CSG Justice Center
THE COUNCIL OF STATE GOVERNMENTS

South Dakota Correctional Rehabilitation Task Force

December 17, 2025

Sara Friedman, Program Director

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.
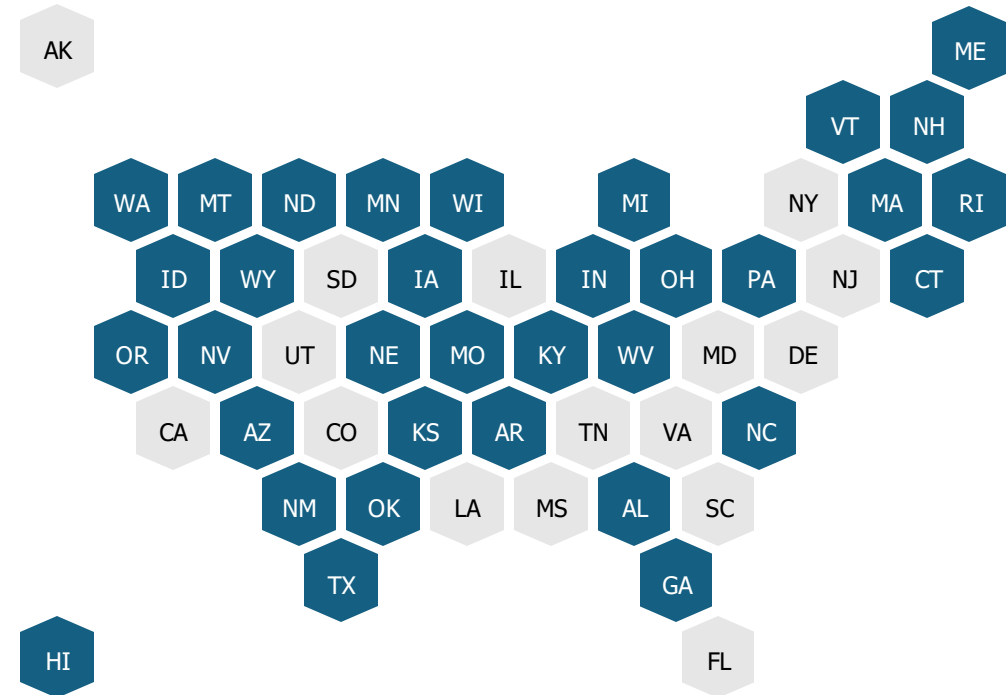
The CSG Justice Center has helped 38 states assess their correctional challenges and develop tailored policy changes.

How We Work

- We bring people together.
- We provide expert assistance.
- We conduct rigorous data analysis and system assessments.
- We build consensus and momentum for policy change.

Overview

1   **CSG Justice Center Scope of Work**

2   **CRTF Conversation Themes**

3   **Proposed CRTF Roadmap**

4   **Evidence-Based Practices in Programming**

Scope of Work | 1

How will the CSG Justice Center support the Correctional Rehabilitation Task Force?
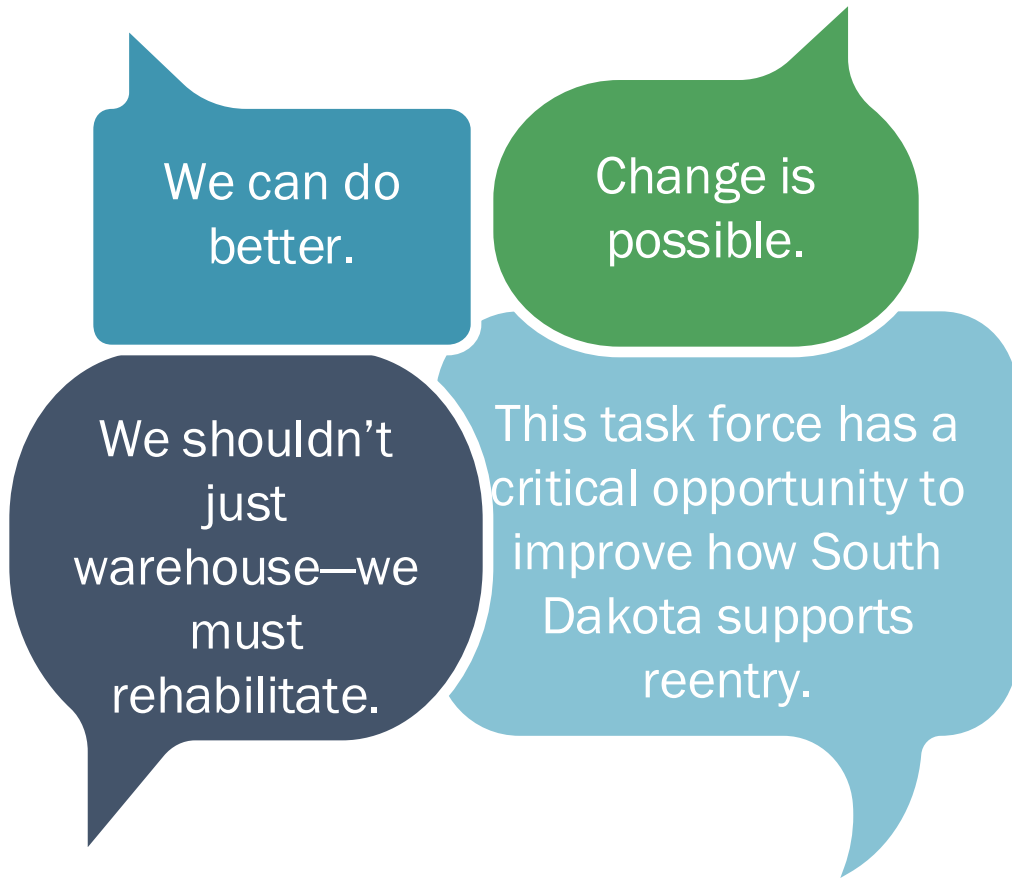
Scope of Work

1. Engage CRTF members to gather input on goals, priorities, and process.

2. Support develop of CRTF roadmap to guide work.

3. Conduct programming assessment and data analysis.

4. Report programming findings to CRTF to assist in developing data-driven short- and long-term recommendations.

5. Support the CRTF reentry and parole roadmap, including identifying resources needed for deeper analysis and assessment.

CRTF Conversation Themes

2

CRTF members share a strong commitment to improving outcomes for incarcerated people.

We can do better.

Change is possible.

We shouldn't just warehouse—we must rehabilitate.

This task force has a critical opportunity to improve how South Dakota supports reentry.

And they bring a wide range of perspectives and experience to develop a path forward.

- ✓ State
- ✓ Local
- ✓ Tribal
- ✓ Law enforcement
- ✓ Workforce
- ✓ Education
- ✓ Behavioral Health
- ✓ Community
- ✓ Religious
- ✓ Volunteers

These conversations are not happening in a vacuum.

Facility and operational challenges impact program availability, accessibility, and effectiveness.

CRTF members highlighted key contextual challenges:

- In-custody deaths and overdoses

- Drug infiltration

- Staff safety and morale

- Lockdown and visitation concerns

Four themes consistently surfaced across conversations with CRTF members.

1. Comprehensive Reentry and Transition Support

2. Programming Effectiveness and Accountability

3. Cultural Alignment

4. Resource Allocation and System Coordination

1 Comprehensive Reentry and Transition Support

Holistic continuum needed: Members emphasized reentry must span prison intake to parole and community reintegration, not just a single moment of release.

Support for a broad range of programs: Strong emphasis on offering comprehensive programming—including work release, behavioral health treatment, faith, education, and vocational training to help people safely reintegrate.

Improve coordination and "warm handoffs": Need for better transitions between DOC, parole officers (acting as case managers), DSS, and community service providers to prevent gaps in support.

Geography: Expand reentry services statewide to serve individuals closer to their home communities.

2 Programming Effectiveness and Accountability

- **Independent assessment needed**: Request better understanding of programming data and what's happening in facilities to identify what is working, discontinue ineffective programs, expand effective ones, and track costs and outcomes.

- **Prioritize evidence-based mental health and substance use disorder treatment**: With so many people in prison affected by addiction and mental health issues, people need timely access to trauma-informed, evidence-based treatment.

- **Interest in program models that work**: Members are curious about a lot of different types of programs, including faith-based programming, education, and vocational programs, and want to know if they are shown to reduce recidivism.

- **Engage incarcerated individuals directly**: Multiple members emphasized getting direct feedback from people in prison about what programs are working and what their needs are.

3 Cultural Alignment

- **Great need:** With so many Indigenous people in South Dakota prisons, culturally appropriate programming is urgent, not optional.

- **"Reentry" is often "first entry" for Indigenous populations:** For many Indigenous people from rural or reservation communities, release represents the first meaningful entry into a new type of community, requiring fundamentally different support approaches.

- **Move beyond volunteer-dependent models:** Traditional Indigenous spiritual practices and ceremonies currently rely entirely on volunteers; need equal state investment alongside other types of faith-based programming.

- **Programs cannot be "one size fits all":** Individual circumstances, cultural contexts, and spiritual practices must inform programming—what works for general population may not work for Tribal communities.

4 Resource Allocation and System Coordination

- **Concerns about underinvestment and how to find funding**: Many programs rely almost entirely on external grants and volunteers, raising sustainability questions. However, there is also a need to be fiscally responsible and not overspend.

- **Explore nontraditional funding sources**: Members mentioned nontraditional funding sources and reallocating existing budgets as potential resources for evidence-based programming and reentry supports.

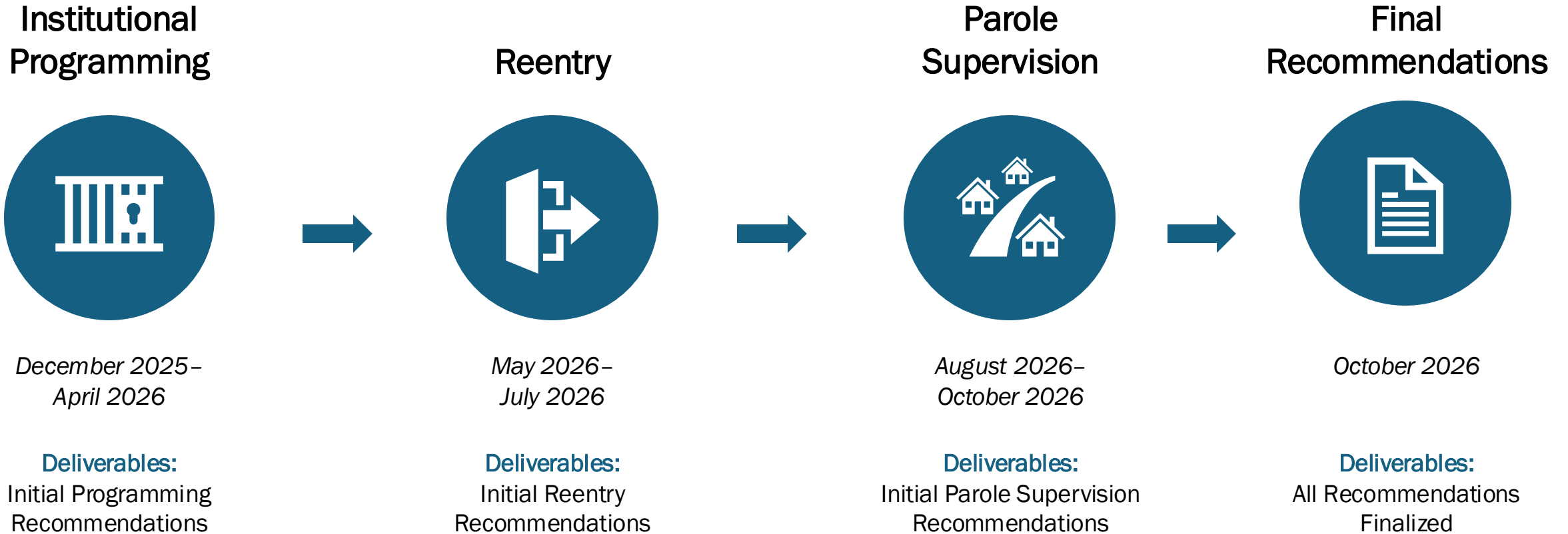- **Match resources to responsibilities**: Concern that implementing new initiatives without corresponding resources will undermine effectiveness.

- **Break down silos**: Significant fragmentation between DOC, DSS, parole, and community services—need coordinated data sharing, treatment bed coordination, and unified definitions (e.g., recidivism).

Proposed CRTF Roadmap

3

Proposed CRTF Roadmap

Institutional Programming	Reentry	Parole Supervision	Final Recommendations
December 2025– April 2026	*May 2026– July 2026*	*August 2026– October 2026*	*October 2026*
Deliverables: Initial Programming Recommendations	**Deliverables:** Initial Reentry Recommendations	**Deliverables:** Initial Parole Supervision Recommendations	**Deliverables:** All Recommendations Finalized

Activities:

Hold targeted subcommittee discussions, review data and assessment findings, review evidence-based practices, examine examples from other states, visit facilities, gather testimony, develop and finalize short- and long- term recommendations.

Proposed CRTF Structure

Members requested a strongly structured process to increase CRTF productivity.

What we heard:

- Goal setting in stages: short, medium, and long term

- Focused, sequenced recommendations

- Mechanisms for implementation and accountability

How we implement this:

- Schedule 2026 task force meetings in advance.

- Collect recommendations at end of each CRTF meeting.

- Recap recommendations at the beginning of the next meeting.

- Vote on final recommendations in October 2026 and set long-term goals.

Subcommittees continue to meet and finalize programming recommendations after the CSG Justice Center's assessment presentation in spring 2026.

Through analysis and assessment, the CSG Justice Center will help the CRTF answer three key questions about correctional programming in South Dakota.

WHO?

- Who is—and isn't—receiving programming and services?

- When and how are people accessing them?

- What are people's needs, including for culturally appropriate programming?

WHAT?

- What programs and services currently exist?

- Where are the gaps between what exists and what people need?

- How much do programs cost?

HOW WELL?

- Are programs being implemented as effectively as possible?

- How can quality assurance be strengthened?

- How can South Dakota monitor outcomes to continue progress?

Future Conversations: Reentry and Parole Supervision

? How can South Dakota strengthen reentry practices, services, and supports?

? Who is failing parole, when, and why?

? How can existing community services be better used during reentry and while people are on parole? Where are there gaps?

Evidence-Based Practices in Programming

4

"Evidence-based practice (EBP) is the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions, such that outcomes for consumers are improved."

National Institute of Corrections

Crime and Justice Institute at Community Resources for Justice, *Implementing Evidence-Based Policy and Practice in Community Corrections,* 2nd ed. (Washington, DC: National Institute of Corrections, 2009).

Evidence-based practice focuses on approaches proven to be effective through empirical research rather than through anecdote or professional experience alone.

Highest quality of evidence

Lowest quality of evidence

Anecdotal Evidence

Study by Program Author

Study by Third-Party Researcher

Randomized-Control Study by Third Party

Meta-analysis of Multiple Studies
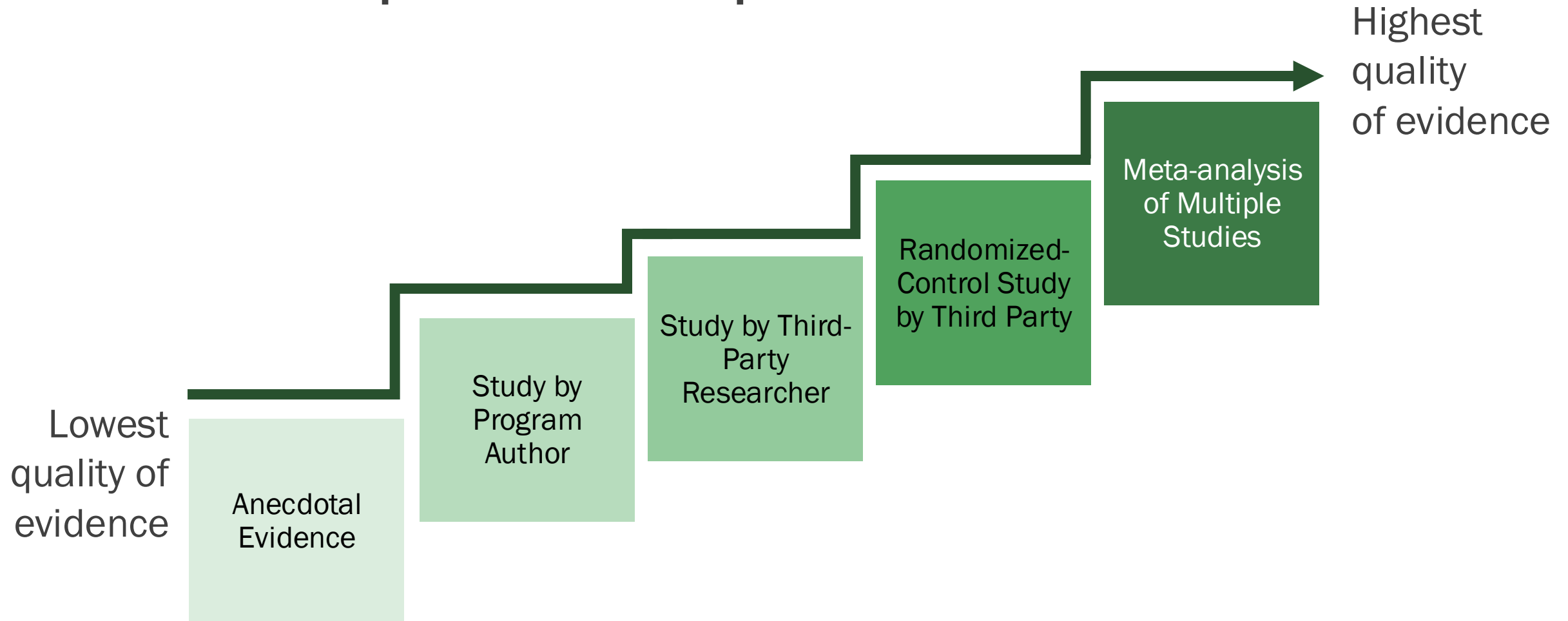
Using evidence-based practice is an ongoing process.

Ongoing review of research

Identify appropriate EBP

Engage in quality assurance and evaluation

Implement EBP with fidelity
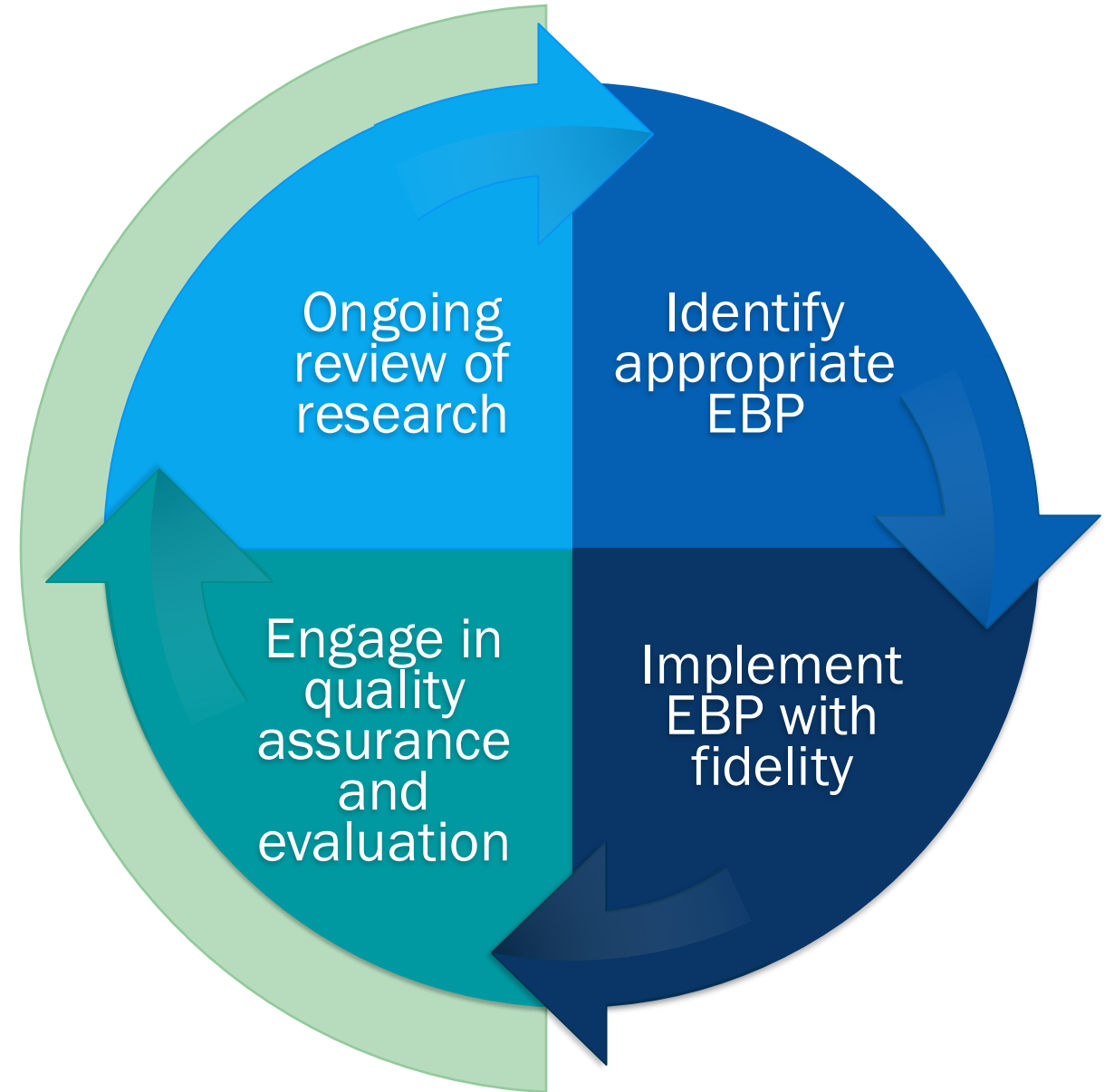
Evidence-based practices for correctional programming focus on ensuring the **right people** receive the **right programs** at the **right time.**

Assessing risk, needs, and responsivity (RNR) is essential to effective programs and reducing recidivism.

Risk

Need

Responsivity

RISK: Focus the most intensive resources on individuals most likely to commit future crimes to have the largest impact on recidivism.

NEED: Focus on changeable criminogenic needs directly associated with individual criminal behavior.

RESPONSIVITY: Tailor interventions to address motivations and learning styles for each individual.

James Bonta and D. A. Andrews, *The Psychology of Criminal Conduct*, 7th Ed. (New York: Routledge, 2024), 186–193.

Determining risk levels allows for a more tailored and effective way of focusing resources and programs.

Risk

Responsivity

Need

Without Risk Assessment...

With Risk Assessment...

Very Low	Low	Medium	High	Very High

Risk level is not an indicator of:

≠ Dangerousness

≠ Severity of current offense

≠ Guarantee of reoffending or non-offending

≠ Offense-specific reoffending

≠ Level of need for services

Right People

Criminogenic needs are changeable factors that are associated with a person's risk of reoffending.

Risk

Responsivity

Need

Dynamic *risk* factors	Potential *needs* to be addressed
Antisocial personality pattern	Build self-management skills, learn anger management
Procriminal attitudes	Challenge excuses for criminal behavior and strengthen a non-criminal sense of self
Procriminal associates	Replace with prosocial friends and associates
Substance use disorder	Reduce use; enhance alternatives to using substances
Family/marital stressors	Learn parenting skills; enhance caregiving
Poor school/work performance	Enhance work/study skills and nurture interpersonal relationships
Few prosocial leisure or recreation activities	Encourage participation in prosocial activities, hobbies, and sports

Most predictive

Least predictive

James Bonta and D. A. Andrews, *The Psychology of Criminal Conduct*, 7th Ed. (New York: Routledge, 2024), 191.

Risk and need should be determined through a validated risk and needs assessment tool.

Risk

Need

Responsivity

Yields a more accurate prediction than unstructured clinical judgment

Guides the most efficient use of scarce resources

Helps inform case planning and management to ensure that individual criminogenic needs are met

Helps determine appropriate supervision intensity, case planning and management, programming requirements, and treatment referrals

"In Brief: Understanding Risk and Needs Assessment," CSG Justice Center, January 13, 2017, accessed February 27, 2024, https://csgjusticecenter.org/2017/01/13/in-brief-understanding-risk-and-needs-assessment/#:~:text=Risk%20and%20needs%20assessments%20use,addressed%20to%20reduce%20that%20likelihood.
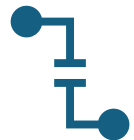
Mixing individuals with different risk levels in programs harms low-risk individuals.

People who are assessed as low risk:

Can stop committing crime with minimal intervention in many cases.

Have positive patterns of behavior that can be disrupted by intensive services and supervision.

May learn more ingrained criminal behaviors when put with higher-risk individuals.

Risk of Recidivism for Individuals on Parole Placed in Residential Community-Based Correctional Programs, 2005–2011

Increased Recidivism Risk

Low Risk + 66%

James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct,* 7th Ed. (New York: Routledge, 2024), 19, 189; Michael Ostermann, "Recidivism of Low-Risk People That Receive Residential Community-Based Correctional Programs: The Role of Risk Contamination," *Journal of Research in Crime and Delinquency* 59, no. 5 (2022); 659–695.

Risk and Needs Assessment in South Dakota

In Prison

- Level of Service Inventory–Revised (LSI-R)

- Women's Risk and Needs Assessment (WRNA)

- Ohio Risk Assessment System–Prison Intake Tool (ORAS-PIT)

- Initial screening and more in-depth structured appraisals for substance use and mental health needs

For Parole Supervision

- Community Risk/Needs Assessment (CRR)

Programs work best when they are responsive, or tailored, to individual learning styles, motivations, abilities, and strengths.

Risk

Responsivity

Need

General responsivity uses cognitive behavioral programs that focus on helping people manage problems by changing how they think and behave, which is the most effective tool for changing behavior.

Specific responsivity refers to choosing and providing cognitive programs that account for an individual's strengths, learning style, personality, motivation, and other demographic characteristics, including gender and race.

Cultural responsivity involves programs that align with a person's cultural background, values, and traditions, recognizing that different communities have unique experiences and practices that can help programs be more effective.

Responsivity also means removing barriers that prevent individuals from fully benefiting from programming.

Risk

Responsivity

Need

Examples of Potential Barrier	Responsivity-Informed Intervention
Limited literacy skills	Use assessments, offer remedial literacy programming, ensure any written programming occurs after reading skills are sufficiently strong enough to support comprehension.
Mental health needs/ unresolved trauma	Offer medication management and engage in therapy/ trauma-informed counseling prior to other programming.
Low intrinsic motivation	Require all staff to be trained in motivational enhancement.
Lack of access to transportation	Ensure driver's license is obtained prior to reentry; offer virtual services.

Adapted from James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct, 6th Ed.* (New York: Routledge, 2017), 180–182.

Access to adequate and effective programs in prisons and in the community is essential.

Programs should use **cognitive behavioral approaches** regardless of area of focus (e.g., criminal thinking, substance use, sex offender).

Skill building with structured skills practice is an essential component of effective programs.

Systems should prioritize **gender-responsive** services and **trauma-informed** approaches.

All programming should be provided with attention to **responsivity factors.**

Mark Lipsey, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice* 4, no. 2 (2009): 124–147; James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct,* 7th Ed. (New York: Routledge, 2024), 192-193, 253.

Strong adherence to core RNR principles makes programs more effective at reducing recidivism.

+10% **Increase** in recidivism due to programs that do not use any RNR principles

-17% **Decrease** in recidivism due to in-prison programs that adhere to all 3 principles
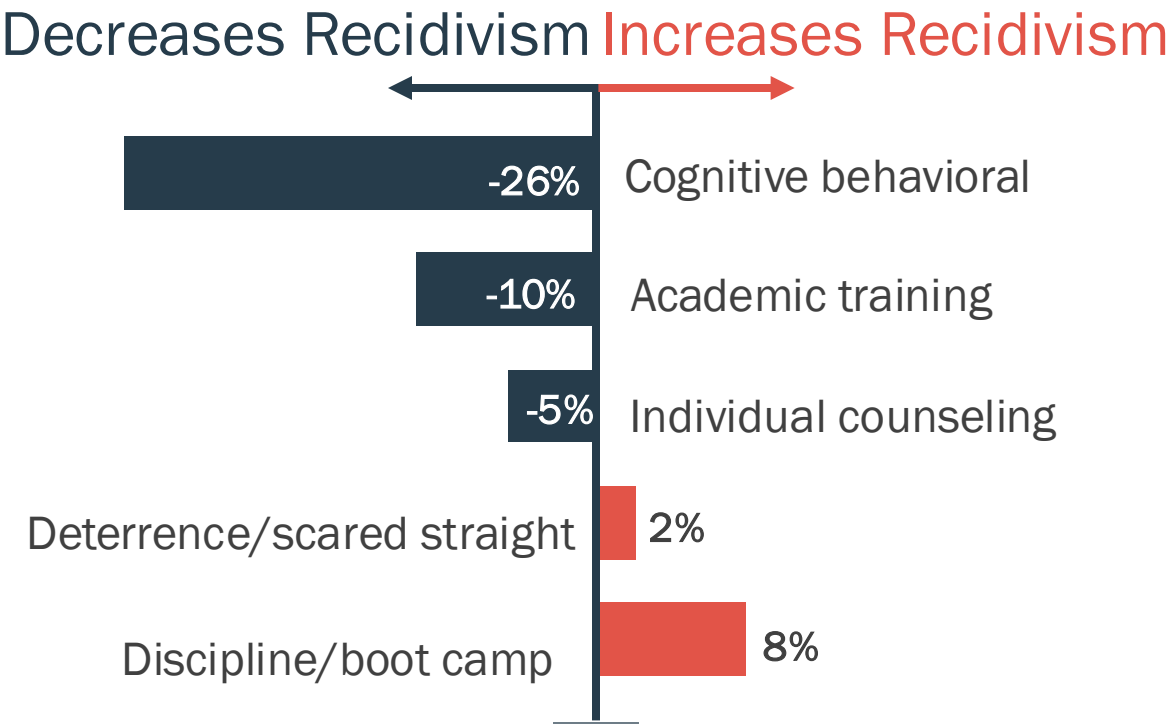
-35% **Decrease** in recidivism due to community-based programs that adhere to all 3 principles

James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct, 7*th Ed. (New York: Routledge, 2024), 249.

Not all programming is effective programming.

Changes in Recidivism by Program Type

Cognitive behavioral approaches, when implemented with fidelity, are more effective at reducing further criminal behavior than any other type of program, and some program types may increase recidivism.

Decreases Recidivism   Increases Recidivism

-26%   Cognitive behavioral

-10%   Academic training

-5%   Individual counseling

Deterrence/scared straight   2%

Discipline/boot camp   8%

Mark Lipsey, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice* 4, no. 2 (2009): 124–147; James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct,* 7th Ed. (New York: Routledge, 2024), 192-193, 253.

Cognitive behavioral programs should address criminal thinking for people assessed as being at a high risk of recidivism.

Examples of Types of Criminal Thinking

Denial of Victim	Appeal to Higher Loyalties	Denial of Injury	Denial of Responsibility	The Condemnation of the Condemners

Denial of Victim
"They had it coming."
"I'm the one who is getting messed with."

Appeal to Higher Loyalties
"I didn't do it for myself."
"My friends needed me. What was I going to do?"

Denial of Injury
"They have insurance for that."
"No one really got hurt here."

Denial of Responsibility
"I didn't do it."
"I had no choice!"

The Condemnation of the Condemners
"The cops are just out to get me."
"You do the same things. You just haven't been caught."

Gresham M. Sykes and David Matza, "Techniques of Neutralization: A Theory of Delinquency," *American Sociological Review* 22, no. 6 (1957): 664–670.

Cognitive Behavioral Programming in South Dakota

- Cognitive Behavioral Interventions for Substance Abuse (CBISA)

- A New Direction (to replace CBISA)

- Dialectical Behavioral Therapy (DBT)

- DBT for Substance Use Disorders

- Thinking for Change (T4C)

- Seeking Safety

- Moral Reconation Therapy (MRT)

- Matrix

- Integrated Cognitive Behavioral Therapy (ICBT)

- Mindfulness Oriented Recovery Enhancement (MORE)

- Anger Management

- Breaking the Cycle

- Beyond Violence

- Start Now

- Illness Management and Recovery

Also: Motivational Enhancement Therapy (MET) used with CBT-based programs to improve readiness to change

Culturally appropriate programming leads to better outcomes for Indigenous people (according to Canadian research).

Reduced Recidivism

A meta-analysis of 7 studies of of culturally-relevant treatment for Indigenous people found a 9 percent lower recidivism for culturally relevant programming versus generic programming.

Reduced Substance Use and Trauma Symptoms

A meta-analysis of 10 studies of culturally-adapted CBT for Indigenous Children and Youth (not criminal justice involved) found improved substance use and mental health outcomes.

Reduced Revocations and Returns to Custody

A study of Canadian Healing Lodges showed men had 54% lower revocation risk, while women had 65% lower return to custody rates, with both groups showing significant improvements despite higher initial risk profiles.

Improved Institutional Behavior

A study of Canadian Indigenous Intervention Centers found male participants were 2.2 times more likely to receive security level decreases, while both men and women had fewer incidents, fewer disciplinary charges, and higher program completion rates.

U.S.-based research studies on this topic are limited, although there are some promising practices.

Hanby et al., *Indigenous Healing Lodges*; Hanby, Beauchamp, and MacDonald, *Indigenous Intervention Centre*. ; Gutierrez, Chadwick, and Wanamaker, *Culturally-Relevant Programming*; Kowatch and Mushquash, "Culturally-Adapted Cognitive Behavioral Therapy," 15.

Ensuring quality of program staff, training, and implementation results in larger reductions in recidivism.

Quality ⬆

A meta-analysis of **58 studies** of CBT showed that high-quality treatment implementation was associated with larger recidivism reductions.

Recidivism ⬇

A meta-analysis of **273 studies** showed that programs have a larger impact when they adhere to a specific treatment model, involve staff with good interpersonal skills and training, include regular clinical supervision, and have evaluator involvement.

Nana A. Landenberger and Mark W. Lipsey, "The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment," *Journal of Experimental Criminology* 1, no. 4 (2005): 451–476.
D. A. Andrews and C. Dowden, "Managing Correctional Treatment for Reduced Recidivism: A Meta-Analytic Review of Programme Integrity," *Legal and Criminological Psychology* 10, no. 2 (2005): 173–87.

Staff training, quality assurance, and continuous quality improvement are critical.

Staff Training

Corrections agencies should conduct staff training on program curricula by appropriately trained or licensed individuals as recommended.

- ✓ Initial training
- ✓ Regular booster trainings
- ✓ New staff training prior to facilitating services

Quality Assurance (QA)

An audit process that retrospectively examines practices to identify and correct divergence from policy or protocol

- ✓ Case audits
- ✓ Data monitoring

Continuous Quality Improvement (CQI)

A set of professional development opportunities that generate current, specific feedback to ensure that services and practices are delivered in an intended manner

- ✓ Direct observation
- ✓ Audiotape review
- ✓ Videotape review
- ✓ Inter-rater reliability

The Center for Effective Public Policy, *Coaching Packet Series,* 2010, 11, http://newcepp.reclaimhosting.com/wp-content/uploads/2015/12/Center-for-Effective-Public-Policy-Coaching-Packets.pdf

The amount of intervention, or dosage, should match the level of the person's assessed risk and needs.

Right Time

Low	Moderate	Mod/High	High	
Minimal	1x week	2x week	2x week or Residential	**Intensity**
Minimal	3–6 Months	6–9 Months	9–18 Months	**Duration**
	100 Hours	200 hours	300 hours	**Dosage**
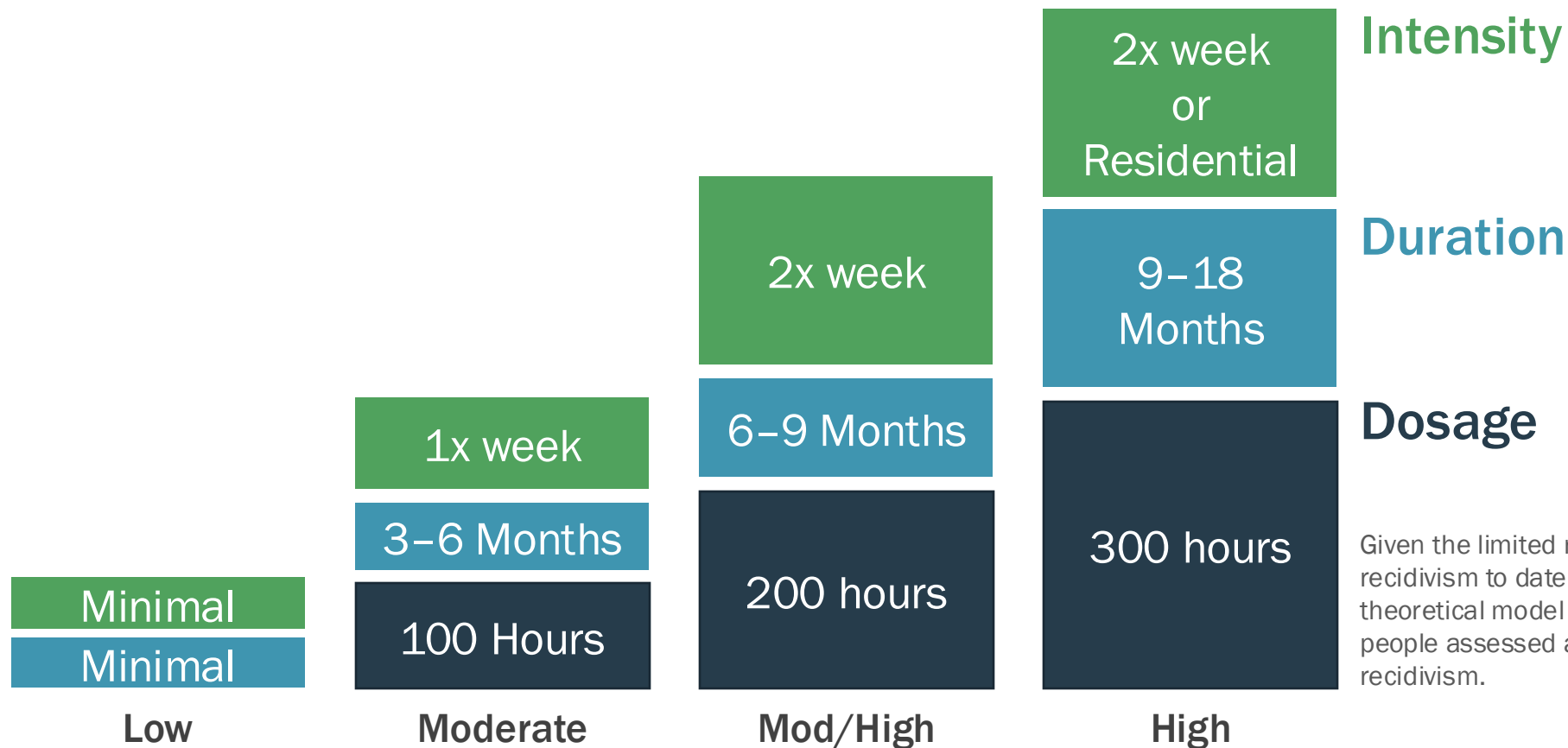
Given the limited research on dosage and recidivism to date, this chart presents a theoretical model to guide interventions for people assessed as being at a high risk of recidivism.

National Institute of Corrections, "A Framework for Evidence-Based Decision Making in Local Criminal Justice Systems: Starter Kit" (Washington, DC: National Institute of Corrections), http://info.nicic.gov/ebdm/sites/info.nicic.gov.ebdm/files/docs/3c_Appendix_2.pdf.

The responsivity principle should also guide timing and sequencing of programs.
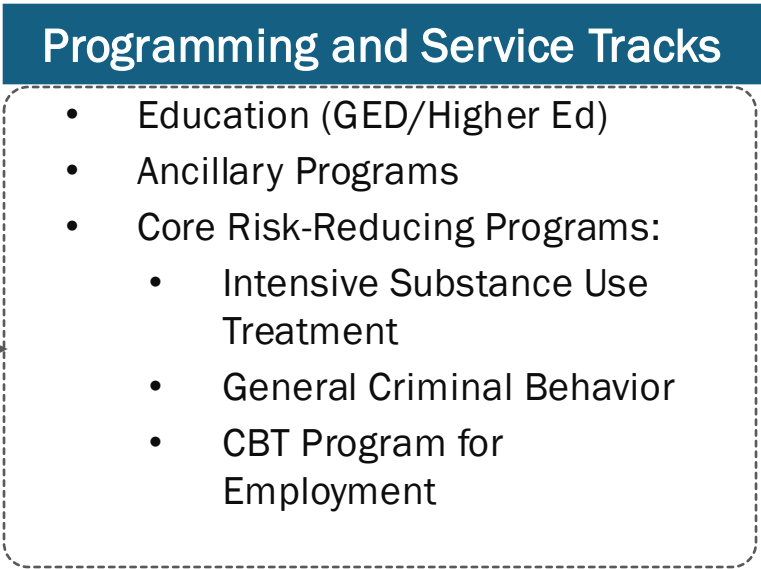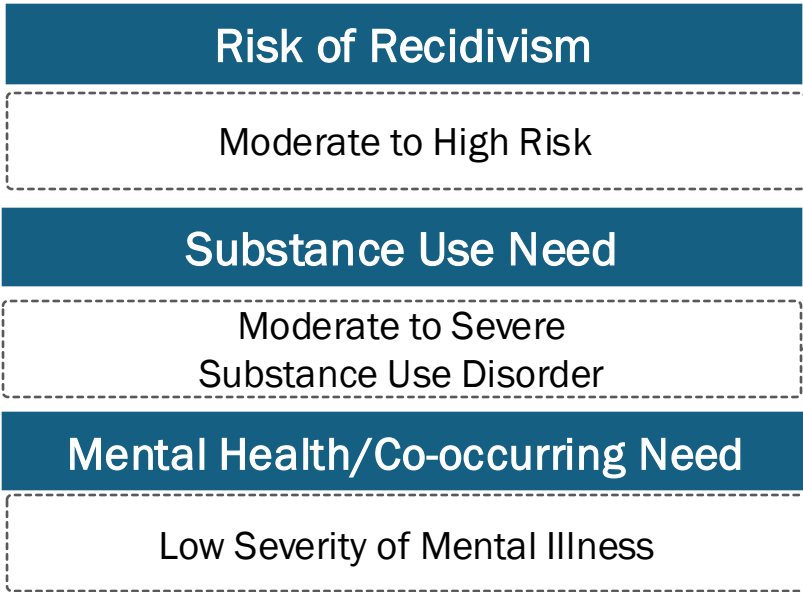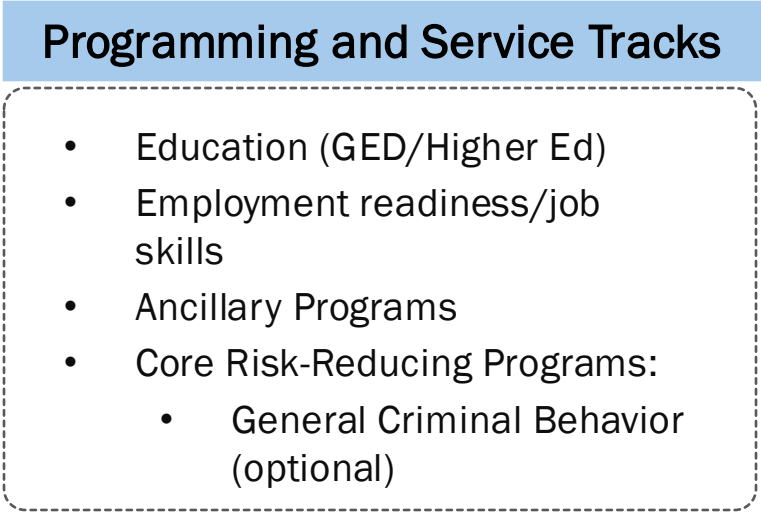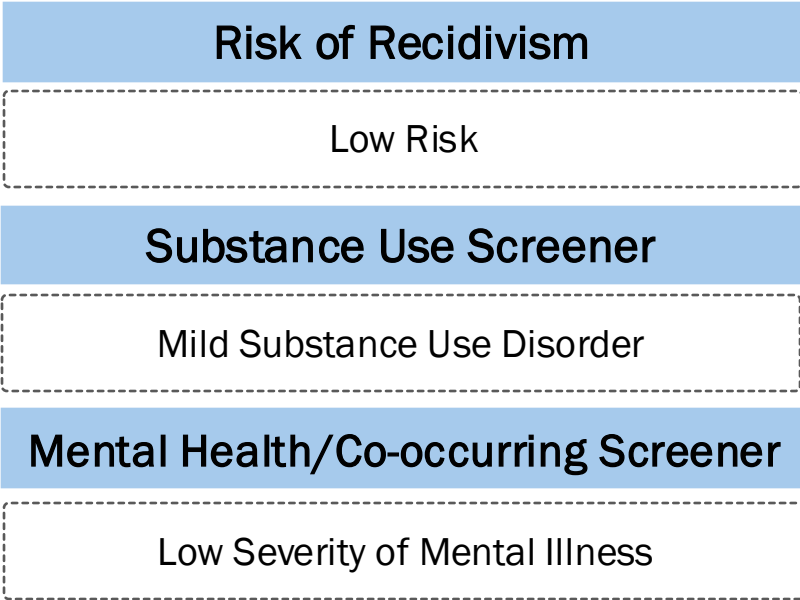
In facilities

Interventions should build upon one another.

Offering programming around the end of an individual's sentence has been shown to reduce recidivism.

In the community

Intensity of supervision and supports should be greatest during the period of greatest risk and decrease over time.

Grant Duwe *The Effects of the Timing and Dosage of Correctional Programming on Recidivism* (Minnesota Department of Corrections, November 2017); Mariel Alper, Matthew R. Durose, and Joshua Markman, *2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005–2014)* (Washington DC: Bureau of Justice Statistics, May 2018).

Putting it all together...

Risk of Recidivism

Low Risk

Substance Use Screener

Mild Substance Use Disorder

Mental Health/Co-occurring Screener

Low Severity of Mental Illness

Programming and Service Tracks

- Education (GED/Higher Ed)
- Employment readiness/job skills
- Ancillary Programs
- Core Risk-Reducing Programs:
  - General Criminal Behavior (optional)

Risk of Recidivism

Moderate to High Risk

Substance Use Need

Moderate to Severe Substance Use Disorder

Mental Health/Co-occurring Need

Low Severity of Mental Illness

Programming and Service Tracks

- Education (GED/Higher Ed)
- Ancillary Programs
- Core Risk-Reducing Programs:
  - Intensive Substance Use Treatment
  - General Criminal Behavior
  - CBT Program for Employment

State Policy Levers for Supporting Evidence-Based Practices and Programs

Establishing structured quality assurance

Requiring policy and practice alignment with research

Increasing targeted funding

Recommending pilots or adoption of successful models

Increasing data availability for evaluation and decision-making

South Dakota won't see reductions in recidivism overnight.

Recidivism reduction requires a long timeline: selecting new programs, training staff, program completion, release, and years of post-release follow-up before results are measurable.
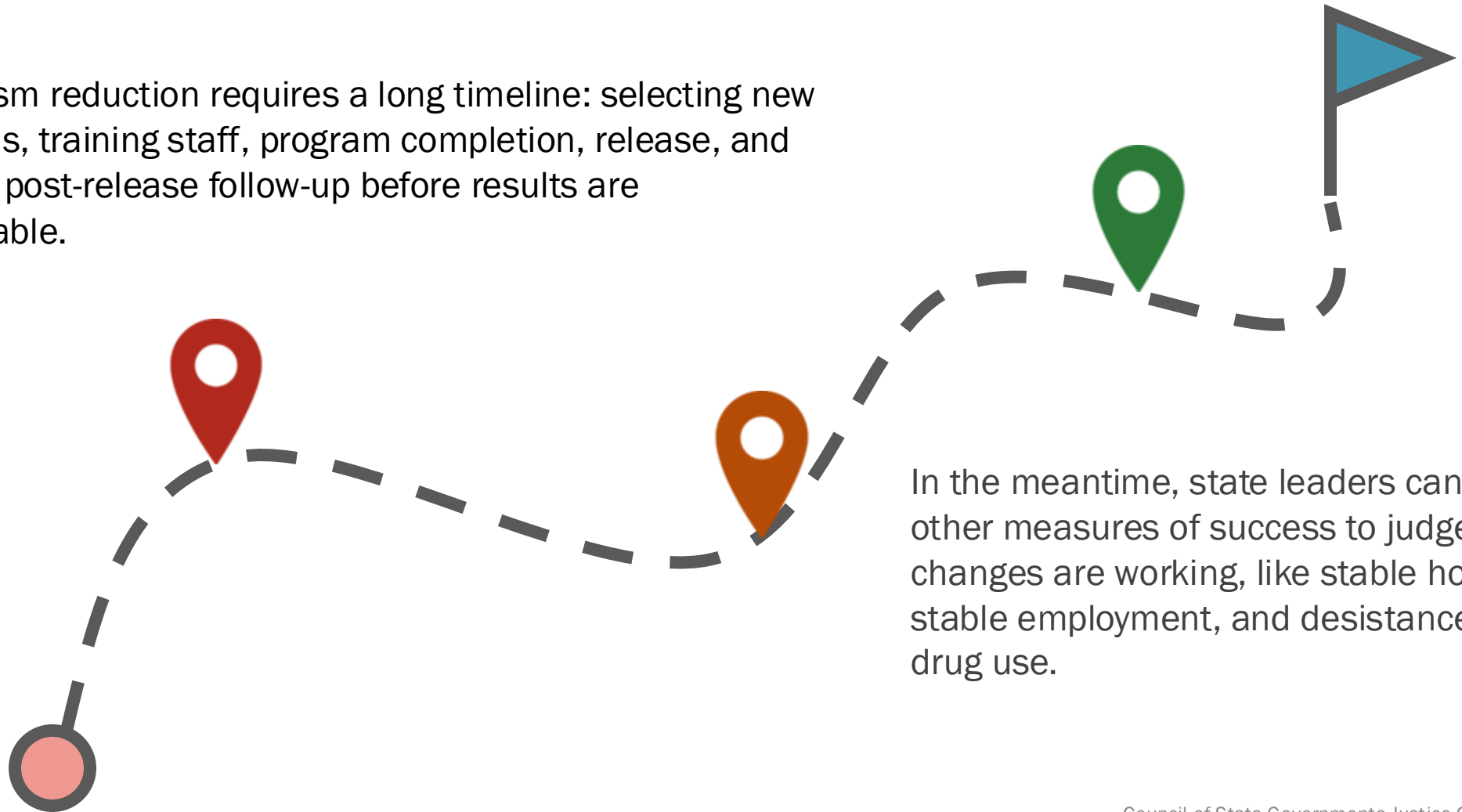
In the meantime, state leaders can look at other measures of success to judge how changes are working, like stable housing, stable employment, and desistance from drug use.

What's Next?

- Programming data analysis and assessment
  Results shared at first CRTF post-session meeting

- Scope reentry and parole analysis and assessment approach
  Proposed plan to be shared at first CRTF post-session meeting

- Ongoing stakeholder engagement
  Let's keep talking.

Thank You!

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For more information, please contact Sara Friedman at sfriedman@csg.org

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