentary. *Journal of Criminal Justice*. <https://doi.org/10.1016/j.jcrimjus.2024.102197>
7. Valasek, C. J., Nelson, K. L., Fettes, D. L., & Sommerfeld, D. H. (2025). Emerging trends in research on assisted outpatient treatment in the United States: a narrative review. *Psychiatric Services*, 76(5), 469-478. <https://doi.org/10.1176/appi.ps.20240190>
8. Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). Effects of cognitive-behavioral programs for criminal offenders. *Campbell systematic reviews*, 3(1), csr-2007. <https://doi.org/10.4073/csr.2007.6>
9. Hedden, S., Guard, M., & Arndt, S. (2012). Jail-Based Substance Abuse Treatment Program: Final Outcome Evaluation Report (Iowa Department of Public Health Contract #5881JT04). Iowa City, IA: Iowa Consortium for Substance Abuse Research and Evaluation. <https://icsa.uiowa.edu/jail-based-substance-abuse-treatment-program>
10. Sousa, M., Gonçalves, T., Caridade, S., de Castro-Rodrigues, A., Maia, Â., & Cunha, O. (2025). The effectiveness of trauma-focused interventions with individuals who perpetrated crimes: A systematic review. *Trauma, Violence, & Abuse*, 15248380251397413. <https://doi.org/10.1177/15248380251397413>
11. Doleac, J. L. (2018). Strategies to productively reincorporate the formerly-incarcerated into communities: A review of the literature. Available at SSRN 3198112. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3198112